

## CHICAGO PARK SCHOOL DISTRICT EXPANDED LEARNING OPPORTUNITIES PROGRAM CONTRACT

By initialing I have read and agree to the following upon enrollment of my child in the Chicago Park School District Expanded Learning Opportunities Program (ELO-P):

- \_\_\_\_\_ 1. I understand that I am responsible for all financial obligations incurred relative to this enrollment and agree to the fees and policies stated in the financial contract.
- \_\_\_\_\_ 2. I will pay for any property damage caused by my child and acknowledge that the Chicago Park School District is not responsible for students' lost, stolen, or damaged personal property.
- \_\_\_\_\_ 3. I have read the Parent Handbook and will cooperate with the school to ensure compliance with all rules and policies.
- \_\_\_\_\_ 4. I understand that students will only be released from the ELO-P to those listed on the Emergency Form. I understand that the person(s) authorized on the Emergency Form must be at least 18 years of age and possess valid picture identification. Siblings under 18 years of age must have written permission by the parent/legal guardian and a valid picture ID to pick up a student from the ELO-P should the parent/legal guardian not be able to do so.
- \_\_\_\_\_ 5. I understand that the ELO-P reserves the right to dismiss any student who does not comply with school rules and policies.
- \_\_\_\_\_ 6. Account payments received a week after due date, **including Drop-In fees**, will be charged a \$10.00 late fee. Delinquent accounts and/or unruly parent behavior may also constitute reason for dismissal.
- \_\_\_\_\_ 7. I understand that the ELO-P will operate on regular, early release Friday & minimum days. ELO-P will operate an additional 30 days.
- \_\_\_\_\_ 8. I understand that all programs associated with the ELO-P **end promptly at 5:00 P.M. at which time all students MUST BE picked up. A LATE FEE WILL BEGIN ACCRUING after the 5:00 P.M. closing time of the program.**
- \_\_\_\_\_ 9. I understand the late fee will be assessed if I am late in picking up my child. The late fee is **\$10.00 plus \$1.00 per minute for every minute after 5:00 P.M.** Three late pick-ups may be cause for termination of your child's participation in the program.

### CHICAGO PARK SCHOOL DISTRICT EXPANDED LEARNING OPPORTUNITIES PROGRAM 2023/2024 FINANCIAL AGREEMENT

- \_\_\_\_\_ **ENROLLMENT:** Parents may enroll a child in the 2023/2024 ELO-P starting July 1, 2023. The enrollment process may be completed at the school site. The enrollment is considered complete upon return of all registration materials **with parent signature and first payment of services**. Additionally, before an enrollment can be complete the school must verify that a seat for your child in the program is available.
- \_\_\_\_\_ **PROGRAM WITHDRAWAL/CHANGES** You must communicate with the **SCHOOL OFFICE** of your intent to release your child's seat in the program. A refund will be issued for unused months for payments made in advance. **No pro-rated rates.**
- \_\_\_\_\_ **PROGRAM FEES:** Fees for the ELO-P are calculated on the number of school days and then divided by the number of school months to allow for equal payments. **All fees are due in advance.** Fees may be paid in advance such as monthly, quarterly, semi-annually, or yearly. A discount will be applied for those who opt to pay semi-annually or yearly. **Make all checks payable to Chicago Park School.**
- \_\_\_\_\_ **ILLNESS/ABSENCE CREDIT:** Credit **will not be given for absences**. We must make employment commitments to employees that cannot be altered without formal action taken within legally prescribed timelines.
- \_\_\_\_\_ **DROP-IN ARRANGEMENTS:** Students may participate in the ELO-P on a drop-in basis **if space is available and enrolled**. Please call the school office by 11:00 a.m. should you wish to utilize the drop-in attendance option. A drop-in fee of \$17.00 per day will be assessed and is payable on the day of attendance
- \_\_\_\_\_ **RETURNED CHECKS:** In the event that an individual has a check made payable to the district returned for any reason twice in a single school year, the District requires that all payments be made in cash, cashier's check, or by money order. **A \$10.00 fee will apply.**
- \_\_\_\_\_ **BILLING/PAYMENT QUESTIONS:** In the event you have a question about your account, please contact the school office.

As the parent/guardian of \_\_\_\_\_, I agree to pay all fees associated with the Chicago Park School District Expanded Learning Opportunities Program as stated in this contract. ELO-P is from school release time to 5 PM. All students need to be picked up by 5 PM.

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

My child will participate: \_\_\_\_\_ Full Time (M-F) - **\$1,900.00 per year**  
\_\_\_\_\_ Part Time (**No more than 2 days/week**) - **\$1,070.00 per year**  
\_\_\_\_\_ Drop-in - **\$17 per day** payable on day of attendance.

**CHICAGO PARK SCHOOL DISTRICT EXPANDED LEARNING OPPORTUNITIES PROGRAM 2023/2024 PAYMENT SCHEDULE AGREEMENT**

Please circle your payment plan choice: *Annual* *Semi-Annual* *Quarterly* *Monthly*

**FULL TIME**

**PART TIME**

**Annual Payment**

**Annual Payment**

\$1,800.00 due at time of enrollment

\$1,000.00 due at time of enrollment

**Semi-Annual Payment**

**Semi-Annual Payment**

\$900.00 due on August 15, 2023

\$500.00 due on August 15, 2023

\$900.00 due on January 08, 2024

\$500.00 due on January 08, 2024

**Quarterly Payment**

**Quarterly Payment**

\$475.00 due on August 15, 2023

\$267.50 due on August 15, 2023

\$475.00 due on November 15, 2023

\$267.50 due on November 16, 2023

\$475.00 due on February 15, 2024

\$267.50 due on February 15, 2024

\$475.00 due on May 3, 2024

\$267.50 due on May 3, 2024

**Monthly Payment Plan (10 equal payments)**

**Monthly Payment Plan (10 equal payments)**

\$190.00 due upon enrollment, then the 1<sup>st</sup> of each following month through May 1<sup>st</sup>, 2024

\$107.00 due upon enrollment, then the 1<sup>st</sup> of each following month through May 1<sup>st</sup>, 2024

Deposit of checks can take up to one (1) month due to the cyclical times of our workload in the District Office.

As the parent/guardian of \_\_\_\_\_, I acknowledge receiving, reading and agree to abide by the guidelines in the Chicago Park School District Expanded Learning Opportunities Program 2023/2024 contract.

**The undersigned have agreed to the policies, procedures and financial obligations of the Chicago Park School District Expanded Learning Opportunities Program as stated in this contract. Any person financially responsible, other than the parent/guardian must sign.**

\_\_\_\_\_  
Mother or Father/Legal Guardian Signature      Home Phone Number \_\_\_\_\_      \_\_\_\_\_  
Date

\_\_\_\_\_  
Financially Responsible Party (if other than parent or guardian)      Cell Phone Number \_\_\_\_\_      \_\_\_\_\_  
Date

\_\_\_\_\_  
School District Representative      Work Phone Number \_\_\_\_\_      \_\_\_\_\_  
Date

# Chicago Park School District

## Expanded Learning Opportunities Program 2023/2024 STUDENT INFORMATION

Student's Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_ M ( ) F ( )

Birth date: \_\_\_\_\_

**Check one:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Drop In \_\_\_\_\_

### *AUTHORIZATION for CHILD PICK-UP*

Automatic authorization for pick-up is given to the parent/s and/or guardians of the student listed on this page. If my child is not picked up by 5:00 p.m., is sick or if there is an emergency, I authorize CPSD Expanded Learning Opportunities personnel to release my child to the following individuals if I am unavailable:

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

Custody/Legal Restrictions (must have paperwork on file) \_\_\_\_\_

### *STUDENT MEDICAL INFORMATION*

List any serious medical conditions: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

\_\_\_\_\_ My child is taking a prescription medication and will need to have the medicine administered during childcare. I have completed the permission to administer prescription drug form and returned.

**In the event of a life-threatening reaction, I authorize school trained school personnel to give emergency treatment i.e. adrenaline via Epi-pen, to my child. I also authorize my child be taken to the nearest medical center for treatment if I am unavailable.**

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number