

School Year 2014-2015

Agreement / Contract between West End Extended Care Program (WEXP) and Parent/ Guardian

The following conditions involved in the care of:

(Child's name) _____ are understood.

My Child will be enrolled in:

Before and After Care \$215.00 per month
(7:00am – 8:40 am + 3:55pm - 6:00pm)
*Staff available for drop in children as needed

Before School Care \$165.00 per month
(7:00am – 9:00 am)
*Children dismissed at 8:40am

After School Care \$165.00 per month
(3:30pm – 6:00 pm)
*Children arrive at 3:55pm

The Parent Agrees:

1. The parent will pay established fees (per month, per child) in advance of the first day of every month. Fees are established to cover the cost of childcare for the entire school year. Equal monthly rates are determined by dividing the annual cost of the program for each child by the number of calendar school days. Fees are due and payable while the child is enrolled, regardless of attendance. If fees are not paid by 6:00pm on the 5th day of the month, parents will pay a late fee of \$ 15.00. If fees are not paid by the last day of the month, the child will not be accepted on the first day of the next month and his/her place will be filled by the next child on the waiting list. If, after two instances of non-payment by the 5th day of the month, or two instances of returned checks occur, the family may be asked to withdraw from WEXP. WEXP closes at 6:00pm. Late pick-up fee is \$1.00 per minute, per child, paid at the time of the late pick up. Returned check fee is \$20.00 for any returned checks.
2. In all emergencies, the operator has permission to take all responsible measures necessary for the welfare and safety of the child.
3. In the case of illness or accident which may require a physician, Dr. _____ (or his/her designate) may be called at the parents' expense. Parents will be contacted as soon as possible.
4. Liability for the acts of the child while under the care of the operator is the parents' responsibility.

5. The parents must give written permission for the child to go on field trips sponsored by the operator. Parents will be notified in advance of dates, times, mode of transportation, and destination. I hereby grant permission for my child, _____, to participate in field trips scheduled by WEXP.
6. Under no circumstances will a child be permitted to leave with anyone not assigned by the parent/guardian. Staff will ask for identification from a person assigned by the parent/guardian.
7. I understand that WEXP will not release my child to anyone whose behavior may place my child in immediate danger (any type of risky behavior including intoxication, confrontational anger, or other atypical behavior).
8. I understand the importance of an orientation visit, I will schedule one at the time of enrollment and/or attend the orientations scheduled before the first week of school.
9. Notification of change in departure routine must be made in writing. Telephone calls to denote change will be acceptable only if the parent/guardian talks directly to the Director or Assistant Director of WEXP. This is for your child's protection.
10. The WEXP Parent Call Policy is as follows: Parents are asked to call WEXP **before 3:45 p.m.** each day their child will be absent from after school care, (you may also send a text message or an email). The WEXP staff will call parents of "missing" children. Three courtesy calls (3 separate days) per school year will be given, after which time a \$5.00 fee for each day calls are made will be charged. Fees are due within 2 days or late fees will go into effect.

The Operator agrees that:

1. In return for the sum which parent agree to pay, the operator will give reasonable care to the above named child for the hours of operation that the child is enrolled except for the following days:
 - Labor Day
 - Thanksgiving Day
 - The day after Thanksgiving
 - December 24,25,31 and January 1 (or 4 designated Winter break days)
 - Good Friday
 - Memorial Day

½ day care will be provided during designated ½ days included in the school calendar. An extra fee of \$15.00 per day will be charged to any before school care enrollees for each ½ day, no fee for after school enrollees. If school dismisses at 12:30 p.m., **send a lunch** with your child when he/she attends. For any other school closing days when WEXP is open and the parent/guardian pays to register child, WEXP will provide care from 8:00 a.m. – 5:00 p.m. unless otherwise stated. The fees for full day care will be posted along with the registration information. **Snow Day care is provided when possible.**

**Additional closures may occur but only if services are not needed by participating families.*

2. WEXP carries liability and accident insurance. Additionally, my child is covered under the following plan:
Insurance Name and Policy
#:_____
3. The operator will provide experiences for the child designed to meet his/her needs. The operator believes that school age children should have a stimulating environment in which all areas of growth, physical, mental, social and emotional are supported. With qualified staff, and appropriate equipment and supplies, the operator is endeavoring to offer the opportunities to further the development of each child. In addition to physical care, a DHS approved nutritious snack will be served daily.
4. WEXP will provide cumulative fee information for tax purposes. The WEXP tax identification number (EIN) is: 62-1860196 and can also be found on the bottom of the fee notice.
5. WEXP is an equal opportunity employer, and believes in the concept of affirmative action.

PARENT AND OPERATOR AGREE THAT:

1. This is a contract binding both operator and parent/guardian.
2. This contract may be terminated by either the parent/guardian or operator: Parent/Guardian must give written notification that is received by WEXP at least 30 calendar days prior to the intended last day, its monetary equivalent, or at any time by mutual agreement of both parties. Verbal notification does not fulfill this requirement.
3. I, Parent/Guardian, have received the DHS Licensing Requirement summary and I am responsible for the information provided in the summary.

Parent/Guardian Signature_____

Date_____

West End Extended Program_____

Date_____