The mission of Global Ambassadors Language Academy is to ensure each student achieves lifelong academic success, bilingualism and appreciation for diversity, in an engaging and academically rigorous language immersion environment.

Global Ambassadors Language Academy (GALA)
Before Care and After Care Program Agreement

- Before Care is between 7:00 a.m. to 8:00 a.m. (drop off ends at 7:45 a.m.)
- Before Care cost per day is $3.00 (for any amount of time spent in Before Care between 7:00 a.m. to 8:00 a.m.)
- After Care is between 3:30 p.m. to 6:00 p.m.
- After Care cost per day is $6.00 (for any amount of time spent in After Care between 3:30 p.m. to 6:00 p.m.)
- Any student not picked up by 3:50 p.m. will automatically report to After Care and families will be charged $6.00
- Payment may be cash or check - make checks payable to “GALA” and write “Care” and student name in the memo line
- All payments should be sent to school in the student’s folder or dropped in the payments box, enclosed in an envelope or bag, and labeled with the student name, amount, and purpose (i.e. “Care”)
- Before Care and After Care requires payment in advance. Families are expected to maintain a positive balance on accounts at all times or participation in programming may be suspended
- Any students suspended from school may not attend Before or After Care
- Inappropriate behavior may result in program participation being revoked one (1) day to permanent removal
- After Care late pick up past 6:00 p.m. will result in a $1.00 per minute charge, paid directly to the individual providing the service at the time of pick up.
- More than two (2) late pickups from After Care may result in program participation being revoked
- Any unpaid balance for Before Care or After Care from the prior school year(s) must be paid before students can attend Before Care or After Care for the current school year.

---------------------------------- Cut and return bottom portion to GALA -------------------------------

GALA Before Care and After Care Program Agreement

Date: ___________________
I have read and agree to the Before and After Care rules: ________ (initial)
Parent Name: _____________________________
Parent Signature: _______________________________
Student(s) Name(s): _______________________________________________