

Reinstatement 2016/2017



DENVER
PUBLIC
SCHOOLS



DISCOVERY LINK
THE DPS AFTERSCHOOL PROGRAM

Parent or Guardian Name		
Email #1	Email #2	
Child Name	Age	DOB
Discovery Link Site:		
Email Statements	Yes	No (If YES you will no longer receive statements via US Mail.)
Sibling(s) Name:		

Please check the scheduled days of the week per program.		
Early Riser <i>(6:30am – classroom start time)</i>	M	T W TH F
*Kadoodles AM <i>(Classroom start time – noon) Not at all sites</i>	M	T W TH F
*Kadoodles PM <i>(Noon – School release) Not at all sites</i>	M	T W TH F
After School <i>(School release – 6:00pm)</i>	M	T W TH F
*Friday 1 – 3 pm <i>(certain sites)</i>	ONLY IF REGISTERED FOR AFTER SCHOOL ON FRIDAY	
*Friday 1 – 6 pm <i>(certain sites)</i>	ONLY IF REGISTERED FOR AFTER SCHOOL ON FRIDAY	
		\$22.00
		\$88.00

I authorize Discovery Link to deduct my reinstatement fee directly from my credit card listed below. I understand by signing below, my account will be charged automatically. **(VISA/MASTER CARD ONLY)**

Reinstatement Fee	\$25.00	
Past Due charges		
Pro-rated tuition:		
Total amount due:		
CARD #		
	EXPIRATION DATE	CVV
SIGNATURE	Date	

Automatic Payment Option:

Tuition Express ID #	
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Human Service:

CCAP Case #	
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For Office Use Only:

Date Received: _____ Reinstatement date: _____ Date site contacted: _____ Initials: _____

SCHEDULE OF PAYMENTS

Payment	Billing Cycle Run Date	Tuition Due Date & Tuition Express RunDate	Late Fee Assessed	Non-Payment WithdrawalDate	CoveragePeriod
1 of 9	August 15	9/1/16	9/8/16	9/16/16	8/22/16 –9/30/16
2 of 9	September 15	10/3/16	10/10/16	10/14/16	10/1/16 –10/31/16
3 of 9	October 15	11/1/16	11/8/16	11/18/16	11/1/16 –11/30/16
4 of 9	November 15	12/1/16	12/8/16	12/16/16	12/1/16 –12/31/16
5 of 9	December 15	1/5/17	1/12/17	1/20/17	1/1/17 –1/31/17
6 of 9	January 15	2/1/17	2/8/17	2/17/17	2/1/17 –2/29/17
7 of 9	February 15	3/1/17	3/8/17	3/17/17	3/1/17 –3/31/17
8 of 9	March 15	4/3/17	4/10/17	4/21/17	4/1/17 –4/30/17
9 of 9	April 15	5/1/17	5/8/17	5/19/17	5/1/17 –6/1/17

TERMS OF PAYMENT <i>(Please read and initial all applicable statements)</i>	Parent/ Guardian Initials
PAYMENT - Once your child's enrollment is secured, we will contact you to confirm your enrollment site, schedule, and your preferred payment method. Upon confirmation of enrollment, you must pay your registration fee, and set up a payment method.	
REQUIREMENTS – A completed health appraisal form (with physician signature and date of required return) and immunization documentation are all required at the time of registration.	
INVOICES - I understand that Discovery Link will generate and send monthly invoices on the 15 th of each month.	
DUE DATE - I understand that it is my responsibility to pay monthly tuition by the 1 st business day of each month.	
LATE FEE - I understand that if my payment is not received within 5 business days of the Tuition Due Date, a \$25 <i>non-reversible</i> late fee will be assessed to my account.	
SERVICE FEES - I understand that a \$30 service fee will be assessed for every returned check.	
TERMINATION DUE TO UNPAID BALANCE - I understand that if payment is not received by the non-payment withdrawal date, my child's (children's) enrollment will be terminated.	
REINSTATEMENT - I understand that if my child is withdrawn due to an unpaid balance, I must contact the Discovery Link registration office to obtain reinstatement eligibility information before returning to the program.	
SPLIT PROGRAM BILLING - Discovery Link will not process split billing between two parents or guardians on <u>one</u> account. I understand that if I elect to create <u>two</u> accounts to split program billing that each parent will be fiscally responsible and must register and apply for financial assistance if needed. If non-payment occurs on one account the child will be withdrawn from the program that corresponds to the unpaid account.	
WITHDRAWAL - I understand in order to withdraw from the program I must complete the proper forms one week in advance. Failure to do so will result in my account being charged full price for that current billing month. I understand that my withdrawal is official when I receive confirmation from the Registration Office.	
CREDITS OR REFUNDS - I understand that credits or refunds are NOT issued for routine absence or illness. Credits will be considered for extended absence or illness with signed documentation from a medical professional.	
SCHOOL CLOSURES - I understand that credits or refunds are NOT issued for days Discovery Link is closed due to district or school closures for circumstances such as inclement weather.	
CCAP Recipients - I understand that if I am receiving Human Services assistance that it is my responsibility to provide Discovery Link with all eligibility certificates. If I do not have written authorization, I will be responsible for all tuition charges and registration fees.	
CCAP Recipients - I understand that I am responsible for paying parental fees, drop-ins, late pick up fees and the costs of any other unauthorized care assessed to my account.	

As the signer of this document, I understand that I am fully responsible for payment of all Discovery Link fees in accordance with all Terms of Payment.

Parent/Guardian Signature	Date
Parent Guardian Printed Name	