KidZone Extended Care Contract

Child's Name _____ School Attending _____ Grade _____

KidZone Attending: **Sierra Vista _____   Las Positas/Imperial _____   El Cerrito _____**

Transitional Kindergarten/Kindergarten $295.00 _____   1st through 6th Grade $275.00_____

A 10% discount for families with three (3) or more students enrolled in the program.

REGISTRATION
A non-refundable deposit of $65.00 is required per child at registration along with the completion of **all** paperwork signed and dated.

MONTHLY FEE:
Fees are a monthly flat rate, will not be prorated and are non-refundable

Tuition payments are online only.
Fees must be paid by the first of the month. If whole payment is not received by the fifth (5th) business day, a **$35 late fee will** be assessed and your child will not be allowed to return the following day until the unpaid balance is paid in full. Delinquent payments will result in automatic termination from the program.

TERMINATION
I understand that I must give written notice to the Supervisor at least two weeks (10) working days in advance of withdrawing my child from the program. The KidZone extended care program may, for any reason, terminate this contract with two weeks' notice. **Refunds will not be made if my child is terminated from the program for any reason. If at any time the District determines that my child is unable to benefit from the program, or he/she impairs the ability of other children to benefit from the program or he/she continued presence in the program presents a danger to others or to property, the District may terminate this agreement.**

LATE PICK UP FEE
The KidZone programs are open from 6:30 A.M. until 6:00 P.M. Children are not to be dropped off prior to the opening of the program. Children are to be picked up no later than 6:00 P.M.
Parents/guardians of any child not picked up by 6:00 p.m. will be charged TWO dollars ($2.00) per child per minute. The late fee must be paid the next day. Any child not picked up within a reasonable time after closing of the site not to exceed thirty (30) minutes will be placed in the care of the local police department when no contact from the parent has been received by the Site Lead/Staff member to indicate that the child will be picked up late. **After the third occurrence of excessive or chronic lateness the Site Lead and/or Supervisor may dismiss the child from the program. The clock at the childcare site will be used to determine the pick-up time.**

ABSENTEESIM / WITHDRAWAL
If your child is absent, a parent must notify a KidZone staff that day and each day the child will not be in attendance. There is no credit or allowance for absences/vacations/legal holidays.
If a parents choose to withdraw a child for any reason, the withdrawal will be considered a termination, and in order to reenter the program (if space is available), both a new registration fee and a month's tuition must be paid.

SIGN IN/SIGN OUT PROCEDURES

I understand that my child MUST be signed in and out at the KidZone Extended Care Program each day and may not be dropped off at the school and walk in without a parent or guardian present. If for any reason my child is not signed in, they cannot be accepted into the program.

My child may only be signed out and or picked up each day by a parent/guardian (18 yrs. or older and must show identification) authorized by the parent/guardian in writing and on file with the childcare program site. This procedure is for my child's safety and MUST be adhered to at all times.

MEDICATIONS

Only physician-prescribed medication, in the original prescription container, will be administered at the KidZone Extended Care Site. District consent form, for the administration of medicine, must be completed and signed by the doctor and the parent, and be on file at the site.

I understand and agree that my child may not have medicines in their possession and may not medicate him/herself.

ILLNESS / INJURY / EMERGENCY

Children who have been ill, had a fever, vomited or had diarrhea during the previous 24 hours **MAY NOT** be brought to the Extended Care program. If my child becomes ill or injured at the Extended Care Program, I will be notified as soon as possible and I will pick up my child immediately or will arrange for the immediate pick up of my child by an authorized adult. **Tuition fee refunds/credit will not be made for illness or absence. I will keep all contact and emergency information current and up-to-date.** In case of an emergency-a life-threatening situation-as determined by the extended care staff, the paramedics will be called. Emergency/medical personnel will determine the appropriate course of action and I will be responsible for all of my child's emergency medical/dental expenses.

AGREEMENT

I understand that childcare will be provided for my child only as long as I fulfill each of the above requirements. I also understand and agree that the tuition fee schedule is subject to change at the discretion of the District but that I will receive two (2) weeks notice of any changes in fees. I also understand and agree that the District may change the rules, regulations, policies and procedures of the Extended Care Program but that I will receive two (2) weeks notice prior to the implementation of any change. In the event that the La Habra City School District decides to institute legal action or other collection proceedings to enforce monies owed, reasonable attorney and other fees paid in connection with the collection of monies due on my account will be paid by the parent/guardian to the La Habra City School District.

Providing false or misleading information on this contract or other enrollment documents is grounds for the immediate termination of this agreement and dismissal of my child form the Extended Care Program.

I have read and understand the provisions of this contract and agree to abide by them. I have received a copy of this contract as well as the Tuition fees/Calendar. I understand the policies, rules, procedures, and practices that are outlined in the Tuition fees/Calendar.

_____   _____   _____
Print Name of Parent/Guardian   Signature of Parent/Guardian   Child's Name

Date: _____   Staff Signature: _____