

SCHOOL YEAR: 2020-2021

STUDENT'S NAME: (please print) \_\_\_\_\_

**KENTWOOD PREPARATORY SCHOOL  
AFTER CARE APPLICATION**

**If financial assistance is needed, contact the Business Office at 561-649-6178.  
All parents/guardians must sign an Aftercare Application irrespective of whether or not they intend for their child to be enrolled in Aftercare.**

**The parent agrees to the following:**

1. The parent has enrolled their child for after school care at KENTWOOD.
2. Parent understands this after care is not part of the KENTWOOD program, i.e. not included in the school tuition.
3. The below-mentioned person/parent denotes the person responsible for payment.
4. Rates are per child.
5. Charges for after care are assessed and determined by the Finance Department. Several payment options will be available.
6. After care hours are from 3:15 p.m. until 5:30 p.m.
7. Any parent picking up their child after 3:15 p.m., or leaving Kentwood staff to supervise their child after 3:15 p.m., will be charged for after care.
8. Parents picking children up after 5:30 p.m. will be subject to a \$2.00 per minute charge with a minimum charge of \$25.00 (no exceptions).
9. Parent must come in to the school to pick up and sign out their children. No child will be sent outside to a parent waiting in a car.
10. KENTWOOD will not be obliged to hold an after care space, nor to continue a student's enrollment in after care for a student whose account is not current. Such action by KENTWOOD will not prejudice the right of KENTWOOD to claim past due balances for all earned after care fees, it being understood and agreed that time is of the essence.
11. If KENTWOOD is unable to offer after care for any reason whatsoever, KENTWOOD will pass a credit for that session to be offset against any past due balance or alternatively make a refund to the person responsible for billing.
12. If this Aftercare Application is not signed and approved, financial assistance will not be available and full rates apply.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian and person responsible  
for billing required

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Phone Number