

# GRIFFIN FOUNDATION SCHOOL DISTRICT

1844 S. Alvernon Way, Tucson, AZ 85711

520-790-8400

## For Business Use Only:

Grade Level: \_\_\_\_\_

Final Approval: \_\_\_\_\_

Description of Fees: **\$10.00 Weekly**

Approved Start Date: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Appl. Received Date: \_\_\_\_\_

Initial Admin.: \_\_\_\_\_

FIMS Before School Program Agreement

2018-2019

[www.griffinfoundation.org](http://www.griffinfoundation.org)

*“Visit our website for family involvement information and school events”*

I agree to enroll my child, \_\_\_\_\_ in the Griffin Foundation School District's Before School Program.

This program is designed to serve our FIMS students. A student that has behavior issues such as not following procedures, endangering the safety of other students, or showing disrespect will be suspended or placed on a 2 weeks probation period. I understand the school will provide my child with a quality program lead by caring staff in a safe and positive learning environment. Hours of operation: From 7:30 am-8:30 am students will check in at the FIMS Cafeteria or outside on the playground.

### Tuition and Fees

I understand:

1. My weekly tuition is **\$10.00 per week.**
2. One week's tuition (**\$10.00**) to be submitted with your application.
3. Mandatory withdrawal will be requested if a child does not abide by the standards of conduct, demonstrates extreme behaviors that hurt others or failure of the school to meet the needs of the child or parents.

### Registration

4. By signing this document you agree and understand the policies and procedures of the Before and After School Program:

I \_\_\_\_\_ (**parent/guardian**) consent, acknowledge, and approve of the procedures, rules, and regulations of the Griffin Foundation School District's Before and After School Program.

*Arizona Department of Health Services: The licensing agency shall have the authority to interview children or staff and to inspect child and facility records without prior consent. The licensing agency shall also have the authority to observe the physical condition of children, which could indicate possible abuse or neglect.*

*I authorize the school district to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care in case I am not immediately available. Before such action is taken, it is understood that a conscientious effort must be made to notify me or \_\_\_\_\_ at the following number: \_\_\_\_\_.*

**Before and After School Schedule** (Circle days): **Mon Tue Wed Thur Fri**

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Name (print)	Home Phone	Work/Cell Phones
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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_