

PARENT/GUARDIAN AGREEMENT

1. My child will be attending the program(s) indicated below:

Sunrisers Club (7:00 – 8:30 am)

- ___ 5 days/week (\$232.50/month)
- ___ 4 days/week (\$222.50/month)
- ___ 3 days/week (\$200.00/month)
- ___ 2 days/week (\$150.20/month)
- ___ 1 day/week (\$91.75/month)
- ___ Per Diem (\$26.00/day)

Kids Club (3:10 – 6:00 pm)

- ___ 5 days/week (\$308.75/month)
- ___ 4 days/week (\$295.00/month)
- ___ 3 days/week (\$262.50/month)
- ___ 2 days/week (\$202.00/month)
- ___ 1 day/week (\$124.00/month)
- ___ Per Diem (\$35.00/day)

___ 5% discount for enrolling my child in Sunrisers Club and Kids Club

2. I agree to pay a \$20.00 lifetime enrollment fee. Also, each year I will pay a one-month deposit that will be applied to my bill for June or my child’s final month of attendance. The deposit will be adjusted if my child’s schedule changes during the year.
3. I agree to pay program fees, including deposits, late fees, per diem fees, etc. by the due date stated on the invoice, generally the 1st of the month, and I agree to pay a late fee of \$17.50 for payment received after the due date. I understand nonpayment within 15 days of the due date will constitute the voluntary removal of my child from the program on the 16th day, unless an arrangement has been made with the Program Director. I agree to pay interest on any past due balance at a rate of 1.5% per month (.05% per day).
4. I understand that when enrolling my child I am reserving time, space, staffing and provisions for my child whether or not my child attends each day and, therefore, no refunds are given for days missed. I also understand there will be no “make up” days for days missed.
5. I agree my child will be picked up each day at or before 6:00 pm. If my child is not picked up by this time, I agree to pay a fee of \$7.50 for every 5 minutes late. These fees will be billed separately. Pursuant to licensing guidelines, if this happens more than five times, my child may be dismissed from the program.
6. I have received and read a copy of the All American Kids Club Parent Handbook which includes the Information to Parents statement and other policies and procedures required by the Department of Children and Families Office of Licensing.
7. Occasionally it may be helpful for *All American Kids Club* staff to work with the Chester Township Schools Child Study Team and your child’s teacher to better understand your child’s special needs, and we request your permission to do so. Information about your child will be held strictly confidential.

Suzanne Forbes (Program Director) and Sherry Hodapp (Site Director) of *All American Kids Club, Inc.* have my permission to receive and share information regarding my child with the Chester Township Schools Child Study Team and/or my child’s teacher(s): ___ YES ___ NO

8. This child is in good health and has my permission to participate in all activities offered by *All American Kids Club*. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by *All American Kids Club* to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.
9. On rare days when our program space is needed for school activities such as graduation or concerts, AAKC may find it necessary to cancel our services. We will provide families with as much advance notice as possible when this occurs.

Doctor’s Name _____ Phone Number _____

Doctor’s Address _____

Special Needs (if any) _____

Other information that may be helpful to us in caring for your child _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____