

Ida Freeman Before & After Care Program Jaguar Den Application

Child(ren)'s Name(s): _____ Grade(s): _____ Birthday(s): _____

Mother's Name: _____ Wk #: _____ Cell #: _____

Father's Name: _____ Wk #: _____ Cell #: _____

Email Address: _____

Please mark the applicable times and days that your child would be attending:

Before ONLY 7:00 – 7:50am

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

After ONLY 3:15 – 6:00pm

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Before AND After 7:00 – 7:50am and 3:15 – 6:00

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please initial each statement regarding our program and its procedures.

_____ **Attendance:** I am aware that I am required to sign up for a certain amount of days for the week. The number of days and/or the particular days that my child signs up for MAY NOT vary from week to week. I must commit to paying for all of the days that I sign up for, regardless of whether my child attends or not. I will not be charged for school wide holidays or snow days.

_____ **Withdrawing from Daycare:** I am aware that if I withdraw my child from daycare without notifying the Director, and not giving a 2 week notice, my child WILL NOT be readmitted for the remainder of the school year.

_____ **Daycare Hours:** I am aware that the daycare closes at 6:00pm. If I arrive after 6:00pm, I will incur a late fee of \$1.00 per minute. Chronic offenders will meet with principal and director and may be subject to dismissal from program.

_____ **Payment:** I am aware that payment is due by Monday of each week, regardless of what day my child attends daycare. I also understand that if payment is not received by close of daycare on Tuesday, I will be charged a late payment fee of \$15, in addition to my daycare fees.

The purpose of our procedures and policies is to be helpful and usable, and to strengthen our partnership with you. Please sign that you have read and agree to the condition of our procedures and policies. Thank you!

Parent Signature: _____ Date: _____