



2015-2016 JEFFERSON SCHOOL YEAR CONTRACT

Child's Name: _____ Date of Birth: _____ Grade: _____

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Parent/Guardian: _____ Address/City/Zip: _____

Phone (Home): _____ (Work/Cell): _____ Email: _____

Start Date: _____ Check all that apply: Financial Assistance Requested _____ Reduced _____ Free _____

Circle days needed (after school): M T W R F

Students qualifying for free or reduced lunch are responsible for registration fees *only* and will *not* be charged monthly rates. *Financial assistance is available upon request for ALL students.*

Monthly Rates - Registration fees per each child is due upon registration.

	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
Afterschool	\$21.00	\$36.00	\$50.00	\$66.00	\$81.00

Please carefully read and initial each statement:

_____ I understand to complete the registration process, a non-refundable registration fee of \$15.00 per student or \$35.00 per family must be paid.
(initial)

_____ All fees will be deducted automatically each month out of a credit/debit card or checking/savings account. Additional days requested outside of normal contract will be charged a fee of \$3 for before after school and/or \$6 after school for each usage per child based on availability.
(initial)

_____ All changes to your contract must be submitted in writing by filling out a new contract and will become effective on the first day of the following month. A \$5 charge per child/per change will be assessed.
(initial)

_____ No credit will be given for sick/absent days. You are expected to pay for the days you contract.
(initial)

_____ A two-week written notice is required in the event you wish to terminate care. Normal fees will continue to accrue during the two-week period, which begins the day that the written notice is received by the Coordinator of the program.
(initial)

_____ A late pick up charge is assessed at \$10 per child for every 15 minutes after the listed closing time.
(initial)

_____ I authorize the YMCA to use any photos taken of my child for promotional purposes, including web pages, cover issues, brochures or flyers that promote information about the YMCA programs.
(initial)

_____ I authorize school officials to share my free and reduced price school meals application with the afterschool program.
(initial)

_____ I understand it is imperative to notify the program if my child will not be attending on a specific day.
(initial)

_____ I understand that if my child does not show up for program on a day that he or she is scheduled to attend I will be contacted by a member of the 21st CCLC staff to ensure the child's safety.
(initial)

_____ I authorize school personnel and YMCA staff to exchange information about my child on a need-to-know basis. I understand that the purpose of exchanging information such as grades, homework assignments, behavior and/or attitudes displayed by my child is to assist my child.
(initial)

_____ I understand it is my responsibility to complete enrollment forms thoroughly and to the best of my knowledge. I understand that the completion of additional information such as program surveys will be required from time to time.
(initial)

_____ In the event of an emergency I authorize any necessary medical treatment. I understand that in the event of an illness or injury, I will be contacted first and that this waiver will only be necessary if I or my emergency contact cannot be reached.
(initial)

_____ I understand that if my child has a medical condition that requires an inhaler, epi-pen, medication, etc. that the YMCA staff does not have access to the school's medical or health supplies. As the parent, I need to provide the necessary medicines and complete the medical authorization form for the YMCA program.
(initial)

_____ I understand that all information given on this form is confidential and is only to be used as a guide to understanding my child.
(initial)

All correspondence is to be directed to the billing clerk at (920) 954-7646 or mailed to 229 E. College Avenue, Appleton, Wisconsin, 54911. I understand that by signing this contract I agree to all the conditions stated.

Parent/Guardian Signature

Date

Coordinators initials _____ Date received _____ Registration fee received _____