



PAIDEIA ELEMENTARY ACADEMY  
7777 S 15<sup>TH</sup> TERRACE  
PHOENIX AZ 85042



**Extended School-Day MEMBERSHIP FORM 2024-2025**

*Please complete the following information (type or print):*

*Parent/Guardian Name:*

*Address:*

*Home Phone*

*Cell Phone*

*Email*

*Email*

Scholar(s) Name

Grade Level

Home Room Teacher

1.

2.

3.

4.

5.

6.

***Paideia Extended School-Day tutoring program is based on a monthly fee.***

- Monthly fee: \$60 per child
- Exceptions: October: \$45, November: \$45, December: \$30, and March: \$45
- The first payment will be the fees for the first two months (**Non-Refundable**)
- Membership Fees are charged monthly and are not refunded if a scholar misses days.

The program will be closed on all conference days and half days (noon dismissal)

**Make checks payable to Paideia Academies Inc or pay through the Paideia Portal**

## Membership Assurances:

**Attendance Expectation:** The Paideia Extended School-Day program is tutoring for your scholar. Lessons, activities, and individual academic goals are based on the individual scholar's data. Attendance till 5pm on academic days (Mondays, Tuesdays, Thursdays, and Fridays) is therefore important. The program is open on Wednesdays, but scholars are not required to attend till 5pm as it is not an academic day.

I understand that more than two (2) early pickups on academic days (Mondays, Tuesdays, Thursdays, and Fridays) a month will result in my scholar being dropped from the program.

Parent signature and date: \_\_\_\_\_

**Dismissal and Pick-up:** I understand the Extended School-Day tutoring program **ends at 5:00 pm**. Pick-up will be at the gate by the PEA (Paideia Elementary Academy) building. I agree to pick-up my scholar(s) from the Extended School-Day program **no later than 5:30 pm** or risk having my scholar(s) removed from the program and/or being charged the following late Fees:

\$15 within the first 15 minutes and \$1/minute after the first 15 minutes.

Parent signature and date: \_\_\_\_\_

**Scholar Behavioral Expectations:** I understand that the Extended School-Day program has the same behavioral expectations and code of conduct consequences as the school-day program. I agree to hold my scholar(s) accountable for behavioral infractions during the Extended School-Day program. I understand that my scholar(s) may be withdrawn from the Extended School-Day program and possibly be suspended from the school day program for violations of the Paideia Code of Conduct.

Parent Signature and date: \_\_\_\_\_

**Hold Harmless Release:** I hereby waive, release, absolve and agree to hold harmless Paideia Academies Inc, its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates for, from and against all liability because of any bodily injury, or property damage, known or unknown, which may occur as a result of the participation of the above mentioned child in any and all activities whether the result of negligence or for any other cause of the Paideia Academy. I individually, and as a parent/guardian for my child, have read this release and understand all the terms. I execute it voluntarily and with full knowledge of its significance.

Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Authorization to Produce and Use Audiovisual Materials:**

YES \_\_\_\_ I do grant permission to Paideia Academy for the use of the photograph(s) and/or electronic media images in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying Paideia Academy in writing. The revocation will not affect any actions taken before the receipt of this written notification.

NO \_\_\_\_ I do not grant permission to Paideia Academy for the use of the photograph(s) and/or electronic media images in any presentation of any and any kind whatsoever.

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please list two emergency contacts other than those listed above:*

Name	Relationship	Phone	email

**MEDICAL PROBLEMS/ALLERGIES**

*Please list any medical problems or concerns:*

**EMERGENCY MEDICAL RELEASE**

If emergency care is necessary and I cannot be contacted, I authorize Paideia Academy to act on my behalf. I hereby grant Paideia permission to have my child(ren) receive emergency medical attention.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Make checks payable to** Paideia Academies Inc or pay through the Paideia Portal