



GREAT OAKS ELEMENTARY SCHOOL

4718 Farragut Road, Brooklyn, NY 11203

Tel#: (718) 282- 6210 • Fax: 718-282-5615 • Website: www.greatoakselementary.org



2019 - 2020: After School Registration Form

Please complete both sides of this form for each. This form must be signed by the legal guardian of the listed child. Forms that are not complete will not be processed. Admittance is not confirmed until this registration form is completed and approved and the registration fee, if applicable, is received.

OFFICE USE ONLY

Date Started: _____
Amount Paid: _____
Staff Initial: _____
Student ID #: _____

GENERAL INFORMATION:

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number # _____ Work # _____

Birth Date: _____ Current Grade: _____ Gender: Boy Girl

School Attending: _____

Father/Guardian's Name: _____

Place of Employment: _____ Work:# _____

Cell # : _____ Email: _____

Mother/Guardian's Name: _____

Place of Employment: _____ Work:# _____

Cell #: _____ Email: _____

PERSONS AUTHORIZED TO PICK UP CHILD (other than parents):

1. _____

2. _____

EMERGENCY CONTACT INFORMATION

In the case of an emergency, GOES will contact the parent or legal guardian immediately. In case we are unable to reach you, please list a secondary contact person who we can call. This contact person must be someone not living in the same household.

Name: _____ Relationship: _____

Telephone: _____ Cell # _____

Create, Stimulate and Perpetuate Excellence



2017 – 2018 - After School Tuition Form
This form must be sign by the legal guardian of the listed child.

I/we hereby agree to pay tuition and fees for the following named child:

Please select one of the following payment plans:

WEEKLY PLAN:

\$30/\$40 Registration Fee (per child, due at registration)

\$70/\$75 Weekly Tuition One Child

\$140/\$150 Weekly Tuition Two Children

\$210 Weekly Tuition Three Children

***Late payment fees, late minute fees, and returned check fees may be applied.*

See below for tuition policies.

DAILY RATE:

\$25.00 Daily Tuition (per child)

Days? M T W TH F

***No discounts are given for this payment plan!**

***Late payment fees, late minute fees, and returned check fees may be applied. See below for tuition policies.*

Please indicate your understanding of an agreement with each of the policies below by initialing beside them.

_____ Tuition is due on the 1st day of attendance of each week (**Mon**), but no later than **Wednesday**.

_____ A late fee of \$10 will be assessed if tuition is not paid on time. Attendance privileges will be suspended if tuition is not paid within one week.

_____ A \$35 returned check fee will be assessed for any returned check. Cash or money orders will be required after two returned checks.

_____ We close at 6pm. At 6:05, a \$5 fee will be assessed per child, with \$1 per minute per child thereafter. The fee must be paid by the following day. If you pick up your child after 6:10 three times, we reserve the right to suspend attendance privileges.

_____ Families utilizing the “**Daily Plan**” Plan must indicate what days the child (ren) will be in attendance. Any changes must be put in writing to the Administration before they will be put into effect.

_____ Any changes to the Tuition Agreement or Persons Authorized to Pick Up must be put in writing before they will be put into effect. Payment is still due per the current agreement until changes are made in writing.

_____ **GOES** will follow the Board of Education calendar in regards to inclement weather.

_____ There is no credit for days missed or holidays.

_____ **GOES** will retains the right to withhold your child from being picked up by anyone who appears to be intoxicated.

Financial Agreement

By signing this tuition and attendance form, I, the undersigned, assume the responsibility for the payment of all tuition and fees as outlined above. I understand that lack of payment will result in suspension of my child’s attendance privileges.

Signature of Parent/Guardian _____ **Date:** _____