

St. Anne's Family Resource Center

SCHOOL AGE CONTRACT for the School Year - September 7, 2010 - June 24, 2011

CHILD'S NAME: _____ GRADE in the Fall _____

Birthdate _____ Home Phone () _____

Home Address _____
Street Town Zip

Primary email address: _____

(will be used for reminders, special events and activities, etc.)

How did you hear about us? _____

Parent(s)/Legal Guardian(s)

Mother's Name _____

Father's Name _____

Step-Mother's Name _____

Step-Father's Name _____

Mother's

Employer _____

Name

Address

Phone

Father's

Employer _____

Name

Address

Phone

Names and ages of other children in household _____

Contract:

(choose _____ School Year (September 7, 2010 - June 24, 2010)
all that _____ Drop-in only * (see drop-in policy below)
apply)

Beginning date: _____ Renewal _____ New _____

Number of days attending each week (circle one): 2 3 5

Days attending (circle all that apply): Monday Tuesday Wednesday Thursday Friday

Circle all that apply: Before School After School

Permission: Yes No Use of child's picture in publicity
 Yes No Use of sun screen and bug repellent

**Drop-in care subject to availability. Parents must call at least 24 hours in advance to see if space is available. Fees to be paid at time of service.*

(A) _____ (Signature of parent or guardian) _____ (Date)

_____ (Office signature) _____ (Date)

Financial Commitment/Policies

Registration Fee: A one time \$35.00 non-refundable registration fee is charged per family per year, which must be paid with your contract to hold your space.

Payment: Cash _____ Check # _____ Staff Initials _____

Weekly Fee Policies: (1) To be paid **in full, in advance** at the beginning of each week.
(2) In the event that your account is in arrears more than two weeks, St. Anne's Family Resource Center reserves the right to implement "Outstanding Accounts" policy as stated in the Parent Handbook.

Weekly Fee: \$ _____ per week, September 7, 2010 - June 24, 2011

Program Withdraw: If the need arises to withdraw a child from the program, it is necessary to give the office a two (2) week written notice.

These fees are in effect September 7, 2010, through June 24, 2011

LATE FEES: For late pick up, will be assessed beginning at 6:00 p.m. The fee is \$1.00 for every minute past 6:00 p.m. If we cannot contact you or anyone listed on your emergency numbers by 7:00 p.m., we will notify Child Protection Services, in accordance with the Office of Children and Family Services.

Financial Commitment:

I agree to abide by the financial commitment stated above.

(B) _____ (Date) _____
(Signature of parent or guardian)

(Office signature) (Date)

* * * * *

General Policy Agreement:

I have received St. Anne's Family Resource Center Parent Handbook and agree to abide by the All-Center and Child Care Policies stated within.

(C) _____ (Date) _____
(Signature of parent or guardian)

(Office signature) (Date)