

2020-2021 FCCC SCHOOL YEAR ENROLLMENT CONTRACT - FCPS1 EMPLOYEE

CHILD _____ AA Schedule BB Schedule

Choose site(s) and type of care:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Bradley 0002
674 Hastings Lane
Warrenton, VA 20186
(540) 349-1837
<input type="checkbox"/> In-Person Days
<input type="checkbox"/> Asynchronous Days | <input type="checkbox"/> C. Hunter Ritchie 0007
4416 Broad Run Church Rd.
Warrenton, VA 20187
(540) 341-7684
<input type="checkbox"/> In-Person Days Only
*Choose Alternate Asynchronous Site | <input type="checkbox"/> Coleman 0009
4096 Zulla Rd.
The Plains, VA 20198
(540) 364-4738
<input type="checkbox"/> In-Person Days Only
*Choose Alternate Asynchronous Site | <input type="checkbox"/> Grace Miller 0004
6248 Catlett Rd.
Bealeton, VA 22712
(540) 439-1909
<input type="checkbox"/> In-Person Days
<input type="checkbox"/> Asynchronous Days |
| <input type="checkbox"/> Greenville 0011
7389 Academic Avenue
Nokesville, VA 20181
(540) 349-8544
<input type="checkbox"/> In-Person Days
<input type="checkbox"/> Asynchronous Days | <input type="checkbox"/> M.M. Pierce 0010
12074 James Madison St.
Remington, VA 22734
(540) 439-0311
<input type="checkbox"/> In-Person Days
<input type="checkbox"/> Asynchronous Days | <input type="checkbox"/> P.B. Smith 0005
6176 Dumfries Rd.
Warrenton, VA 20187
(540) 341-7785
<input type="checkbox"/> In-Person Days Only
*Choose Alternate Asynchronous Site | NO ON-SITE CARE AVAILABLE:
BRUMFIELD, PEARSON, MARY WALTER
*Can attend an Alternate Site on
Asynchronous Days |

Choose enrollment package from the options below:

In-Person Days, Before & After School, 2 Days (6:30-8:15AM & 3:30-6:30PM)	_____
In-Person and Asynchronous Days, Monday-Friday, 5 Days (6:30AM-6:30PM)	_____
Brumfield, Pearson & M.Walter Only Asynchronous, 3 Days (6:30AM-6:30PM)	_____

I am aware that this enrollment contract is valid while FCPS1 operates on the AA/BB/Virtual Learning Hybrid Schedule and I will need to complete a new payment agreement if a new schedule is announced by FCPS1, or submit a withdrawal in accordance with FCCC's withdrawal policy.

Withdrawal from the program must be received, in writing, a full week prior to my child's last date of attendance. If my withdrawal ends mid-week I understand that fees are charged on a weekly basis and are due for the entire week.

I authorize FCCC to discuss account information with both parents listed on the enrollment form. I understand that in order to rescind this authorization I must provide the FCCC main office with a written statement.

FCCC offers a morning and afternoon snack to all enrollees.

Residing County Culpeper Fauquier Madison Orange Prince William Rappahannock Other _____

By signing below I grant my child permission to participate in the FCCC School Year Program and all activities. I agree to hold FCCC, its agents, employees and volunteers harmless from all action, damages, claims or demands and all liability that might arise as a result of my child's participation in the FCCC School Year Program. In addition, I give FCCC permission to take steps to provide medical attention should the participant be injured.

I have read and understand all terms stated above.

Parent/Guardian PRINTED Name

Parent/Guardian Signature

Date

I would like to make a donation of \$ _____ to help a child in need attend FCCC. (Please pay separately from tuition.)

FCCC USE ONLY:			
Accepted by: _____	Date Received _____	Amount Paid \$ _____	<input type="checkbox"/> Check/MO # _____
Date Child Entered Care _____	Date Child Left Care _____	<input type="checkbox"/> Cash / Receipt # _____	
MAIN OFFICE USE ONLY:			
Processed by: _____	Date _____	<input type="checkbox"/> CHECKED FOR OUTSTANDING BALANCE \$ _____	