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2 Jedda's After School Contract

at Mohammed Schools of Atlanta

In consideration of Two Jedda's reserving a place for our children, The After-School Program full semester begins August 7, 2023, and ending in May 2024. We accept pre-k-12th grade. Mohammed Schools provides all students with supervised activities, snack, and homework assistance. Our goal is to create a safe and enjoyable environment.

Our payment fees are \$15.00 per day, per child. We accept Cash, CashApp [\$Brasheed1977] and Zelle [sashakoor@yahoo.com]

Please note that the program begins promptly at 3:45. Students who are not picked up at dismissal will be signed into After School at 3:45. You will be charged for a day of After School. All charges start @3:45pm. 2 Jedda's is not available on school holidays, teachers planning, snow days and days with early dismissal unless otherwise communicated.

If you elect to enroll your child in extra-curricular activities at Mohammed Schools, soccer, basketball, etc.... your child will be able to attend the session and then report to 2 Jedda's when the scheduled activity is finished, we must be notified.

Please note that the program closes promptly at 6:00 Monday-Thursday. A late fee of \$3.00 per minute, per student, will be charged starting at 6:01. On the third incident of late pick-up, the fees increase to \$5.00 per minute, per student. Excessive late pick-ups may result in a student not being allowed to attend the After School Program.

Payment of the After School Program fees are the responsibility of the parent/guardian. Payments are due daily. Payment on delivery. We do not give refunds if your child is absent, and you've already paid for the week. Deductions will not be given when a child is absent or ill. Staff children fees are the same.

(NO CHECKS) Your Jeddahs are Nadirah Nu'Man 502 439-9697, Brenda G Rasheed 678-644-2832.

We will be located downstairs close to the library. Please make sure you sign your child in and out.

Date: _____ Age: _____, _____, _____ Enrollment Date: _____

AUTHORIZATION FOR MEDICAL TREATMENT

Student's Name: _____ Birth Date: _____ Sex: _____

Address/Zip: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Cell: _____

Father's Phone: _____ Cell: _____

Mother's email: _____

Father's email: _____

EMERGENCY CONTACTS In the event we cannot reach you:

Name: _____ Name _____

Address: _____ Address _____

Phone: _____ Phone: _____

CHILD'S DOCTOR OR MEDICAL FACILITY: Name: _____ :

_____ Patient Policy Number: _____

Allergies: _____ Child's Dentist:

_____ Phone Number: _____

Allergies-----

— I hereby authorize Brenda Rasheed/ Nadirah NuMan of 2 Jedda’s After School Care, authorize a licensed physician to administer to _____ (child’s name) such medical treatment as said physician may deem necessary or advisable for my child’s present or future health if it is impossible to contact parent or guardian. I agree to pay all necessary and reasonable costs of medical treatment and hospitalization. I also waive or

release the person designated above and the 2 Jedda’s After School Care for any loss, claim or liability, which may result from utilization in effect for the 2023-2024 school year.

8/07/2024

Signature: _____ Date: _____

DAILY RELEASE (other than primary pick-up person)

CONSENT:

Name: _____ Phone: _____
Name: _____ Phone: _____

We will release a child only with a note from home to someone other than a parent/guardian/care giver)