

Challenger After-School Program

Registration and Student Information

Challenger School Location: _____

Student Name: _____

Grade: _____ Teacher: _____

Address: _____ Home Phone: _____

Parent/Legal Guardian: _____

Child lives with: _____

(Name)

(Relationship)

Father's Employer _____ Phone _____

E-mail _____ Cell Phone _____

Mother's Employer _____ Phone _____

E-mail _____ Cell Phone _____

Emergency Name _____ Phone _____

E-mail _____ Cell Phone _____

Emergency Name _____ Phone _____

E-mail _____ Cell Phone _____

If you cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct school authorities to send the child (properly accompanied) to the hospital or doctor most easily accessible?

Yes _____ No _____

Signature: _____ Date: _____

For Office Use Only

Site Director Please Complete

CSI Student ID # _____ Enter Date _____ Withdrawal Date _____

Challenger Dismissal

Please list below the persons who are allowed to pick your child up from Challenger, including all family names. Anyone who is not listed will not be allowed to pick up your child without prior notification. Thanks for your help.

My child _____ can be picked up by the following people:

<u>Name</u>	<u>Phone</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Educational and Medical Information

Does your child have an IEP or 504?

- IEP ☐ Yes ☐ No
- 504 ☐ Yes ☐ No

Does your child require any accommodations that Challenger staff will need to know about in order to work effectively with your child? _____

Does your child have any medical condition that Challenger personnel needs to be made aware? ☐ Yes ☐ No

Does your child have allergies of any kind? ☐ Yes ☐ No

Describe below any medical conditions.

Please read, initial and sign. You will be given a copy of page C.

- I understand that I must submit any changes, withdrawals or applications to the Challenger Director by the Wednesday prior to the Monday your changes, withdrawal or enrollment into Challenger will occur. A **withdrawal form** must be completed in order for my child to be officially removed from the Challenger program. Directors have Withdrawal Forms and forms are online. _____ **Initial**
- **Exceptions** are: during the summer when Challenger Directors are not working you must contact the Challenger Central Office for any questions, changes of address, telephone numbers, withdrawals, change of school, moving from our district and lunch status changes. **Withdrawals** must be directed to the Challenger Central Office during the summer. If you **move out of the district**, it is the parent's responsibility to contact the Challenger Central Office for withdrawal of student from Challenger. **The school will not contact Challenger.** If you **change schools** within the district, it is your responsibility to contact the Challenger Central Office. The school will not alert Challenger of the change of school. _____ **Initial**
- Exception: All Challenger students begin on the first Monday of the month provided completed registration packets are returned by the deadline date. _____ **Initial**
- I understand that my child may be removed, without prior notice, from the program if his/her behavior interferes with the learning or safety of others. No refund of fees collected will be paid. _____ **Initial**
- I understand students may not be picked up from Challenger before 3:00 PM. From 2:30-2:50 regular school is being dismissed, putting the entire school in transition. Out of concern for the safety of all children, I understand Challenger dismissal begins at 3PM. _____ **Initial**
- I understand that students are to be picked up by 6:00 p.m. daily. A fee of \$1.00 for each minute will be imposed. My child may be removed from the program due to continual late pick-up or non-payment of late fee not to exceed three or more times. _____ **Initial**
- I understand that students are expected to attend each day, and fees will be charged for each day regardless of attendance. If your child has an extended illness of a week or more, please contact District Program Coordinator as you may be eligible for a credit for that time. _____ **Initial**

Parent's Signature: _____

Student's Name: _____

Date: _____

Important to note: due to increased enrollment, class size, space and staffing, Challenger cannot accommodate students being enrolled in our program for less than four weeks.

C

2019-2020

Challenger Payment Program Enrollment Form

Draftee's bank account will automatically be drafted each Monday to pay for the child's Challenger tuition throughout the school year. (EXCEPTION: Bank closing due to holiday, your account will be drafted on Tuesday).

Funds need to be in the account by close of banking on Friday.

School: _____ Student Name: _____

CSI Account Number (Director Provides): _____

Students may begin Challenger on the first Monday of each month provided a completed registration packet is returned to the Central Office by the designated deadline date. Complete all information on Form D. Fields left blank, will stop your child's registration packet from being processed. **The weekly draft is sent on Friday to our bank before the Monday start date indicated below.** Once the draft occurs, no refund will be given, if the start date is incorrectly entered by parent.

