



3015 North MacGregor Way
(832) 217-3300

Barbara Jordan International Preschool (BJIP) 2019-2020 After-School Program Enrollment Form

My signature below verifies that I am authorizing Barbara Jordan International Preschool to provide after school transportation and after-school supervision for my child. I give my permission for my child to be picked up from _____ School, and to be transported to Barbara Jordan International Preschool. I understand that I must pick my child up from BJIP no later than 6:00 p.m. daily.

I understand that the After-School Program at BJIP will include homework assistance and enrichment classes in addition to character building leadership opportunities. Test prep classes will also be available to provide another layer of support as students prepare to take STAAR in the Spring of 2020. A nutritious evening meal will be provided at no cost.

If a parent does not receive financial assistance from the Workforce Solutions Financial Aid Program, (NCI), they must agree to pay \$100.00 per week for after-school services. This payment is due Monday of each week. Parents who enroll their child prior to September 30, 2019 will receive a discounted rate of \$75.00 per week for after-school services.

If a parent receives financial assistance from the Workforce Solutions Financial Aid Program, (NCI), BJIP must receive approval from Workforce Solutions, (NCI), prior to initiating after school service. (A parent may choose to pay BJIP directly until their child is approved by NCI.)

Signing this Enrollment Form is binding and will be in effect until either I, as the parent, or Barbara Jordan International Preschool terminates this agreement.

Student's Name: _____

School: _____

Grade: _____ Age: _____

_____ I want my child picked up daily.

_____ I only want my child picked up on the following days each week: Check all that apply.

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

**Parents must notify BJIP administration in advance if any changes need to be made regarding pick-up days or times.*

Parent's Name: _____

Parent's Telephone Number: _____

Parent's e-mail Address: _____

Parent's Signature: _____