

VACATION PROGRAM REGISTRATION AND CONTRACT 2017-2018

Please fill in completely and carefully. As used in this agreement, “you,” “your” or “yours” refer to the person who signs this Enrollment Contract. “We,” “us” or “ours” refer to The Foote School Vacation Program. Contracts are issued once per program.

I. STUDENT ENROLLMENT

By signing this agreement, you enroll _____ (the student),
Grade _____, in the Vacation Program on the following basis (please check):

	Thursday, September 21	Friday, February 9	Monday, February 12							
8:00 -1:00										
1:00 -5:30										
	March 12	March 13	March 14	March 15	March 16	March 19	March 20	March 21	March 22	March 23
8:00 - 1:00										
1:00 - 5:30										

Enrollment is on a first-come-first-served basis.

II. FEES AND PAYMENTS

Following is the fee schedule: **In Advance** (at least 7 days notice):

8:00 - 1:00	\$45 per day
1:00 - 5:30	\$45 per day
8:00 - 5:30	\$80 per day

Drop-In Fee	\$100.00 per day
Drop-In Fee	\$50.00 half day

III. RULES AND REGULATIONS

You agree to accept and comply with our rules and regulations. You agree that the Program begins on scheduled days at 8:00 a.m. and **runs no later than 5:30 p.m.** You understand that the Program operates on scheduled days, with the exception of the days when school is closed

due to weather. Children whose parents are chronically tardy in picking them up will be asked to leave the program. You also agree that the Vacation Program reserves the right to release any student from its program when the particular needs of that student conflict with the needs of the group at large.

Changes or cancellations must be made at least 7 days prior to the start of the session(s). You are responsible for all fees indicated by your selection(s) above. There are no refunds.

III. EMERGENCY CARE

You authorize The Foote School Vacation Program to act in the place of the parents or guardians of the student should any emergency medical or surgical treatment or hospitalization be required during the time this student is enrolled in the Program. It is understood that the Program and hospital authorities will make every effort to contact the parents before acting on this authorization.

You further agree to notify The Foote School Vacation Program in the event that there are any changes in your emergency care information.

Signature of Parent/Guardian _____ Date _____

Full Name of Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____

Local Emergency Contacts: 1. Name _____
Phone _____

2. Name _____
Phone _____

Student's Physician: Name _____
Phone _____

The Foote School Vacation Program

Date _____ By _____
Dawn Walsh, Director