

Froggie Frontier Preschool & Childcare  
**Summer 2018 Admission & Financial Agreement**

**If you signed up through the El Dorado Hills CSD, we understand that your camp program fees will have already been paid, but additional fees may apply depending on services you chose to utilize as outlined below.** Please initial each statement and sign below.

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

<b>Camp Program</b> (9:00 a.m. – 12:00 p.m.)	<b>Standard Cost:</b>	<b>Current or Future Froggie Frontier Student Discount Program (occasional attendance)</b>
Monday - Friday	\$145 per week	\$135 per week
Mon./Wed./Fri. (or 3 days per week)	\$87 per week	\$81 per week
Tues./Thurs. (or 2 days per week)	\$62 per week	\$58 per week
Occasional Daily Rate	\$31 per day	\$30 per day
<b>Lunch Bunch</b> (12:00 - 12:45 p.m.)	\$5 per day	\$5 per day

**In addition to the fees listed above, I understand that additional fees may apply as stated below and explained in the Parent Handbook:**

Late Pick-Up Fee: \$2 per minute    Late Payment Fee: \$10 per day    Returned Check Fee: \$25  
 Center Provided Lunch Fee: \$5 for each lunch provided by the center (if child participates in the Lunch Bunch program)  
 Missing Signature/Time Stamp on Required Sign in-Sign Out Log: \$2 per missing signature (electronic or manual) \_\_\_\_\_

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 each camp session. \_\_\_\_\_

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, Consent for Emergency Medical Treatment, Immunization Records, Admission & Financial Agreement, Parents' Rights Form, and Personal (Child's Rights) Forms. If my child requires an epi-pen or inhaler to be kept at camp, I understand that I must also have an incidental medical plan completed and signed by a licensed physician prior to my child being allowed to attend camp. In addition, a Physician's Form must be completed for children attending camp 30 calendar days or more. I understand that my child will not be admitted to camp without this form after the 30th day. I understand that refunds will not be issued due to non-admittance due to incomplete or missing paperwork. \_\_\_\_\_

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 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 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 or via the electronic system for those families in our oncares system.. \_\_\_\_\_

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 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 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. \_\_\_\_\_

Parent's Printed Name(s): \_\_\_\_\_ Parent's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_