
Lincoln Before and After School Program

2016-2017 Contract

TERMS

Tuition Payments

I agree to make nine tuition payments by the first school day of each month, September through May. I understand that a late fee of \$5.00 will be charged if payments are not made within 7 calendar days of the due date and this rate will continue to accrue at a rate of \$1.00 per day thereafter.

Timely Departure

I agree to make arrangements for my child to be picked up no later than 5:45 P.M. by a designated adult. A designated adult other than the parent/guardian must have written permission on file with the Director.

Sign-in/Sign-out

I agree to personally drop off and pick up my child from the Program area unless other arrangements have been made in writing. I understand that a designated adult or I must sign the child in to the morning session and out of the afternoon session each day. The Program will use those attendance records to help ensure your child's safety during an emergency.

Absences

I agree to contact the Director if my child will be absent from the Program. At the beginning of the afternoon session, the Program staff will take roll and notify parents immediately if a child who is scheduled does not attend.

Canceled or Unscheduled Shortened School Days

I understand that if the start of the school day is delayed for any reason, the morning session of Program will not be held. I understand that if school is dismissed early for any reason or the school is deemed unsafe for students, the Program will not be held. I agree to make other arrangements for my child's care under these circumstances.

Emergency Situations

I agree to maintain up-to-date emergency information. This includes parents' home and work phone numbers, insurance information, and names and phone numbers of persons authorized as emergency contacts. I also agree to have my child picked up as soon as possible if ill or injured at the Program.

The Program will care for children who become ill or injured until someone can pick them up. Severe injuries will receive immediate medical attention. The Program will provide at least one staff member per session who is certified in First Aid.

Enrollment Fee

I agree to pay a \$50.00 enrollment fee per child to reserve the child's place for the 2016-2017 school year. I understand that this fee is not refundable under any circumstances. The Program agrees to reserve a place for your child and apply the fee against tuition.

Withdrawal

I agree to make a written statement of withdrawal at least 30 calendar days prior to withdrawing my child from the Program. I understand that I will be responsible for tuition payment for 30 calendar days from the date of submission of written statement of withdrawal and agree to pay it promptly. This written statement must be submitted to the Director of the Program. The Program agrees to provide care to the child as long as enrollment qualifications are met and not exceeding 3-calendar days from the date of submission of written notification.

I have read and understand the policies detailed in this contract. I understand that failure to comply with these policies can result in fines or actions taken against me by Lincoln Before and After School Program Board of Directors.

My child, _____, will attend the Lincoln Before and After School Program during the 2015-2016 school year. I request that he or she be enrolled:

- AM Session
- PM Session
- Both Sessions

I understand that I may add additional sessions if enrollment allows. A decrease in the number of sessions is subject to the approval by the Board of Directors.

(Parent's Signature)

(Date)

(Director's Signature)

(Date)