



HIGH TECH HIGH

Aftercare Program

2016-2017 Enrollment Packet

1. Payment Methods

- Annual Plan

Significant savings are available to your family by enrolling in an Annual Plan. Families electing this option for the 2016/17 school year will be asked to make a monthly payment beginning in late August that allows their children to participate every day that our schools are in session. Two options are available to meet your family's needs. The first covers all school day afternoons, including those days when school dismisses early. The second option covers only the early dismissal days. The Annual Plan may be terminated at the end of any month during the school year by notifying the school.

- Daily Rate

While our program is designed to serve families who need on-going child care provided by the school, we understand that emergency situations do arise where you may be unable to pick your child up within 30 minutes of dismissal. Should your child require supervision until a later time, a daily child care fee will be assessed and payment is due at the time that you pick up your child.

2. Fees Information

About Our Fees

Our fee schedule is shown on the following page. Significant discounts are provided for families with more than one student participating and for those children who are certified eligible for Free or Reduced Price Lunch.

2016-17 Aftercare Program Fees

High Tech High Affiliated Schools

# of Children Participating	Standard Rate	Eligible for Reduced Price Lunch	Eligible for Free Lunch
1	\$200	\$75	\$15
2	\$360	\$135	\$25
3+	\$490	\$175	\$30

Half Days

# of Children Participating	Standard Rate	Eligible for Reduced Price Lunch	Eligible for Free Lunch
1	\$80	\$30	\$5
2	\$140	\$55	\$8
3+	\$190	\$75	\$9

Emergency Aftercare Fees

Regular Day: \$15.00 per day

Half Day: \$20.00 per day

* AFTERCARE EMERGENCY DROP-INS CAN NOT EXCEED MORE THAN 3 TIMES A MONTH. IF DROP-INS EXCEED MORE THAN 3 PER MONTH YOU WILL BE CHARGED THE MONTHLY RATE.

* EMERGENCY AFTERCARE FEES ARE DUE AT THE TIME OF PICK UP.

When Are Fees Due

Fees for annual plans are paid on a monthly basis. Due dates for annual plan payments appear below:

Services for the month of:

August & September (treated as one month)
 October
 November
 December
 January
 February
 March
 April
 May
 June

Payment is Due by:

August 31
 September 30
 October 31
 November 30
 December 31
 January 31
 February 29
 March 31
 April 30
 May 31

We wish that some form of public support was available to fund these services; however none is available at this time. We will continue to apply for funding to offset program cost and if we do receive a grant to partially or fully offset these costs, we will immediately reduce our fees accordingly. Thank you for supporting us and understanding the importance of continuing these services!

CONVENIENT PAYMENT PLAN

For your convenience, we are offering ACH PAYMENTS , you will have payments transferred from your bank account automatically on the due date. If you would like to sign up for this method of payment, please complete the ACH Recurring Payment Authorization Form. **Payment by credit card is also an option through Paypal; however, a convenience fee of \$3 per payment to offset processing fees will apply.** If payment of the monthly fee is not received by the due date, services received will be charged at the higher daily rates.

Need Assistance?

If you have any questions concerning our Aftercare Program, please contact:

Program Coordinator: Kelly Cadigan
eMail Address: kcadigan@hightechhigh.org
Telephone: 760-759-2775

TO ENROLL IN THE ANNUAL PLAN, PLEASE COMPLETE THE ATTACHED FORMS AND RETURN THEM TO THE SCHOOL ALONG WITH THE PAYMENT FOR THE FIRST MONTH. IF YOU ARE SIGNING UP FOR AUTOMATIC PAYMENTS FROM YOUR BANK ACCOUNT, THOSE PAYMENTS WILL BEGIN SEPTEMBER 30 (FOR THE MONTH OF OCTOBER).



2016-17 HIGH TECH HIGH AFTERCARE APPLICATION

High Tech Middle North County

Section 1: Student Information

Please print and complete this section about your child

Student's Legal Full Name (First and Last Name): _____

Grade Level: _____

Section 2: Siblings

When enrolling more than one child into the Aftercare Program, please provide the names of brothers or sisters who will also be participating in this section.

1. Sibling Legal Full Name (First and Last Name): _____

Grade Level: _____

2. Sibling Legal Full Name (First and Last Name): _____

Grade Level: _____

3. Sibling Legal Full Name (First and Last Name): _____

Grade Level: _____

Section 3: Parent/Guardian Contact Information

Parent Name: _____

Cell Phone #: (_____) _____ Work Phone #: (_____) _____

Contact Email (Please Print Clearly): _____

Emergency Contact if we cannot reach you:

Name: _____ Relationship to Child: _____

Emergency Contact Phone: _____

Section 4: Authorized Pick Up List

Please list up to 3 people that are authorized to pick up your student. To add or change names on the pick-up list, please email (Email Address)

Name: _____

Relationship to Student(s): _____ Contact Number:(_____)_____

Name: _____

Relationship to Student(s): _____ Contact Number:(_____)_____

Name: _____

Relationship to Student(s): _____ Contact Number:(_____)_____

Section 5: Authorization for Medical Treatment

Consent to Treatment of a Minor:

I authorize the Aftercare School Program staff at High Tech Middle Media Arts to consent, in my absence, to medical treatment, and/or hospital care to be rendered to my child under the supervision and upon the advice of a physician licensed under the Medical Practice Act. This authorization is effective from August 1, 2017 to July 31, 2018. I understand that the staff of the school may, in the event of a minor injury, take care of routine first aid needs, and in the event outside medical treatment is required, the staff will obtain the appropriate care for my child and I will be notified. I understand the primary financial responsibility for such care belongs to me as a parent. (Please Check One)

_____ **Yes**, I give the Aftercare School Program authorization to transport my child in the case of an emergency.

_____ **No**, I do not give the Aftercare School Program authorization to transport my child in the case of an emergency.

