[office only: _

Non-Refundable Registration Fee & Activity Fee

The Following Information is Required and Must be Complete

As a parent/guardian...

- I have received, read, understand and will abide by all school policies in the Parent Handbook including the *Health Policies*.
- I have been provided in writing Western Branch Academy's policy for communicating an emergency situation with parents.
- I understand that once informed of my child's illness, he/she is to be picked up from Western Branch Academy as soon as possible.
- I will inform **Western Branch Academy** within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Heath, except for life threatening diseases which must be reported immediately.
- I understand that I am to pick up my child from Western Branch Academy immediately in a natural or man-made emergency situation
- I grant permission for my child to be transported to a safe location in an emergency situation.
- I understand that it is my responsibility to inform Western Branch Academy of all changes that may occur to my child's registration forms.
- I affirm that my child can function in group care without being a detriment to himself/herself or others.
- I grant permission for my child to participate in the activities and in the use of the equipment at the school and on the adjacent church field.
- I grant permission for my child to be included in school pictures/videos and give permission for those pictures to be used by the center for **Western Branch Academy's** website, advertising, yearbooks, scrapbooks, trainings, etc.
- I understand that **Western Branch Academy** closes promptly at 6:00 p.m. If no one can be contacted within the half hour, social services and/or the local authorities may be contacted, at which time they will then inform the staff as to how to handle the situation.
- I acknowledge that all newsletters and general announcements will be sent via email. If I am not able to receive emails, then it is my responsibility to pick up a copy of the information from the office.
- In case of inclement weather or emergency procedures, Western Branch Academy will email and/or text message and will not be liable for text messaging charges.

Provider:

	Cell Phone Number:	Provider:	office only:				
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M	ly tuition payments for the 2024-2025 so	chool year will be one of the following:					
	Paid on or before Monday of each v	veek in the amount of \$					
	1st of each month in the amount of	\$.					

Tuition is calculated separately as a SCHOOL YEAR fee and SUMMER fee. The SCHOOL YEAR fee is divided into 41 weekly payments, or 10 monthly payments over a 9 1/2 month period. Tuition payments are to be placed in the tuition box located outside the office or paid electronically. Teaching staff does not handle cash tuition payments. **TUITION IS PAID IF WE ARE OPEN OR CLOSED. WE DO NOT GIVE TUITION REFUNDS OR CREDITS FOR STUDENT ABSENCES, VACATIONS, SCHOOL CLOSINGS/PANDEMICS, OR**

HOLIDAYS. Fall registration and Summer Camp Registration fees are non-refundable.

Late Fees and Additional Charg	es:
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Cell Phone Number:

*A \$25.00 late fee is assessed if payment has not been received by the close of school on the date due. If the account remains delinquent, an additional finance charge of 10% will be assessed on the balance due and will be added on the first of each month until the balance is paid in full. After two weeks, the student may not be allowed to return to school until full payment is received. Reenrollment is based upon availability. All first time check return or ACH return will be assessed at \$30.00. 2nd time check return or ACH return fee is \$35.00. Third time returns, parents will be asked to pay cash or money order going forward.

There is late fee of \$10.00 for the first five minutes and \$1.00 for every minute thereafter that your child is in attendance after **Western Branch Academy closes. If you are late more than three times, **Western Branch Academy** has the right to terminate care.

I agree to	all policies and	d procedures stated	l above, as we	ll as in the l	Parent Hand	oook.
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Maternal/Guardian Signature and Date	Paternal/Guardian Signature and Date	Revised 12/2023