

Destination Paris School Year Extended Learning Family 2018-2019 Service Contract

Below is a contract of days your child will be attending Destination Paris.

Child's Name _____ Teacher _____

Parent/Guardian's Name _____ Phone _____

Email Address _____

**There are 2 options for rates. Please choose either a
Contract Rate or a Drop In Rate!**

1. CONTRACT RATES:

- This is for the family that knows that their child will be attending specifically on certain days of the week. *Contracts can be changed with a 2-week notice.*

Before school programming (6:30-8:30 am) \$7.00 per morning/student. (Check a box)

Monday	Tuesday	Wednesday	Thursday	Friday

After school programming (3:05-5:30 pm) \$11.00 per afternoon/student.

Wednesday's we will program 2:05-5:30pm \$13 per afternoon. (Check a box)

Monday	Tuesday	Wednesday	Thursday	Friday
		2:05-5:30 \$13.00		

Full time contracted pricing is \$90.00 per week, per student, which includes all enrichments. Destination Paris offers a 10% multi-child family discount.

2. DROP IN RATES

- Check the box below if you are not planning on signing a contract and are choosing to go with the drop in rate. This is for parents that are unsure as to when, or how often they will need DP.



Mornings are \$8.00 per day per child and Afternoons are \$12.00 (Mon, Tue, Thur., Fri) and \$14.00 for Wednesdays.

_____ I understand and agree to the payment scale as outlined above and I understand this is a binding contract and payment is due each week whether or not my child is absent.

_____ I understand Destination Paris will not be able to open on snow days.

_____ I understand if school is delayed then Destination Paris will be open two hours prior to school.

_____ I agree that I received and read a copy of the Destination Paris parent handbook and the MSAD #17 Code of Conduct and abide by all terms, conditions and policies set forth.

(Parent/guardian signature)

(Date)

Destination Paris



School Year 2018/2019

Dear _____,

You have recently signed up for _____ per week for the Destination Paris Extended Learning Program. You will be required to pay _____ each week for your child(ren) to attend. Should you choose the drop in rate you will be billed at the end of the month.

As stated in the Destination Paris Accounts Receivable Protocol and Procedure, "parents must pay their contracted amount to Destination Paris by closing time on Friday of the service week."

Once you have signed your Family Service Contract you will be responsible for payment even if your child(ren) is absent.

Should your bill go unpaid for more than Three weeks the Destination Paris Site Program Director will be contacting you about potentially cancelling services for your child(ren) with the Destination Paris program.

Please sign below to acknowledge that weekly payments are expected even though invoicing is only done the third week of every month.

Parent/Guardian financially responsible for Contract _____

I, _____, do fully agree to the above terms in regards to the 2018/2019 school year at The Destination Paris Program.

Signature

Destination Paris School Year Extended Learning Family
2018-2019 Service Contract

CHILD'S RECORD

Admission Date ____/____/____

Discharge Date ____/____/____

Child's Name: _____ **DOB:** _____

Address: _____

Home Telephone: (____) _____ - _____

Guardian #1: _____ **Relationship:** _____

Address: _____

Home Telephone: (____) _____ - _____ **Employer:** _____

Work address: _____

Work phone: (____) _____ - _____ **Cell phone:** (____) _____ - _____

E-mail address: _____

Guardian #2: _____ **Relationship:** _____

Address: _____

Home Telephone: (____) _____ - _____ **Employer:** _____

Work address: _____

Work phone: (____) _____ - _____ **Cell phone:** (____) _____ - _____

E-mail address: _____

Other persons to be notified if parents cannot be reached: The facility shall immediately notify the child's parent or legal guardian of any illness, serious injury or accident involving your child. An adult designated by the parent/legal guardian shall be notified immediately should the parent be unavailable at the time of emergency. (Licensing Rules: page 33, E1)

Name: _____ **Relationship:** _____

Telephone: (____) _____ - _____ **Address:** _____

Name: _____ **Relationship:** _____

Telephone: (____) _____ - _____ **Address:** _____

Child's physician: _____ **Telephone:** (____) _____ - _____

Address: _____

Child's dentist: _____ **Telephone:** (____) _____ - _____

Address: _____

Persons permitted to remove your child from our care (children will NOT be released to anyone not listed below):

Name: _____ **Telephone:** (____) _____ - _____

Name: _____ **Telephone:** (____) _____ - _____

Destination Paris

Name: _____ Telephone: (____) _____ - _____

Please list any persons who may not have contact (please supply staff with a picture of this person so we know what they look like).

Name: _____ Telephone: (____) _____ - _____

Name: _____ Telephone: (____) _____ - _____

Please list any of your child's physical, social, or psychological limitations, needs or diagnosis that may be helpful for us to know while your child is in our care: _____

If your child has an IEP or a 504 Plan at school, we need to review a copy to ensure we can meet their needs during their time in our program. It is the parent's responsibility to get us a copy and the child will not be allowed to start until we have a copy.

Please list any of your child's fears or concerns that may be helpful for us to know while your child is in our care:

In general, what activities calm your child when he/she is experiencing stress?

Have there been any major changes in the family group such as death, divorce, etc.?

Does Your Child Have Any Known Medical Issues (seizures, asthma etc.) or Allergies (food, bugs, medications)? _____

Is your child taken any medications on a regular basis? If Yes, What & When?

Is there any other information that you would like to share about your child that will help us better serve them while at DESTINATION PARIS? _____

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CONSENT FORM

Date: _____

Please initial each section and sign the bottom of the form.

Child's Name

Date of Birth

____ I agree that I have read a copy of DESTINATION PARIS's Parent Handbook.

____ I understand and agree to the policies and procedures outlined in the Parent Handbook, including but not limited to: Program Philosophy, Drop off/Pick up Procedure, Illness and Emergency policies and procedures, Program Hours and Rates, Registration Fees and Termination of Services.

____ I grant permission for my child to leave DESTINATION PARIS premises under the supervision of a staff member for neighborhood walks.

____ I give permission for my child's name and/or photo image to be used for advertising purposes on behalf of DESTINATION PARIS in publications such as The Advertiser Democrat, Oxford Hills Observer, Website, Facebook, School Newsletters and brochures for purposes of promotion of the program.

____ I agree to pay my account in full by Friday each week, as stated in my contractual agreement plus any additional charges incurred as a result of late pick up and/or extended hours of childcare as stated in the Parent Handbook, which I received upon enrollment.

____ I agree to pay for any unusual damage done to DESTINATION PARIS property by my child.

____ **I give permission for Destination Paris Employees to have ongoing communication (both written and verbal) with MSAD #17 Personnel to discuss my child, their needs and any support that may help them in either program.**

Parent(s)/Guardian(s) Printed Name: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Destination Paris

EMERGENCY CONSENT FORM

Child's Name

Date of Birth

In case of a medical emergency while my child is under the guidance of DESTINATION PARIS, I understand that the following procedure will be followed:

1. The program will contact parent(s)/guardian(s) first.
2. If neither parent/guardian is available in an emergency, the program will contact the Designated Adult(s) listed on the Child Record Form.
3. The Program will provide first aid and make appropriate measures including contacting the emergency medical services system (EMS).
4. The Program will arrange for emergency transportation to specified hospital and treatment.
5. The Program will contact my child's medical care provider.

I hereby authorize DESTINATION PARIS to follow this procedure. I understand that efforts will be made to contact me before treatment is given, but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

Primary Parent(s)/Guardian(s) Signature

Date

"I hereby give my consent, in the event of a medical emergency when I cannot be reached, for childcare staff to obtain whatever treatment may be deemed necessary for:

Child's Name: _____ DOB: _____

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

1stContact: _____ Phone: _____ Relationship: _____

2nd Contact: _____ Phone: _____ Relationship: _____

Medical Problems, including allergies? Yes No

If yes, please explain _____

Signature

Date