

CHILD'S NAME _____

PARENT'S NAME _____

Start Date _____

Please initial each * _____

Fit-n-Fun
PRESCHOOL CONTRACT

The undersigned agrees to purchase care from Fit-n-Fun for the 2008/2009 school year. During the duration of the contract, space will be reserved for the child of the undersigned. Credits will not be issued for center closures due to weather. The patron must understand that in the event of absences during program hours and activities, **they will be responsible for time reserved, not actual time spent at the program.** Patrons no longer requiring the Preschool Program and wishing to remove their child or go on vacation must give a minimum of 2 weeks notice. If written notice is not provided for when your child is gone and your child is a no show for any time, you will be required to pay for that week.* _____

Parents have the option to pay monthly or bi-monthly. All monthly payments must be paid by close of business by the 2nd business day after the 1st. Parents who pay monthly have the option for automatic bank draft with no fee. If parents choose to pay bi-monthly we require that we have a credit card number on file that can be automatically deducted if the payment is not paid by the 2nd business day after the first or the 15th. If payment is deducted due to being late we charge a \$5.00 fee. Your Preschool fee will include a healthy snack.* _____

Parents will need to call the preschool teacher if child will not be attending the program.
* _____

Parents: Your child must be fully toilet trained and able to provide self-care in the restroom. No pull-ups.* _____

Parents: Parking is available in front of the program. We ask that you turn off your vehicle and walk your child in and sign them in. Please leave any other children unattended in the vehicle.* _____

If the child is not signed out by 11:00am for morning session or 3:00pm for afternoon session, a \$5.00 charge will be levied for every 5 minutes thereafter, for example, at 11:05 am there will be a \$5.00 late charge. If within 30 minutes your child is not picked up, and you and your emergency contact cannot be reached we will contact Child Care Services. We expect that your child will arrive on time as it is very disruptive to the rest of the class when arriving late.* _____

Please do not bring your child to the Fit-n-Fun Program if he/she is ill, has a contagious condition, has been on antibiotics for less than 24 hours, or has diarrhea, vomiting, a fever of 101 or higher, an eye infection, rash with fever or severe itching, lice or nits, discharge from the eyes or ears, colored discharge from nose, or any other symptom that indicates illness or potentially contagious condition. A child who is brought to the

program with any of these conditions or symptoms cannot be admitted. Parents will need to pick up their child. If any of these symptoms develop after a child has been admitted to the program, the parents will be called and informed of their child's symptoms, and will need to make arrangement to pick up their child. * _____

I, guardian of the below listed registrant, a minor, agree that the registrant and I will abide by the rules of the Preschool Program. I recognize the possibility of physical injury and in consideration of the Fit-n-Fun School-Age Program by accepting my child into the program. I hereby release, discharge and/or otherwise indemnify their employees and associated personnel (volunteers) including the owners of the facilities/equipment utilized for the program, against any claim by or on behalf of the registrant as a result of my child participating in the program and/or being transported to and from the same. * _____

I give permission to the Preschool staff to transport my child for field trips.* _____

I _____ agree to contract care at Fit-n-Fun School-Age Program for _____ (child's name).

I understand the terms of the agreement.

I have read and understand the illness policy. _____

Parent or guardian Signature and Date

Please circle one

Am Session

Pm Session

Age _____