

LETTER OF COMMITMENT 2016 – 2017 School Year

Child's Last Name:

Child's First Name:

Requested Start Date:

Child's Bi	irthdate: (Child's Gender: Male: Female:	
Parents'/Guardians' Names:			
Address:			
Phone Nu	ımber: Ema	il:	
Programs Ava <u>Full I</u>	ailable: Day: 8:00 a.m. – 3:15 p.m. 5 Full Days	<u>Half Day:</u> 8:00 a.m. – 11:30 a.m 5 Half Days	
	5 Full Days with Before/After Care 4 Full Days (Monday-Thursday) 4 Full Days (Tuesday-Friday) 4 Full Days with Before/After Care (Monday 4 Full Days with Before/After Care (Tuesday 4 Full Days with	4 Half Days (Monday-Thursday) 4 Half Days (Tuesday-Friday) y-Thursday)	
Progr	cams that include Before and/or After Care ex	tend the Day: Before Care: 7:00-8:00 a.m. After Care: 3:15-6:00 p.m.	
My child will be five (5) years old as of October 01, 2016 and we are enrolling in RMA's Kindergarten program. *Note* Must be enrolled in a Full Day program, 5 days a week.			
	enrolling in a program that includes Before Il regularly attend: Monday Tuesday Before Care: After Care:	and/or After Care, please indicate below, the days that Wednesday Thursday Friday ———————————————————————————————————	
* Note * You are for our regular	e authorized to attend before and after care for any	/all days that you are enrolled, the information above will be use	
the 2 This That That addi That late due, That	tuition cost and the fees associated with the pre 2016-2017 RMA Calendar and Fee Schedule. It the annual Material/Enrichment Fee is due up to a drop-in basis, my child may attend RMA itional cost, if I have previously confirmed with the monthly tuition payments are due on the 1st of fee if not paid by the 10th of the month. I furth, are subject to an addition late payment fee equation to RMA requests that families volunteer the equation of the subject to the equation of the subject to the subject to RMA requests that families volunteer the equation of the subject to the subject to the subject to RMA requests that families volunteer the equation of the subject to the subjec	oon enrollment and is nonrefundable. A during days/times that they are not regularly enrolled at a h RMA staff that space is available. of the month (August through June) and are subject to a \$3 her understand that accounts that are more than 30 days pa	
Parent or 0	Guardian Signature:	Date:	