

**Ribét Academy**  
College Preparatory School  
2911 San Fernando Road  
Los Angeles, CA 90065  
Tel: 323-344-4330



### After school (ASK) Student Registration Form

2019-2020                      Full Time  Part-time  Hourly

Grade: \_\_\_\_\_

**Student Info:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Male  Female

**Guardian Info:**

Parent/Guardian name: Mr.Mrs.Ms. \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Emergency Contact Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

## FEES

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Full-time: \$300/month (full-time is attendance 4-5 days a week)

Part-time: \$200.00 3 Days Only- Monday, Wednesday and Friday

Hourly - \$15.00 per hour *Does not include the After School Enrichment Program*

Mandatory Deposit of \$300.00 for both full time and part time (Deposit will be applied to the last month of the School Year).

ASK Hours 3pm-6pm Late Fee \$10.00 per 15 minutes

Minimum Day Schedule 12pm-6pm

Payment Options:

- Check/Cashier's check Payable to Ribét Academy
- Cash

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I agree to the following terms and conditions, which are binding for payment of after school care for one Academic year:

- Full Time ASK Payments due at the 1st of each month.
- Part Time ASK Payments due on the 3rd of each month.
- A \$50 fee will be charged for all checks returned by the bank or invalidated for any reason.
- FAILURE TO MEET PAYMENT OBLIGATIONS WILL RESULT IN SUSPENSION FROM ASK PROGRAM UNTIL ACCOUNT IS CURRENT.

ARBITRATION: All disputes over the terms of this agreement or an incident/accident That occurs on the Ribét campus that cannot be resolved will be submitted to binding. Arbitration in accordance with the American Arbitration Association.

- Ribét student/parent images, likenesses and/or voices may be used for our marketing purposes

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Parent/Guardian Signature

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DATE

IDENTIFICATION AND EMERGENCY INFORMATION  
 ASK 2019-2020  
 AFTER SCHOOL CARE

Child's Name:	Gender:	DOB
Mother's Name	Cell Phone #	Work Phone #
Father's Name	Cell Phone #	Work Phone #

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

Please Print NAME	TELEPHONE #	Please Print RELATIONSHIP

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)  
Must show proper identification when picking up the child

Please Print NAME	Please Print RELATIONSHIP

TIME CHILD WILL BE PICKED UP	DOES THE CHILD HAVE ANY ALLERGIES

Signature of Parent or Authorized Representative:	Date: