


# Reid Traditional Schools' Valley Academy


Form Rec. By: _____
Date: _____
Cash or Check #: _____
Online: _____
Pymt. Rec. By: _____

## Academic Arcade Registration Form 2024-2025

Academic Arcade is an optional program for **Kindergarten, 1<sup>st</sup> Grade, and 2<sup>nd</sup> Grade** students, providing a relaxed learning atmosphere from **2:15 to 3:15**.

Please obtain a release pass from the school office to pick up your child from Academic Arcade before the regular 3:15 dismissal.

**To discontinue Academic Arcade, please request a form from the school office.**

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**Fee:** Academic Arcade fee is **\$40 per month**, or **\$380** if full year is paid in advance (5% discount). Daily rates are not available.

**Payment Options:** A statement of charges will be emailed to you on the first of each month from “Billing at Reid Traditional Schools,” but you may make a payment at any time. Payment on the school website using your credit/debit card is our preferred payment method. You may mail a check to the school office or pay by check or cash with the receptionist, who will issue you a receipt. Please do not send cash with your student.

**Late Payments:** A **\$20.00** Late Payment Fee will be applied if the invoiced amount is not paid in full by the **10<sup>th</sup> of the month**. Late payment may subject the enrolled student (s) to dismissal from the program until the account is made current.

**Returned Checks:** Checks returned due to “non-sufficient funds” will be charged a \$25.00 service charge. After the second returned check, payment in the form of credit card, cash, or money order will be required.

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**Student’s Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_  
Please Print Please Print

**Academic Arcade Start Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/ Guardian: Mother** \_\_\_\_\_  
Please Print First Name Last Name

**Parent/ Guardian: Father** \_\_\_\_\_  
Please Print First Name Last Name

**Person to be billed: Name:** \_\_\_\_\_  
Please Print First Name Last Name

**Address:** \_\_\_\_\_  
Street or P.O. Box City State Zip Code

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**My Child has permission to watch:**

*Entertainment* videos: Yes \_\_\_\_\_ No \_\_\_\_\_ *Educational* Videos: Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_