

**KANSASVILLE CARE BEFORE/AFTER SCHOOL PARENT
AGREEMENT 2016-2017**

Child(s) Name: _____

PARENTAL CONSENT (I give consent and support...)

- I understand the expectations of respecting one another, staff, environment and self. Inappropriate behavior causing risk of harm to the health and safety of my child or others, damage to property, or threats are grounds for dismissal.

ATTENDANCE (I understand...)

- Kansasville Care must be prepaid prior to care.
- I must notify the office staff if my child will not attend a scheduled day.
- My child will not be allowed to participate in before/after care on a day they are/were absent from school.
- If my child's participation in the program requires more than reasonable accommodations, whether due to special needs or behavior, my child may be removed from the program.
- Care days may be added by notifying the office three or more school days prior.

PAYMENT OF FEES (I understand...)

- Late fees will be assessed if child is not picked up by 5:30 p.m.
- Any NSF fees will be paid by the parent in addition to the weekly/monthly rate.
- Any family with outstanding fees of 30 or more days will be removed from the program.
- Price adjustments will not be given for absences, school closures or other days missed.

CHILD HEALTH & EMERGENCY INFORMATION

List any health concerns: _____

Food Allergies - specify foods: _____

Non-Food Allergies - specify: _____

- Self-carry medications must be brought to staff at start of program each day.
- Medications to treat a life-threatening illness need to be given to staff with appropriate medical consent form the first day of care.

List medications your child takes regularly: _____

Primary Doctor Name: _____ Doctor Phone: _____

AGREEMENT SIGNATURE

- I have included the non-refundable, annual registration fee of \$20.00/child/year or \$40/family/year.
- I have reviewed a copy of the 2016-2017 Enrichment Program Guide.
- Registration material/payment must be submitted prior to care.

In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give consent for staff to act on my behalf to obtain emergency care and treatment if it is deemed necessary. I further hereby agree to hold Kansasville Grade School harmless from any liability related to the emergency care and treatment of my child.

Parent/Guardian Name: _____

Signature: _____ Date: _____