

FAMILY NAME: _____

LEMME BASP ENROLLMENT AGREEMENT

I understand that I am enrolling my child: _____ for the current school year.

_____ Full time mornings only (before school starting at 7:00 a.m.) -- Fee: \$100/month

_____ Full time afternoons only (after school until 5:45 p.m.) -- Fee: \$190/month

_____ Full time mornings and afternoons -- Fee: \$215/month

I understand that the program is open according to the official school calendar of the Iowa City Community School District, and is closed during vacation and inclement weather days.

I understand that I am responsible for payment on monthly fees in the amount according to the above prices, which are due the 1st of each month. I will give 30 days notice in writing prior to withdrawal from the program during which time I will be responsible for payment of all fees due.

I understand that I may visit the program anytime during program hours.

I will update my child's file information promptly as outlined in the Parent Handbook.

The program staff will assume full responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instruction for departure.

I will notify the director of the program that my child will not be attending the program for the day or that another authorized person shall be picking my child up from the program.

If a medical emergency arises, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact my emergency contact. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. *Cost covered by parent/guardian*

I agree to adhere to the stated policies and procedures of the Lemme BASP, as stated above and in the Parent Handbook, and give my child permission to participate in the program and any program activities.

Parent/Guardian Signature

Printed Name

Date