Section 6: Sign In/Out Procedures:

- Please pick up your child and sign him/her out. This is extremely important in order for us to ensure the safety of all students.

Section 7: PROGRAM SELECTION AND FEES:

Please enroll my child(ren) in:

SERVICE ON ALL SCHOOL DAYS – INCLUDES **ALL SCHOOL DAYS** FROM DISMISSAL TO **5:30 PM**

PLEASE CIRCLE THE CORRECT TOTAL MONTHLY FEE FOR YOUR FAMILY ON THE CHART BELOW

# of Children Participating	Standard Rate	Eligible for Reduced Price Lunch	Eligible for Free Lunch
1	\$200	\$75	\$15
2	\$360	\$135	\$25
3+	\$490	\$175	\$30

SERVICE ON **EARLY DISMISSAL DAYS ONLY** TO **5:30 PM**

PLEASE CIRCLE THE CORRECT TOTAL MONTHLY FEE FOR YOUR FAMILY ON THE CHART BELOW

# of Children Participating	Standard Rate	Eligible for Reduced Price Lunch	Eligible for Free Lunch
1	\$80	\$30	\$5
2	\$140	\$55	\$8
3+	\$190	\$75	\$9

Section 8: Aftercare Program Policies

- The Aftercare Program is an optional program. Families are not required to participate; however, any students on campus 30 minutes before school, or 30 minutes past dismissal time must be enrolled and attending the program.
- **Students are not allowed to leave the school site at any time during the After Care Program if not specifically under the supervision of our program staff. For the safety of the students, this policy is strictly enforced. A student leaving the school site without permission will be subject to discipline.**
- **The Program provides a snack each day to all students who are participating in the program.**
- For each day that school is in session, the program opens at dismissal time and **closes at 5:30 pm.**
- **Parents/Guardians must make arrangements for students to be picked up no later than 5:30 PM.** Any student not picked up by 5:30pm will incur an additional fee of \$1.00 per minute that you are unable to pick up.
- **The school reserves the right to terminate aftercare services to any family who does not respect this policy.**
- All students currently attending an HTH school are able to enroll and participate in the program.

Section 9: Standards of Behavior

- All participants are expected to follow school guidelines throughout the duration of the Aftercare Program.
- The Aftercare Program reserves the right to limit or restrict any child's participation due to discipline or behavior.

Section 10: Parent/Guardian Signature

I understand that my child’s continued participation in the Aftercare program is conditioned upon making full payment on a timely basis for the services that my child receives. I understand that our school receives no financial support from the federal or state government for child care outside of school hours and must depend upon my payment of any fees due to sustain these services for my child.

Waiver and Release:

As stated in California Education Code Section 35330, any person attending or participating in school programs or excursions waives any and all claims against the school, school district and the State of California for injury, accident, illness or death occurring during or by reason of field trip or excursion.

I/we acknowledge that commensurate with California Education Code Section 35330 and in consideration of my child/ward participating in Aftercare, I/we hereby hold harmless, and waive and release, High Tech High (the “school”), its parents, subsidiaries or other affiliates, the school district, the State of California, and the respective officers, agents, employees and contractors of each of them (“Releases”), from and against any and all actions, claims, demands, liabilities or expenses of any kind or nature that I/we now have or may hereafter have relating to any injury, accident, illness, death, and/or any loss or damage to personal property occurring during, or resulting from my/our child/ward’s participation in the above described activity, including, but not limited to, claims arising out of any negligence of Releases, and each of them. I/We understand that the Releasees’ acceptance of this Release shall not constitute a waiver, in whole or in part, of any sovereign or official immunity by the Releasees.

I/WE ACKNOWLEDGE THAT I/WE HAVE CAREFULLY READ THIS ENROLLMENT FORM, WAIVER AND RELEASE OF LIABILITY, AND FULLY UNDERSTAND ITS TERMS. I/WE ARE AWARE THAT THIS DOCUMENT INCLUDES A WAIVER AND A RELEASE OF LIABILITY. I/WE AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE AND AGREE TO PERMIT MY CHILD/WARD TO PARTICIPATE IN AFTERCARE.

X _____

Parent or Legal Guardian Signature

PRINT Parent or Legal Guardian Name

High Tech Middle North County

Aftercare Program

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town) assuring that you will continue to receive aftercare services at the low Annual Plan rates

Here's How Recurring Payments Work:

You authorize regularly schedule charges to your checking account. You will be charged the amount indicated below each billing period, beginning September 30 and each end of month after through May 31. The charge will appear on your bank statement as an "ACH Debit".

I, _____ authorize High Tech High to charge my bank account indicated below beginning with the next payment due following the month in which I enroll and continuing on each subsequent payment on the last business day of each month through May 31, 2017 in the amount of \$_____ for payment of my child(ren)'s fees for participation in the Aftercare Program.

Please complete the information below:

Billing Address _____ Phone # _____
 City, State, ZIP _____ Email _____
 Child's Name _____ School High Tech _____

Account Type: Checking

Name(s) on Account: _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____

ALL BLANKS MUST BE COMPLETED FOR THE FORM TO BE VALID

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify High Tech High in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above notes periodic payment falls on a weekend or holiday, I understand that this payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that High Tech High may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.