



**CITY OF SACRAMENTO
THE 4TH "R" SCHOOL-AGE CHILD CARE
REGISTRATION AND AGREEMENT FORM
June 26, 2009 - June 29, 2010**

The 4th"R" Site _____

Please circle one: **Track A** **Track B** **Track C** **Track D** **Track T**

Child's Name _____ Birth date _____ Age _____

School attending _____ Grade _____ (09-10)Teacher _____

Parent/Guardian Name _____ Day Phone _____ Eve. Phone _____

Parent/ Guardian Name _____ Day Phone _____ Eve. Phone _____

Child's Home Address _____ City _____ Zip _____

email address _____

A.M. KINDERGARTEN CLASS

P.M. KINDERGARTEN CLASS

| | | | | | |
|--|-------------------------|------|---------------------------|-------------------------|------|
| Before School Only | 7:00 - School Starts | \$3 | Before School Only | 7:00 - School Starts | \$15 |
| Kindergarten Only | School Dismissed - 2:00 | \$13 | After School Only | School Dismissed - 6:00 | \$12 |
| (Before school & Kinder time combined) | | \$15 | Before and After | 7:00 - School Starts | \$23 |
| After School Only | School Dismissed - 6:00 | \$20 | & School Dismissed - 6:00 | | |
| Before and After | 7:00 - School Starts | \$23 | | | |
| & School Dismissed - 6:00 | | | | | |

SCHOOL HOLIDAY AND OFF TRACK RATES

1st - 6th GRADE ONLY

| ALL GRADES | | | | | |
|---------------------|--------------|------|--------------------|---------------------------|------|
| All Day | 7:00 - 6:00 | \$25 | Before School Only | 7:00am - School Starts | \$3 |
| Half Day | 7:00 - 12:30 | \$17 | After School Only | School Dismissed - 6:00pm | \$16 |
| (5.5 hours or less) | OR | | Before and After | 7:00am - School Starts | \$19 |
| | 12:30 - 6:00 | | & School Dismissed | | |

REGISTRATION: Fee: \$100 per family due upon enrollment (NON-REFUNDABLE) _____

Closed for all City holidays: 09/07, 11/11, 11/26, 11/27, 12/24, 12/25, 01/01, 01/18, 02/15, 03/29, 05/31 and 06/18 staff development

A FAMILY DISCOUNT of 10% will be deducted per family from fees when more than one child in a family is registered and attending at the same time. There isn't any discount for ADDED CARE.

OTHER FEES & CHARGES: Late payment, late pick up fees, and calendar over usage, as well as, optional field trip fees will be assessed as necessary.

PAYMENT: can be made by money order, Visa, MasterCard, or check made payable to the City of Sacramento. **NO CASH WILL BE ACCEPTED.**

RETURNED CHECKS/DECLINED CREDIT CARDS: A charge of \$50 will be made by the Revenue Division of the City of Sacramento for all checks and/ or credit cards returned from the bank. *If there is more than one returned check or declined credit cards, no more checks or credit cards will be accepted.*

RATE INCREASES: The rates that are set forth in the registration and agreement form are subject to revision by the City Sacramento at any time. Families will receive written notice of rate changes.

