Summer Camp Enrollment Contract

This Agreement is Between Northwoods Child Development Center, LLC, Curiosity Club and the Parent/Guardian(s) Listed Below, for the Child Listed Below.

|  |
| --- |
| First Parent Name: |
| Address: |
| Email: |
| Cell Phone: | Work Phone: |
| Second Parent Name: |
| Address: |
| Email: |
| Cell Phone: | Work Phone: |

LIVES WITH (CHECK APPLICABLE BOX)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Both Parents | Mother Only | Father Only | Shared | Other |

LEGAL CUSTODY (CHECK APPLICABLE BOX)

|  |  |  |  |
| --- | --- | --- | --- |
| Both Parents | Mother | Father | Guardian |

CHILD INFORMATION/PROGRAM ENROLLMENT

|  |  |  |
| --- | --- | --- |
| Child Name: | DOB: | Age: |
| Program: Curiosity Club Summer Camp Program Located at Trees for Tomorrow – Juday Hall519 E Sheridan St Eagle River, WI 54521 | Start Date: |

HOURS/SCHEDULE (CHECK DAYS ATTENDING)

The summer camp program begins on Monday, June 6, 2022, and runs through Friday, September 2, 2022. The program will remain open Monday thru Friday, from 7:00am to 5:30pm. A ten-hour day will be considered a maximum full day. If changes to your schedule require a permanent or temporary change in childcare dates or times, please speak with the Director for approval. Absences: Parents are required to notify the Center by 8:30 am when their child is absent on a day that they are normally expected to be in attendance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| My child will be scheduled on the following days: | MON | TUE | WED | THU | FRI |

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated Drop Off Time |  | Estimated Pick Up Time |  |

FINANCIAL (INITIAL TO AGREE)

Payments are due weekly, in advance. We use the PROCARE Tuition Express system. Parents can sign up using their checking account through the office. It will be deducted every Monday. There is no fee for this. If you choose to use a credit card there is a 2 ½ percent fee. Payment for the entire week is due upon arrival on the first day your child attends for that week. If you come Monday, your payment for that week is due on Monday. There will be a $5.00 late fee charged for each day the payment is late.

|  |  |
| --- | --- |
| I understand the weekly/childcare price and schedule and agree to make payments according to the schedule.  | Weekly Payment Amount: |
|  | INITITAL HERE |

SUBSIDY (IF APPLICABLE INITIAL TO AGREE)

If you have Wisconsin Shares you are responsible for the difference not paid by Wisconsin Shares. That it is your responsibility to transfer Wisconsin Shares to Northwoods Child Development Center so that it can be applied to your weekly balance due. If there is a remaining amount due, unpaid by Wisconsin Shares, it is your responsibility to pay for the remaining unpaid amount due. Payment is due on the Monday of each current week of care. Wisconsin Shares puts your allowable amount per month on your account and you must pay the center weekly plus any remaining amount due, weekly. This is required to meet the entire cost of tuition each week for your child. Nonpayment of my co-pay will be grounds for automatic termination of my child.

|  |  |
| --- | --- |
| I understand the Wisconsin shares payments policy and agree to abide by it. | INITIAL HERE |

EMERGENCY CONTACTS (LIST 2-3 EMERGENCY CONTACTS)

When a parent or guardian can’t be reached, the following may be called in an emergency and have my permission to remove my child from the center if needed.

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Phone: |
| Name: | Phone: | Phone: |
| Name: | Phone: | Phone: |

SICK CHILD (INITIAL TO AGREE)

If your child has a fever, (100.4 or above), you will not give your child Tylenol. Advil or Motrin before bringing them to the center so your child can attend that day. That you will not send your child to school, sick. That if your child is sick, you will plan to pick up your child within one hour of being called. That you understand the importance of all parents, including yourself, being able to work and know that each family, including your own helps this work for all of us.

|  |  |
| --- | --- |
| I understand the sick child policy and agree to abide by it. | INITIAL HERE |

HEALTH PROVIDER (Complete and Sign)

|  |  |  |
| --- | --- | --- |
| Health Facility/Location: | Physician: | Phone: |
| I give my consent for emergency medical care or treatment, to be used only if I cannot be reached, | SIGN HERE |

HOLIDAYS (INITIAL TO AGREE)

4th of July, In-Service Day (before the first day of school for the Northland Pines School District). If 4th of July falls on the weekend, the camp Friday before or the Monday following the holiday. If the first day of school is the day after Labor Day, the holiday will be Friday. For us to keep quality and qualified staff, the Center provides staff paid holidays off, therefore, if your contracted days fall on a holiday, you will be required to pay. We are sure this is a benefit you would want your child’s teacher/assistant teacher to receive.

|  |  |
| --- | --- |
| I understand the holidays policy and agree to abide by it. | INITIAL HERE |

FEES CHARGED FOR ABSENCES and PART-TIME CHILDREN FEES (INITIAL TO AGREE)

Family vacations does not include our Summer Camp Program. Because our summer program is limited to 39 children. We cannot credit you for days absent. We cannot waive charges for any vacation you take or time off. We count on your contracted tuition to make our program a success. Part-time children may not switch scheduled days to replace a sick day or any other day. Being a small Center, we have limited childcare slots for each classroom and age group**.**

|  |  |
| --- | --- |
| I understand the fees charged for absences and part-time children fees policy and agree to abide by it. | INITIAL HERE |

DROP-IN OR PART-TIME CARE (INITIAL TO AGREE)

As a summer camp program, we do not provide drop-in care. Part-time families can attend two, three or four days a week if there is availability. Arrangements and all required enrollment paperwork must be on file for your child to attend. There are no half hour rates.

|  |  |
| --- | --- |
| I understand the drop-in or part-time care policy and agree to abide by it. | INITIAL HERE |

LATE FEES (INITIAL TO AGREE)

There is a late fee of $1.00 per minute for children picked up after the Centers closing time. Example: pick up at 5:38 P.M. the late fee will be $8.00. This fee will also apply to any change in our closing schedule if we need to close early for any reason especially due to weather conditions. We want to ensure the safety of our families and staff. Late fees will go to the staff that needed to stay and we will add it to your bill.

|  |  |
| --- | --- |
| I understand the late fees policy and agree to abide by it. | INITIAL HERE |

**Immunization Record**

Each child shall have an immunization history, which states that the child has been immunized. This must be turned in within the first 30 days of summer camp program.

|  |  |
| --- | --- |
| I understand the immunization record policy and agree to abide by it. | INITIAL HERE |

## Parent Termination

A two-week written notice is required prior to withdrawing your child from the summer camp program. If the Center does not receive advance notice (two weeks), parents/guardians will be required to pay an amount equal to two weeks’ charges. All tuition owed will need to be paid to avoid collection action for payment.

|  |  |
| --- | --- |
| I understand the parent termination policy and agree to abide by it. | INITIAL HERE |

MEDIA/PHOTOGRAPHY PERMISSION (INITIAL YES OR NO)

|  |  |
| --- | --- |
| YES, I give my permission for my child's name and photograph to be used by Northwoods Child Development Center and/or other media organizations. If you agree to participate, you accept that there will be no financial remuneration, and that any photographer/interviewer is released from any future claims, as well as from any liability arising from the use of the material.  | YES |
| NO, I do not want my child's name or photograph to be used by Northwoods Child Development Center and/or any media organizations.  | NO |

PARENT RULES, POLICIES AND PROCEDURES (INITIAL TO AGREE)

Northwoods Child Development Center “Summer Camp Curiosity Parent Policies”.

|  |  |
| --- | --- |
| I have read and reviewed all the rules, policies and procedures for Northwoods Child Development Center LLC, Summer Camp Curiosity Club and agree to abide by them.  | INITIAL HERE |

PARENT TERMINATION (INITIAL TO AGREE)

A two-week written notice is required prior to withdrawing your child from the Center. If the Center does not receive advance notice (two weeks), parents/guardians will be required to pay an amount equal to two weeks’ charges. All tuition owed will need to be paid to avoid collection action for payment.

|  |  |
| --- | --- |
| I understand the parent termination policy and agree to abide by it. | INITIAL HERE |

CONTRACT SIGNATURES (SIGN BELOW)

|  |
| --- |
| Provider: Northwoods Child Development Center. LLC: Administrator, Shelley Novotny |
| Provider Representative Signature: |
| Date: |

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| Signature First Parent: |
| Date: |
| Signature Second Parent: |
| Date: |