



**ZERVAS AFTER SCHOOL PROGRAM, INC.**

**TUITION CONTRACT 2019/2020**  
**Grades Kindergarten through 5**

Child's Name: \_\_\_\_\_ Start date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**GRADES Kindergarten, First, and Second grade:**

Full Week Grades 1 and 2 (M, Tuesday 12:30-6, W, Th, F) = \$560 \_\_\_\_

**Circle options without Tuesday**

- 1 day 3-6p.m. M, W, Th, F = \$108 \_\_\_\_
- 2 days 3-6p.m. M, W, Th, F = \$210 \_\_\_\_
- 3 days 3-6p.m. M, W, Th, F = \$306 \_\_\_\_
- 4 days 3-6 p.m. M, W, Th, F = \$396 \_\_\_\_

**Circle options with Tuesdays**

- Tuesday only = \$198 \_\_\_\_
- Tuesday + 1 day M, W, Th, F = \$298 \_\_\_\_
- Tuesday + 2 days M, W, Th, F = \$391 \_\_\_\_
- Tuesday + 3 days M, W, Th, F = \$478 \_\_\_\_

**GRADES 3-5:** RAFT (Radical Awesome Field Trips) is the Tuesday field trip program for grades 3, 4, and 5 only.

**Full Week** Grades 3-5(M, RAFT, W, Th, Fr) = \$640 \_\_\_\_

**Circle option without Tuesdays**

- 1 day 3-6p.m. = M W Th F = \$108 \_\_\_\_
- 2 days 3-6p.m. = M W Th F = \$210 \_\_\_\_
- 3 days 3-6p.m. = M W Th F = \$306 \_\_\_\_
- 4 days 3-6p.m. = M W Th F = \$396 \_\_\_\_

**Circle options with Tuesdays,**

- RAFT(grade 3-5 only) = \$248 \_\_\_\_
- RAFT + 1 day, M W Th F = \$348 \_\_\_\_
- RAFT + 2 days, M W Th F = \$441 \_\_\_\_
- RAFT + 3 days, M W Th F = \$528 \_\_\_\_

**Parents have the option to enroll for all the Early Release days in advance.**

**\*\*\*Early Release Days yearly sign-up 6 days in total @ \$30 per day = \$180 \_\_\_\_**

All parents are required to pay a one month deposit that will be applied to June of 2020, plus a registration fee (\$50 for the first child \$35 for each additional child, a \$20 discount if registered before June 23rd) to enroll a child in the program.

\$ _____	+	_____	+	_____	=	_____
Monthly Tuition		Registration Fee		**Early Release		Total Deposit Due

*Please review all the terms on the other side of the contract, a signature is required.*

Parents and Legal Guardians agree to the following:

1. Payment of tuition in advance as billed monthly by ZASP. If you have difficulty with payments contact the Executive Director at 617-965-2655.
2. Forfeiture of the initial June deposit, or a prorated portion thereof, if the parent or legal guardian withdraws his/her child from the program or reduces the number of hours before the end of the school year.
3. Honor a request made by the Executive Director of the Zervas After School Program Inc. for the withdrawal of the child from the program.
4. To follow the rules, regulations, and procedures of the program included in the ZASP Parent Handbook, or any changes thereto and any policies duly voted on by the ZASP Board of Directors.
5. To notify the Director in writing at least 30 days prior to implementation of any change in the child's enrollment.
6. Extra hours not previously scheduled are available if there is space. Please call ZASP at least 24hrs. in advance for availability. Extra Hours are billed at a rate of \$12 per hour. There is a 3 hour minimum.
7. There is a late pick-up charge of \$1 per minute for the first 10 minutes to increase in \$2 for every minute past ten. After 20 minutes the fine will be \$3 per minute. These fines are payable to the teacher waiting with your child. If fines are not paid within one week services may be withheld. Repeated late pick-up s grounds for termination.
8. Tuition received after the 7<sup>th</sup> of the month in which it is due will incur a \$25 late fee.
9. **The signature below is an acknowledgement that the parent/legal guardian accepts all of the above requirements. No child can be admitted to ZASP without a signed agreement.**

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I have read and I understand all provisions of this contract and agree to be bound by all terms set forth by the Zervas After School Program, Inc. I agree to indemnify and hold harmless the officers, agents, and employees of the Zervas After School Program, Inc. from all claims, liability loss, damage, and expense which may arise out of or in connection with my child's participation in the Program including without limitation, all claims for personal injuries to other persons caused by my child.

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent/Legal Guardian Required**