I wish for my child, _____, to begin Challenger on Monday, _____.

Enrollment registration forms, changes in bank information and withdrawals notices must be submitted by Wednesday to take effect the following draft date.

Indicate the Challenger status that applies. Parents must select payment rate below. **To receive a Reduced or Free Challenger rate, a letter documenting the approved lunch status must be attached.**

Full-Pay	Multi-Full Pay (more than 1 child enrolled)	Reduced Lunch	Free Lunch	Employee
\$60 weekly	\$55 each child per week	\$42 weekly	\$35 weekly	\$35 weekly

Completing your child's Challenger registration, **a pre-printed check or a letter from your bank** (starter checks and/or deposit slips are not acceptable) **is required.** This letter must state the type of account (Checking or Savings), the routing number, account number, draftee's name, draftee's address, draftee's phone number and verification that this account may be drafted by ACH debits. This letter must be on bank letterhead and signed by a bank employee. Acceptable draftees are parents/legal guardians and grandparents.

Draftee Name: _____

Relationship to Student: ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Legal Guardian

Draftee Address: _____ City: _____ Zip: _____

Draftee Email Address: _____ Draftee Daytime Phone: _____

Preauthorization Form

I (we) hereby authorize Rock Hill Schools and CheckRedi, its agent, to initiate debit or credit entries to my account by funds transfer and/or automated clearing house ("ACH") transfer for the purpose of paying my child's Challenger tuition. I understand that in the event my account has insufficient funds to cover the payment drafted, or my draft rejects due to any other reason, a \$30.00 reject fee by CheckRedi will be assessed per draft as allowed by State law and additional processing fees may be charged by CheckRedi. Parents with a reject and non-payment to CheckRedi by the designated time will be removed from the program for the following week and will remain out of the program until all fees have been collected. CheckRedi will contact parents whose drafts have returned, prior to notification from Challenger Site Director, to discuss collection for continuance of his/her child in the Challenger program. CheckRedi customer service center may be reached toll free at 1-800-742-2925. After the third reject, the child will be removed from the program for the remainder of the school year.

I am an authorized party of the account listed above, and am exercising my powers as such.

Authorized Signature

Date

Indicate type of account: Checking Savings

ATTACH VOIDED CHECK HERE OR SUBMIT BANK LETTER WITH APPLICATION

Form D



2019-2020 Challenger Program

Customer Name _____

Child's Name _____

CSI# _____ (provided by Challenger Site Director)

Re: Electronic Funds Transfer Payment Authorization

Dear Customer,

Please allow this letter to confirm that by your signature below, you hereby authorize Rock Hill Schools, to electronically debit your account for amounts due and owing between Rock Hill Schools and customer named above, henceforth known as customer. Electronic Debits will be processed by a third party named CHECKredi.

This authorization shall permit Rock Hill Schools to collect both variable and fixed recurring amounts and also variable and fixed one-time amounts that may be due from time to time between Rock Hill Schools and customer.

This authorization shall remain in place unless and until rescinded by customer via a written directive to Rock Hill Schools, at least five (5) days prior to any date in which any electronic funds transfer is to occur, in order to permit Rock Hill Schools sufficient time to act on it.

Rock Hill Schools agree that a draft schedule (once available) will be provided to customer indicating the amount due, together with the specific date that the customer's account shall be electronically debited.

In the unlikely event your returned draft is not paid, CHECKredi may elect to electronically (or by paper draft) re-present your payment up to two more times. This will occur 2 weeks after you have been removed from Challenger. You also understand and agree and authorize or permit CHECKredi to collect a return processing charge by the same means, in an amount not to exceed that as permitted by State law.

If you should have any questions concerning this payment transaction, you may contact us at 803-985-3635 during our normal business hours, 8:00AM to 5:00PM.

I, _____, as the draftee, hereby grant authorization to Rock Hill Schools to
(Draftee's Name)

electronically debit our bank account noted below for amounts owing to Rock Hill Schools.

Signature

Date

Printed Name

ROCK HILL SCHOOLS
Helen G. Taylor
Central Office Challenger Coordinator
htaylor@rhmail.org

Form E