

SCHOOL DISTRICT OF INDIAN RIVER COUNTY
Extended Day Program Summer Camp 2019
Parent Contract

PLEASE PRINT THE FOLLOWING:

Name of Child _____ Summer Camp Site _____
Last Name First Name

In consideration of my child's participation in the Summer Camp at **Osceola Magnet** or **Liberty Magnet**, I agree to the following:

- 1.) To pay a **non-refundable** processing fee of \$20.00 per child and that my child is between the ages of kindergarten to outgoing fifth grade. Processing fee of \$20.00 per child **must accompany** registration packet before child will be enrolled.
- 2.) **Every Monday**, I agree to pay the **non-refundable weekly fee** of \$100.00 per student by personal check or money order for the full day program regardless of the number of days my child attends. Hours of operation are from 7:00 a.m. until 6:00 p.m. If your child does not attend at all during the week, you do not have to pay the weekly tuition.
Please check the week(s) that your child will attend:
Week of June 3 ___ 10 ___ 17 ___ 24 ___ **July 1** ___ 8 ___ 15 ___ 22 ___ 29 ___
- 3.) **Summer School Students attending Afternoon Camp only:**
Every Monday, I agree to pay the non-refundable weekly fee of \$50.00 for afternoons for my child/children's attendance. This is for students attending summer school in the mornings only. Please check the week(s) that your child will attend:
Week of June 3 ___ 10 ___ 17 ___ 24 ___ **July 1** ___ 8 ___ 15 ___
NOTE: Parents will be responsible for picking up their child from the summer camp no later than 6:00 pm. We will be CLOSED on JULY 4TH.
- 4.) I understand that the staff to student ratio for the summer camp is approximately 1:20 and that my child can function appropriately with that level of supervision. While group sizes will vary according to the activities, my child will **not** require individualized attention or any one on one. I understand that my child must be potty trained. I also understand that the staff is not allowed to administer any medication of any kind to my child.
- 5.) I agree that I will sign my child in and out each day along with the time. No earlier than 7:00 a.m. and no later than 6:00 pm. I understand that on field trip days my child needs to be at **camp by 8:15 a.m.** as buses leave at 8:30 a.m. **sharp**. I also understand that it is my responsibility to contact the Coordinator to provide information about alternative pick-up arrangements, if I am unavailable to pick my child up. I understand that, in the event my child/children are not picked up by 6:00 pm, **a fee of \$10.00 per child for every fifteen minutes thereafter will be due and collected at time of pick-up**. Coordinators reserve the right to call any emergency contact person on the child's registration form after 6:00 pm.
- 6.) In the event of an emergency, I give my permission to the Coordinator to have my child treated by medical personnel.
- 7.) I understand that if my child brings their cell phone or any other electronic device, the staff will take it and give it to the parent at the time of pick up.
- 8.) I understand that in the event of late payment of weekly fees, behavior problems, late pick-up of my child, or for any other reasonable cause, the Supervisor of Extended Day **reserves the right to terminate my child from the Summer Program**.
- 9.) I also understand that my child will not be able to attend if I do not pay my tuition every Monday.

I agree to meet the obligations set forth above.

Parent/Guardian Signature

____/____/____
Date

Site Coordinator

____/____/____
Date

White – Supervisor
Canary – Coordinator
Pink – Parent

009-2000-ED
REV: 02/2019
GS1-SL-ITEM #271

