

**PCSD Community Education – After School Camp Program
Contract and Enrollment Agreement – 2018-19
School Attending: _____**

I understand that I am enrolling my child: _____ in the PCSD After School Camp program.

Bill attending – check one:

Monday – Friday _____
Monday – Thursday _____
Friday only _____

I understand that the Program is open according to the official school calendar of Park City School District and is closed during vacations, and teacher in-service days.

I understand that I am responsible for payment each month in the amount of: _____ which is due by 6:00 p.m. on the first Friday of each month. I understand a late fee of \$20.00 will be added if payment is not made by this time.

I understand that all payments are due to the Alison Taylor at the Park City School District Offices by the monthly deadline. Payments are not to be given to the school or After School Program Coordinators/teachers.

I understand that in the event of any absences during program hours, I will be responsible to pay the tuition as it is for time reserved, not actual time spent in the Program.

I will update my child's file information and keep teachers informed of any changes.

I understand all school policies and rules apply while my child is in this program. I agree to adhere to these policies and procedures.

I understand that I will be charged a late fee if I pick up my child after the program has ended (generally after 6:00 p.m.). Late fees are due within 2 days of being assessed. **LATE FEES:** Up to 10 minutes late = \$20. From 11 minutes to 20 minutes = \$30. From 21 minutes to 30 minutes = \$40. Continual late fees are cause for dismissal from the program.

If a medical emergency arises, the program staff will first attempt to contact me and the people listed on my emergency list. If I cannot be reached, the staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.

I agree to adhere to the policies and procedures of the PCSD After School Program and the PCSD as stated.

Signature: _____ Date: ___/___/_____

Relationship to Child: _____

____ I give permission for my child to be photographed and/or video recorded for facebook, advertising and program documentation.

____ I do not give permission for my child to be photographed and/or video recorded.

Signature: _____ Date: ___/___/_____

Child or Children's Name: _____