

2011 – 2012 Jefferson – FRA 21st CCLC School Age Care Contract

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

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

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

Parent/Guardian: _____

Address/City/Zip: _____

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

Email: _____

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

Circle afterschool days needed: M T W Th F

Start Date: _____

All students that qualify for free and reduced lunch will not be charged monthly rates; however, these families are still responsible for registration fees and completing an afterschool contract for which days their child will attend. If you do not qualify for free or reduced lunch, please refer to the monthly fee chart below. Financial assistance for all students is available upon request.

2011–2012 Monthly Afterschool Rates	
1 day / week	\$19.00 per month
2 days / week	\$34.00 per month
3 days / week	\$47.00 per month
4 days / week	\$62.00 per month
5 days / week	\$77.00 per month



*All families are required to pay a registration fee of \$15 per child, not to exceed \$35 per family, upon registration.

My monthly fee will be \$ _____ per month for afterschool care

Carefully read and initial each section listed below, then sign and date the parent/guardian line at the bottom of the page:

- _____ (initial) All fees are paid to the YMCA of the Fox Cities. Payment can be mailed or dropped in the drop box located in the YMCA lobby. Payment envelopes will be available at the Welcome Desk.
- _____ (initial) Payments are due on the first day of each month, September through May. A late fee will be assessed on the 10th of each month if payment is not received before that date. Care will be terminated if payment is not on record by the 15th of each month.
- _____ (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.
- _____ (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 your care. Normal fees will continue to accrue during the two-week period, which begins the day that the written notice is received.

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 _____

Parent/ Guardian Authorizations

I understand that if my child will not be attending on a specific day, I must notify the program prior to 3:16pm that day.

Parent/Guardian Signature _____

I understand that if my child does not show up for the 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.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

I give permission for promotional photographs to be taken of my child.

Parent/Guardian Signature _____

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

Parent/Guardian Signature _____

I authorize the 21st Century Community Learning Center staff to excuse my child from the afterschool program. This request is a: One time request. Continuous request

My child should depart the program at _____ on _____.
(time) (date/days)

My child will: Ride bike Walk to _____
(location)

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____