

Froggie Frontier Preschool & Childcare
Summer 2011 Admission & Financial Agreement

Please initial each statement and sign below

I have received a copy of the Summer Parent Handbook and agree to the financial obligations, policies and procedures as described within. _____

I understand that there is a \$25 non-refundable deposit required per camp session. _____

I agree to the following fees as outlined in the Summer Camp Parent Handbook: _____

Regular Pricing:

Camp Program: (9:00 – 12:00 p.m.) \$135 per week (\$27 per day)

Extended Care: (7:15 – 9:00 A.M. AND 12:00 – 12:45 p.m.) \$115 per week (\$23 per day)

2010-2011 Froggie Frontier Student Discount Pricing:

Occasional Sessions:

Camp Program: 9:00 a.m. – 12:00 p.m.

T/Th: \$52 per week

M/W/F: \$75 per week

M-F: \$120 per week

Entire Summer: (6/6/11 – 8/5/11)

\$43*/\$50 per week

\$62*/\$69 per week

\$105*/\$112 per week

Extended Care: 7:15 – 9:00 a.m. AND 12:00 – 5:30 p.m.

T/Th: \$50 per week

\$48 per week

M/W/F: \$75 per week

\$72 per week

M-F: \$120 per week

\$110 per week

Other Prices:

Lunch Bunch: \$5.00 per day (12:00 – 12:45 p.m.)

Occasional Care: \$5 per hour

Special Event Fees: \$5 extra fee applies for the following camp sessions: 6/13-6/17; 7/18-7/22; 8/1-8/5

Late Fees: See Below

I understand that refunds or pro-rated session fees are not available for vacations, illness, or other absences. _____

I understand that each camp session fee is due in full on my child's first day of the camp season. If I have signed up for the entire summer program, I understand that tuition installments are due on June 6, July 5, & Aug. 1. I understand that failure to pay these stated fees will result in my child not being admitted to camp and that I will forfeit any deposits or fees already paid. _____

I understand that if my bank returns a check for insufficient funds that I will be required to pay a return check fee of \$25 and that camp session fees, returned check fee and late fees will need to be paid by money order. I agree to pay said fees within 2 days of being notified of a returned check by the center. _____

I agree to pay the following as it may apply:

Forgotten Lunch Fee: \$5 for each lunch provided by center (if child participates in the Lunch Bunch Program or Extended Care Program)

Late Pick Up Fees: \$2 per minute

I understand that I will be required to submit the following forms before my child can attend Froggie Frontier's Summer Program: Registration and Emergency Information, Child's Preadmission Health History Form, Physician's Report, Consent for Emergency Medical Treatment, Immunization Records, Admission & Financial Agreement, Parents' Rights Form, and Personal (Child's Rights) Forms. I understand that if I do not provide these forms of attendance that my child will not be admitted to camp and I will forfeit any fees already paid. _____

I understand that I am responsible for providing a change of clothing for my child to be kept at camp. In the event that my child uses these change of clothes, I will provide another change on the next day my child is in attendance. _____

I agree to send my child to school in the appropriate clothing and wearing sunscreen as described in the parent handbook. _____

I understand that I am required to sign my child in and out of the center each day using my full name and time of day in the provided log. I agree that if I fail to do so, I will be charged \$5 for each missing signature and time stamp. _____

Parent's Printed Name(s): _____ Parent's Signature(s): _____ Date: _____

Froggie Frontier Preschool & Childcare
Summer 2011 Admission & Financial Agreement (Continued)

Please initial each statement and sign below

I have read the Photo and Media Policy. I (agree do not agree) for my child's photo to be used for advertisement, school publications, and/or the school website. _____

I understand the rights of the licensing agency and recognize that they have the authority to interview my child and to inspect, audit and/or copy my child's records without prior consent. _____

I understand that Froggie Frontier is a tobacco-free school and that my visitors and I are not allowed to smoke on or near the premises. _____

I have read and agree with the discipline policy as outlined in the parent handbook. I understand that I may be required to attend parent/teacher conferences, pick up my child early, or have my child suspended or dismissed from any and all services of Froggie Frontier's programs and services due to negative, destructive, or violent behavior. I understand that should I need to pick up my child for these reasons, that I will not be issued a refund or credit for this time. _____

I have been given a copy of and understand my Parents' Rights and Personal Rights. _____

I have read and understand the health and safety policies. I agree to keep my child home under the conditions outlined in the parent handbook. I understand that the staff reserves the right to inspect my child daily for illness and can send a child home that staff does not deem well enough to be at camp. I understand that I must notify Froggie Frontier at once if my child contracts a communicable disease and that my child may only return to camp with a written doctor's release. _____

I have read and understand the medication policy and understand that staff will not administer medication to my child. _____

_____ Mother's Signature	_____ Mother's Printed Name	_____ Date
_____ Father's Signature	_____ Father's Printed Name	_____ Date
_____ Administrator's Signature	_____ Administrator's Printed Name	_____ Date