

Froggie Frontier Preschool
Summer 2022 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, fees, policies and procedures as described within and as listed below. _____

Camp Fees:

Standard Cost: \$175 per week or \$35 per day

Current/Returning or Future* Froggie Frontier Students: \$165 week or \$33 per day

(*future Froggie Frontier students refers to those students enrolled in our upcoming 2022 – 2023 school year.

Lunch Bunch: \$6 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 Brightwheel 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: _____