

# Waterford Area School Age Program - Fall Contract

For Trailside Students

Child(ren) Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Starting Date \_\_\_\_\_

Registration Fee \_\_\_\_\_ Date Paid \_\_\_\_\_

Teachers Name: \_\_\_\_\_

**Days, Hours , Child Care Tuition and Signature:**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Varied Schedule and Drop-in Care**

I understand that Varied Schedules require a two day minimum AND must be turned in by Thursday of the prior week, otherwise I will be charged for the full week of child care

I understand that drop-in care can be scheduled in advance, if space is available. First come first served.

Once a day is scheduled, I understand I will be charged even if my child does not show up.

**Weekly Childcare Tuition**  \$

(Payment is prepaid on Friday for the upcoming week)

**Please read and initial the following policies:**

I understand I will be charged for the contracted days my child is scheduled to attend.

I understand I MUST call the school program if my child is going to be absent, otherwise, I will be charged a \$10.00 No Show/No Call Fee

I understand that days may be added to my child's schedule, however, you do not allow " Switching " or " Instead Of's ".

I understand our child care payment is due EVERY Friday for the upcoming week

I understand that if the child care fee is not paid on time I will be charged a \$10.00 Late Payment Fee

**I understand the registration fee and first weeks tuition must be paid to secure my child's spot in the program. If my child does not attend this money is forfeited**

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_