AGREEMENT 2009 - 2010 YEAR ROUND

1. **ENROLLMENT AND ATTENDANCE:** I must complete and submit all enrollment forms provided by the 4th "R" prior to my child's attendance. All enrollments are on a space available basis with preference given on a first come first served basis. *Children must be signed in & out upon arrival & departure.* (Consult with your Program Coordinator for details on special activities). _____(initials)
2. **FEES AND LATE PAYMENT PENALTY:** I agree to pay the City of Sacramento Registration and Monthly Fees for my child to participate in the 4th "R". **My full monthly payment is due the 1st calendar day of each month and is late after 6:00 p.m. on the 7th calendar day of that month. A \$25 fee is charged for payment received after 6:00 p.m. on the 7th calendar day of the month.** If my full payment has not been received by the last calendar day of the month, disenrollment will immediately occur. To re-enroll, on a space available basis, all past due fees must be paid in full. There are no refunds for unused days. _____(initials)
3. **ADDED CARE:** Added Care is any additional care request made in advance that is not scheduled using the monthly calendar and requires an additional fee of \$3 per day of care needed. Request for added care must be submitted in writing to the Program Coordinator by the use of an added care form. Calendars received after the 20th of each month will be billed an extra \$3 per day per child listed on the late calendar. A penalty of \$75 dollars will be added if a calendar is accepted by the site, then the family requested to revoke the calendar for the following month if done so after the 20th. _____(initials)
4. **LATE PICK-UP PENALTY:** If I do not pick up my child by 6:00 p.m. I will be charged a late pick up fee of \$5.00 for being late 1 to 5 minutes, \$10 for being late 6 to 10 minutes and so on. This charge is per child until the child/ren is picked up. If the program staff has been unable to contact me or other persons designated as emergency contacts by 6:45 pm, Child Protective Services will be called. Payment of the late pick up fee is due with next month's fees. If payment is not received by the 7th, a \$25.00 late fee will be added to my next month's fees. **I understand that four late pick up charges within a six month period will result in disenrollment from the program.** _____(initials)
5. **ILLNESS:** My child will not attend when ill. If my child becomes ill during attendance, my emergency designee or I will pick up my child within 1 hour of being notified by the 4th "R" staff. A credit for illness will be issued if the child is ill for more than 4 consecutive days and proof of illness is provided. _____(initials)
6. **DISCIPLINE:** Participation in The 4th "R" is on an initial 20-day probationary period. My child must be able to get along with others and adhere to the rules of the program. I also understand that it is necessary for parents to conduct themselves in a respectful and mature manner when at the 4th "R". I understand acceptable behavior is required to insure continued participation throughout the enrollment period. If disenrollment occurs, a 6-month waiting period must pass before re-enrollment can occur at any 4th "R" site, and only on a space available basis. _____(initials)
7. **TERMINATE ENROLLMENT:** If I wish to disenroll my child from The 4th "R" and terminate this agreement, a registration amendment form must be submitted to the Program Coordinator by the first calendar day of the month that I wish to be disenrolled. _____(initials)
8. **PARENT INFORMATION:** I will read other parent information and discuss any questions I have with the Program Coordinator. I have read and understand the 4th "R" policies, procedures, and responsibilities as outlined in the Parent Handbook. State licensing which governs our program through Title 22 or Title 5 will be making periodic visitations to all 4th "R" sites to evaluate the program and to make sure we are in compliance. The licensing analyst may speak with any 4th "R" participant during these visitations and we want to make you aware of this in advance. The 4th "R" does not practice corporal punishment. _____(initial)
9. **SIGN IN/OUT:** I give permission for the staff to sign my child out of the 4th "R" and into school and back into the 4th "R" after school. I understand that the 4th "R" staff is not responsible for my child while he/she is attending school. _____(initials)
10. **MEDIA RELEASE AGREEMENT:** I give permission for the staff to photograph or videotape my son/daughter & release it to be used in a brochure, web page, or other means of promoting the 4th "R" Program to the general public. _____(initials)

I have read, understand and will abide by the conditions of this entire Registration and Agreement. I am signing below as an indication of my intent to have my child, participate in the 4th "R".

| | | |
|-------------------------------|-------------------------|------------------------------|
| Print Name of Parent/Guardian | Date | Signature of Parent/Guardian |
| Date of Birth _____ | Drivers License # _____ | |

| | | |
|-------------------------------|-------------------------|------------------------------|
| Print Name of Parent/Guardian | Date | Signature of Parent/Guardian |
| Date of Birth _____ | Drivers License # _____ | |

Program Coordinator Use Only

This registration agreement becomes effective _____ and supersedes all previous agreements

| | | |
|-----------------------------------|------|----------------------------------|
| Print Name of Program Coordinator | Date | Signature of Program Coordinator |
|-----------------------------------|------|----------------------------------|