

CHILD'S NAME _____

PARENT'S NAME _____

Start Date _____

Please initial each * _____

Fit-n-Fun
SCHOOL AGE CARE CONTRACT

The undersigned agrees to purchase care from Fit-n-Fun for the 2009/2010 school year. During the duration of the contract, space will be reserved for the child of the undersigned. Rates will only be prorated with a written doctor's excuse for health-related absences. 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 School-Age 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. 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 School-Age fee will include a healthy snack provided in the afternoon. Snack will be served between 3:15pm-3:45pm on regular dismissal days and on no school days between 2:00pm-2:30pm. Children will be allowed to bring in a lunch into the program on no school days only.* _____

Parents will need to call if child will not be attending the program or will not need to be picked up from school. Parents must call no later than 1:30.* _____

CHILDREN MUST BE SIGNED IN AND OUT OF THE PROGRAM EACH DAY.
Your child may not be in the program for more than **10 HOURS PER DAY**. * _____

Vacation Days: If a child is absent from the program you will still pay regardless, unless vacation days are being used. Please remember our policy is spot reserved in the program not time spent. Each child will be allowed 5 days vacation in one contract year from the time of the contracting date. Vacation days cannot be saved for the next year. This allows the parent to choose when they would like to use them.* _____

If the child is not signed out by 6:00pm, then a \$5.00 charge will be levied for every 5 minutes thereafter, for example, at 6:05pm there will be a \$5.00 late charge. If within 30 minutes your child is not picked up, and you and your emergency contact are unable to be reached, our policy is that we contact Child Care Services unless prior arrangements have been made by the parent/guardian and the Fit-n-Fun Director.* _____

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 discharged 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 School-Age 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 School-Age staff to pick up my child from school on the School-Age van. Transportation from school is contracted through the Fit-n-Fun School-Age Program.

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

I understand the terms of the agreement.

Parent or guardian Signature and Date

Please circle one

AFTER SCHOOL ONLY

BOTH

NO SCHOOL DAYS ONLY