

## COMMUNITY SCHOOL AGE CHILDCARE (CSACC) CONSENT FORM

- 1.) **Attendance-** I agree to record the time and my signature on the attendance sheet each time I drop off and/or pick up my child.
- 2.) **Parent Handbook-** I agree that when I receive my Parent Handbook, I will read and follow the rules and procedures in the Parent Handbook.
- 3.) **Absence-** I agree to call the child care site to inform the staff whenever my child will be absent to avoid a \$10.00 fee.
- 4.) **Snacks-** I understand that my child will be offered snacks daily and, unless I specify in writing otherwise, he/she may eat those snacks.
- 5.) **Damage-** I agree to assume full responsibility for any damage to person or property caused by my child.
- 6.) **Emergency Contact-** I further agree that if the behavior or health of my child should make it necessary to send he/she home, I, or an emergency contact person, will immediately pick up my child from child care.
- 7.) **Behavior-** I understand that if my child has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my child from the CSACC program.
- 8.) **Late Pick-Up-** A \$25.00 per child late pick up fee is assessed during the first 15 minutes for families whose children are still at the site after the program closes. A \$50.00 fee per child is charged for each additional 15 minutes. The fees will double and triple for the second and third offense respectively. After the third offense corrective action will be taken which could result in disenrollment.
- 9.) **Payments-** I understand I must pay a \$50.00 late fee each time I do not pay the monthly child care fee by the 15<sup>th</sup> of the preceding month. I understand that payments are due prior to care and my child may be disenrolled on the first day of the unpaid month if payment is not received.
- 10.) **Schedule Changes-** I agree to give two weeks, advance notice when withdrawing or changing my child's schedule. I understand that I am responsible for paying accrued fees until notice is received.
- 11.) **Charges if Absent-** Because CSACC guarantees appropriate staffing and snacks regardless of whether or not my child attends on scheduled days, I agree to pay for reserved sessions for which my child may be absent due to illness, participation in after school activities, personal vacations, and for school field trips.
- 12.) **I have read, understand, and agree to all of the above.**

Signature of Parent or Guardian: \_\_\_\_\_

Child or children's name(s): \_\_\_\_\_

Date: \_\_\_\_\_