



AFTERCARE REGISTRATION FORM

School Year

STUDENT #	_____
DATE RECVD:	_____
REG. FEE PAID:	_____
CHECK #:	_____
CASH:	_____

Date:	Student Name:	
Grade:	Date of Birth:	Sex:
School District:	Mother's Name:	
Student Street Address:	Mother's Work Number:	
City/Zip Code:	Mother's Cell Number:	
Home Telephone Number:	Father's Name:	
Street address if different from student:		Father's Work Number:
Father's Work:		Father's Cell Number:
Mother's Email:	Father's Email:	

See Allergy Info on Page 3	

TERMS OF AGREEMENT

1. AFTERCARE PAYMENT METHOD:

The aftercare payments will be taken through the FACTS system for MTA students. SHEN students will pay by check by the 1st of the month. The Aftercare options are as follows. Please write your pickup time.

3:00 – 4:30PM = 1 child – \$350.00, 2 children – \$620.00

3:00 – 5:00PM = 1 child – \$405.00, 2 children – \$725.00

Morning care 7:00 – 7:45 am 1 child – \$195.00, 2 children – \$360.00

Pick-up Time: {time}

_____(Initial)

2. DEDUCTIONS: Absolutely NO DEDUCTIONS will be made for days, weeks or months absent from MTA. Vacations or illnesses will not be deducted from your aftercare fees. Aftercare fees must be paid in order for students to maintain enrollment. _____(Initial)

3. REFUND POLICY: All payments made to the school are NON-REFUNDABLE. Mother Teresa Academy will not be required to refund any funds, if at any time the student withdraws by choice or is asked to leave by the school's administration. _____(Initial)

4. PENALTIES: A \$ 40.00 late payment fee will automatically be added to aftercare cost after the 10th day of each month. Students whose accounts are 30 days past due will not be admitted in the aftercare program until your bill is paid. There is a \$40.00 service charge on all checks returned by the bank. Also, \$ 40.00 late fee will be charged, if applicable. _____(Initial)

5. PAST DUE ACCOUNTS: Students will not be permitted to attend the program if there is more than a month past due amount. _____(Initial)

6. DISCLAIMER: Mother Teresa Academy, its Owners, Directors, Employees and or volunteers will not be liable for any claims due to injuries, accidents or incidents suffered during aftercare hours or while participating in any extracurricular activities. The insurance benefits cover emergency treatment ONLY. _____(Initial)

7. ADDITIONAL FEES: After School Care is provided until 5:00 P.M. to accommodate our working parents. Students that fail to abide by ALL disciplinary policies will lose this privilege and must be picked up at 3:00 p.m. or no longer attend the program. The School Administration has the full authority to make this decision at any time during the year. _____(Initial)

8. HOURS OF SERVICE/ LATE PICK-UP FEES: If you are later than your scheduled pick-up time, a late pickup charge of \$5.00 for every 10 minutes or fraction thereof, is due and payable directly to staff members assuming responsibility for your child after closing hours. _____(Initial)

FINANCIAL AGREEMENT

The amount of \$ _____ is hereby paid for the **2026-2027** Aftercare Yearly REGISTRATION FEE (SHEN students only). I understand that the fee is NON-REFUNDABLE. I hereby agree to pay the MONTHLY Aftercare amount of \$ _____. I hereby assume all financial responsibilities with regard to this obligation. I understand that my child will be required to follow all the RULES & REGULATIONS of Mother Teresa Academy. I understand the school reserves the right to suspend or expel my child if any part of these Rules & Regulations and/or this Agreement is not observed. _____(Initial)

I UNDERSTAND THAT THE AFTERCARE PAYMENT IS BASED ON A 10 MONTH SCHOOL YEAR AND THAT PAYING MONTHLY. PAYMENTS ARE DUE ON THE 1ST DAY OF THE MONTH, STARTING IN SEPTEMBER AND ENDING IN JUNE 1st OF EACH YEAR. I UNDERSTAND NO DEDUCTIONS WILL BE MADE AND NO DUES WILL BE REFUNDED FOR ANY DAYS, WEEKS OR MONTHS MY CHILD IS ABSENT FROM AFTERCARE. ALL PAYMENTS MADE ARE NON-REFUNDABLE.
_____(Initial)

I have already filled out the "EMERGENCY FORM" giving the school all the pertinent information regarding my child. _____(Initial)

I hereby authorize Mother Teresa Academy, its Employees or volunteers to give First-Aid treatment to my child in case of an emergency. _____(Initial)

I have seen the entire school campus, including all Playground areas, and have found them to be safe and suitable for my child. _____(Initial)

I hereby give permission for my child's photo(s) or videos to be published in the school website or any school brochure, advertising, and/or other school publication. _____(Initial)

DATE SIGNED: _____

Signature of Mother Teresa

Academy Administrator

Handling registration _____

Signature of Father (or Legal Guardian)

Signature of Mother (or Legal Guardian)

Allergies:	Special Treatment Instructions:
Reactions	Medications:
Epi Pen:	