D & G

DUTCHESS DIVAS & GENTS YOUTH CLUB

Date :_____

TO: Montgomery Public School_____(School Name)

FROM: _____, Print Name of Parent or Guardian

RE:_____,_____,_____Child(ren)

Please release the above child(ren) to Dutchess Divas & Gents Youth Club(Representative) for after school pick-up.

If you should have any concerns or question, please give me a call at _____

_____

SIGNATURE

DUTCHESS DIVAS & GENTS YOUTH CLUB

2026- 2027 AFTER SCHOOL CONTRACT

FEES:

MEMBERS:

$40 Per Child for Parent Weekly Drop OFF

$60 Per Child For Weekly School Pick-Up

NON-MEMBERS:

$60 Per Child For Parent Weekly Drop Off

$125 Per Child For Weekly School Pick-Up

AFTER SCHOOL HOURS 3-6PM

Date of Contract_____ Full Contract Effective Until_____

Parent(s)/Guardian Name_____and/or_____

Contact Number(s)_____,_____,_____

Home Address_____

Place of Employment_____

1st CHILD NAME_____AGE____GRADE____DOB_____

SCHOOL_____

2nd CHILD NAME_____AGE____GRADE____DOB_____

SCHOOL_____

3rd CHILD NAME_____AGE____GRADE____DOB_____

SCHOOL_____

EMERGENCY INFORMATION

In the event we can't reach the parent(s)/guardian, list a person who we can contact in case of an emergency.

NAME_____PHONE_____

LATE FEES: Late fee of $10 per day will be charged for any late payments. A $30 fee will be assessed for all returned checks.

OVERTIME FEE: Fee of $5 will be charged for every 15 minutes that you are late for pickup

By way of your signature(s), you agree that this is a contractual agreement between DUTCHESS DIVAS & GENTS YOUTH CLUB and parent(s)/guardian

Signature(s)_____

DISCOUNTS FOR: MULTIPLE CHILDREN & MONTHLY PLANS

After School Care Inclusions: Snacks, Tutoring, Mentoring

DUTCHESS DIVAS & GENTS YOUTH CLUB

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled.

Credit Card Information

Card Type:

- ☐ **MasterCard**
- ☐ **VISA**
- ☐ **Discover**
- ☐ **AMEX**
- ☐ **Other** _____

Cardholder Name (As shown on card): _____

Card Number : _____

Expiration Date (MM/YY) : _____

CVS Number : _____

Cardholder ZIP Code (From credit card billing address) : _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date