

Compass School Year Registration Form/Contract

	1st Child	2nd Child	3rd Child
Child's Name			
Birth Date			
19-20 Gr & Teacher			
Compass Location (School):	Requested Start Date:		

School Age Child Care (K-5) - Fill in schedule needed

AM COMPASS 6:30 AM Start			
Circle each day of the week you need care			
AM Consistent Schedule	M T W Th F	M T W Th F	M T W Th F
AM Pick Your Days - To Be Entered Online			
PM COMPASS			
Circle only 1 pick-up time	4:30 5:30	4:30 5:30	4:30 5:30
Circle each day of the week you need care			
PM Consistent Schedule	M T W Th F	M T W Th F	M T W Th F
PM Pick Your Days - To Be Entered Online			
*Need Wednesday Religion Care? Y / N			
*Need Compass care on Weds that religion not in session? Y / N			
*Name of Church _____			

Early Education (Preschool Only) - Circle the days you need

Before School			
6:30-8:00 am	Tuesday & Thursday	Monday, Wednesday, Friday	Full Week Care
After School-Full Day Students			
2:30-4:30 pm	Tuesday & Thursday	Monday, Wednesday, Friday	Full Week Care
2:30-5:30 pm	Tuesday & Thursday	Monday, Wednesday, Friday	Full Week Care
After School-Half Day Students			
3:30-4:30 pm	Tuesday & Thursday	Monday, Wednesday, Friday	Full Week Care
3:30-5:30 pm	Tuesday & Thursday	Monday, Wednesday, Friday	Full Week Care

Parent/Guardian Information

	Mom/Guardian	Dad/Guardian
Name		
Address		
Cell #		
Work #		
email		

I will pay for my child's contracted Compass days and the \$30 registration fee with:

- Auto Debit: Name on card _____ Card # _____
 Pay with Credit Card online Expiration Date _____ CVV# _____
 Cash/Check
 Childcare Assistance Program (CCAP) — **Parent is responsible for payment until CCAP eligibility paperwork is received at Compass office.**

Parent/Guardian Signature: _____ Date: _____

Additional Authorized pick-ups/Emergency contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

****Please include a minimum of 3 local emergency contacts in addition to parent/guardian information****

****If a custodial arrangement exists that will affect the contract you have provided, you must provide a copy of the court order to Compass office.**

****If there is any person who by court order is prohibited from access to your child, court paperwork must be given to Compass office.**

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- I have read and understand the current parent handbook, and understand that the Code of Conduct district rules and policies are enforced.
- I understand a \$30 per family annual registration fee must be paid before my child starts Compass.
- I understand fees must be paid every week by 9:00 AM Monday, one week prior to my child attending Compass for grades K-5. Early Education will be billed monthly one week prior to care. For any late payments I will be charged a \$20 fee. Compass has the right to suspend my child from the program if payment is delinquent.
- I understand that, since programming costs for staff, food, and materials remain the same whether my child is in attendance or not, the program does not give fee breaks or refunds for days my child is absent.
- I understand that schedule changes or withdrawal from the program needs to be made in writing at least 2 weeks in advance. If proper notice is not given, I am still required to pay for all invoices sent.
- I understand that changes made in the people authorized to pick up my child we be updated by me in my online account or sent to Compass in writing.
- I understand I must enter the building to sign my child in & out of Compass on the iPad.
- I understand I will be charged \$10 for every 1-15 minutes, \$20 for 16-30 minutes, etc, that I am late picking up my child from Compass. An emergency contact will be called if I can't be reached and law enforcement may be called 15 minutes after Compass end time.
- I understand I will be charged a \$10.00 Finder's fee (per child) if I do not report my child's absence from afternoon Compass. I understand I must call my Compass Site phone.

Standard Agreement: I recognize my responsibility to know and follow Compass Handbook & Contract as well as my responsibility to help my child do the same. I agree to pay for any damages my child causes while participating in the program. I hereby waive and release all rights and claims for damages I may have against Alexandria Public Schools or participating organizations and its agents, owners, representatives and successors, including any personal injury, damage or loss to property while participating in this program. I understand that the Alexandria Public Schools Code of Conduct and the participating facilities' Code of Conduct will be enforced while participating in all activities.

Parent/Guardian Signature: _____ Date: _____

Please explain any behavioral issues or accommodations that staff may need to be aware of:
