



Enrollment Form

Before & After Care Program

7:00 am – 8:00 am and 3:15 pm – 6:00 pm

Peabody Early Childhood Center

425 C Street, NE

Washington, DC 20002

Ph: (202) 381-0880 Fax (202) 248-7416
Email: info@ritasplacellc.com

Peabody School: (202) 698-3277 School Fax: (202) 698-3275

Rita's Place provides age appropriate activities for children ages 3 to 12 years old in a safe, fun and loving environment.

At **Rita's Place** our belief is that the early years are when children actively engage and we allow them to explore their creativity through structured activities. With this in mind, we address the needs of the whole child through weekly special activities:

The weekly activities include age appropriate activities for all groups from games, puzzles, outside play at Stanton Park, crafts, stories and music with Mr. B. Watkins students will have assistance with homework Monday through Thursday and Friday is a day of fun.

The hours of operation are, **before care 7:00 am to 8:00 am**, students will be taken to the cafeteria for breakfast. **Aftercare is from 3:15 pm to 6:00 pm**. Payments are expected prior to starting the program.

BEFORE and AFTERCARE FEES

The monthly fee for both Before and Aftercare is \$375 and \$150 per additional sibling. The monthly fee for **Before care only** is **\$175** and **\$125 per additional sibling**. The monthly fee for **Aftercare only** is **\$300** and **\$150 per additional sibling**. Drop-ins will be accepted depending on availability of space. The **Drop-in fee is \$45 per day** and **\$20 per additional sibling**.

All fees for monthly care are due before the 1st of each month. (For example: April's fees are due March 31st).

Payment methods accepted are check, credit / debit card, venom app, cash app, money orders or cash.

_____Initial

Please note **a late fee of \$30 will be charged on the first of the month** if payment is not received by due date. If your check is return as NSF, there is a **\$35 returned check fee**. If your payment is returned, only cash, credit / debit card or money order will be accept as payment. _____Initial

Please be on time as there is a cash only **late fee of \$2.00 per minute, per child**. An additional \$5.00 cash only fee will be charge for all late fees not paid within 24 hours. _____Initial

Any behavior that is considered dangerous to the child, other students, or staff will result in **immediate dismissal from Rita's Place without a refund**. _____Initial

A TWO WEEK NOTICE IS REQUIRED before leaving the program. _____Initial



Student Information

Rita's Place Before and Aftercare
2021 – 2022 School Year

If you have more than one child, please complete a form for each child.

Ph: (202) 248 – 7416
Email: info@ritasplacellc.com

Child Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Grade: _____ Homeroom Teacher: _____

Health Conditions / Allergy Information:

Parent / Guardian Contact Information:

Parent / Guardian Name Cell Phone Work Phone

Email Address: _____

Parent / Guardian Contact Information:

Parent / Guardian Name Cell Phone Work Phone

Email Address: _____

Pick-Up Information:

| My Child(ren) may be picked up by any of the following people: | | |
|----------------------------------------------------------------|--------------|-----------------|
| Name: | Relationship | Phone Number(s) |
| Name: | Relationship | Phone Number(s) |
| Name: | Relationship | Phone Number(s) |

Student Information

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I agree to the terms written in the following statements:

| Initial | Statements |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | I will authorize by fax, phone, email or letter if my child(ren) are to be dismissed with persons other than those listed in the "Pick-Up Information" section of page 2. |
| | I agree to discharge, indemnify and hold harmless Rita's Place; employees, agents, or representatives of Rita's Place and all sponsors, participating Volunteer organizations and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns may have for any and all injuries and damages, known or unknown, caused by or arising out of an activity / field trip with Rita's Place. |
| | I hereby give permission for my child(ren) to participate in afterschool activities sponsored by Rita's Place (to include afterschool trips). |
| | I allow Rita's Place to use photo's of my child(ren) and copies of my child(ren)'s work for program Advertisement without use of my child(ren)'s name. |
| | I allow Rita's Place to access my child(ren)'s education records in order to help provide the most Effective and comprehensive academic support. |

Parent / Guardian's Name printed

Parent / Guardian's Signature

Date: