

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
School attending \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name	Age	Date of Birth	Gender	Grade	Teacher
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Note The age range for this program is K – 6 grades.

### Parent(s) or Guardian(s) of Child/Children

1.) Mother's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell # \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Time of day you work \_\_\_\_\_

2.) Father's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell # \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Time of day you work \_\_\_\_\_

**Parents are responsible for all emergency medical treatments. In case of emergency we will contact one of the above parents/guardians.** Who should we attempt to contact first between hours of 3:00 - 5:30pm? \_\_\_\_\_, and at what #: \_\_\_\_\_?

We will use email for reminders and information sharing, including last-minute changes or emergencies that affect all participants. E-mail to use: \_\_\_\_\_

**Other than the parents/guardians listed above, only the following others may pick-up your child(ren) from care without previous notice: Note that a photo ID will be required.**

Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____

**The following information is requested to provide the best care for your child(ren) while attending the program. Your response assists us in getting to know your child, as well as allowing us to be consistent with daily routines as much as possible. All information is strictly confidential.**

Have there been any changes in your family structure? (ex. separation, divorce, death of someone close to your child, move, marriage) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there a family history of learning/behavioral difficulties? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Child** (separate page for each child, please copy or ask us for additional pages)

Preferred name/nickname: \_\_\_\_\_

Please circle the words that best describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, aggressive, on task, destructive, gives in easily, temper tantrums, loving, jealous, shares well, hyperactive, unfocused, bright, slow learner, busy, contented, other: \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

How does your child express feelings? \_\_\_\_\_

What behavior do you find most difficult to handle? \_\_\_\_\_

What method of discipline do you find works best with your child? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_  
Least favorite? \_\_\_\_\_

Would you like your child to work on homework at SACC? \_\_\_\_\_

**Medical Information:**

List any known allergies: \_\_\_\_\_

Is your child currently taking medications? Yes\_\_ No\_\_  
What? \_\_\_\_\_ Why? \_\_\_\_\_

Please explain any special medical concerns that we should know about. \_\_\_\_\_

Please explain any other special needs related to your child: \_\_\_\_\_

Any other concerns, comments? \_\_\_\_\_

What are the **most important things we can do** to help your child have a positive experience at SACC?  
Are there other areas where you feel your child may need any kind of extra help or support? If yes, please describe them.

*Please note that children whose behavior creates safety risks to themselves, others, and/or properties, cannot be accommodated in the program. We reserve the right to dis-enroll any child if it is determined that the program cannot meet the needs of the child.*

# Adventure Kids After-School Program

# Enrollment & Fees Agreement

### Sliding Fee Scale:

The program operates on a sliding fee scale. Fees are determined by monthly income of the family, and family size. All participants will be billed on Calendar 1 unless they elect to apply for reduced rates and qualify for Calendar 2 or 3. To apply for reduced rates, proof of income and a signed statement regarding family size must be submitted with this agreement. Use the following scale to determine your approximate payment due per month.

Calendar 1	Calendar 1
Full-Time Weekly	\$85-if paid before the 5th of the month/\$90-if paid after the 5th of the month
Part-Time Daily	\$18-if paid before the 5th of the month/\$20-if paid after the 5th of the month

Calendar 2	Calendar 2
Full-Time Weekly	\$46.50-if paid before the 5th of the month/\$50.50-if paid after the 5th of the month
Part-Time Daily	\$10-if paid before the 5th of the month/\$11-if paid after the 5th of the month

Calendar 3	Calendar 3
Full-Time Weekly	\$29.50-if paid before the 5th of the month/\$33.50-if paid after the 5th of the month
Part-Time Daily	\$6.25-if paid before the 5th of the month/\$7-if paid after the 5th of the month

### Daily Attendance Fee Worksheet

Check the days you plan for your child(ren) to attend the program. Not necessary if you are paying the weekly fee.

#### 1<sup>st</sup> Child's Name \_\_\_\_\_

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday (check days needed)

\$ \_\_\_\_\_ /per day x \_\_\_\_\_ /days per week = \$ \_\_\_\_\_ / per month (approximately)

#### 2<sup>nd</sup> Child's Name \_\_\_\_\_

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday (check days needed)

\$ \_\_\_\_\_ /per day x \_\_\_\_\_ /days per week = \$ \_\_\_\_\_ /per month (approximately)

**Contracted Days:** Enrollment in the program means that we have reserved a space for your child(ren). Therefore, full tuition based on the days you have requested is due regardless of absences for any reason. No credit will be given. If your child will be absent on a contracted day, call 721-5328 and leave a message to let staff know they will be gone, so we know they are safe.

**Fee Payment:** Monthly payments are due by the 5th day of the month. A statement for the upcoming month will be e-mailed on or about the 20<sup>th</sup> of the previous month. Parent/guardian is responsible for all costs and expenses, including attorney fees and collection fees, incurred by the City of Laramie in collecting the balance due. **A \$25 fee will be charged for any check returned or ACH, credit or debit payment declined due to non-sufficient funds.** Once an account has reached 45 days past due, all access to this program, the Recreation Center, the Ice & Events Center, and all recreation programs, facility rentals, activities and events, shall be suspended until the outstanding balance has been paid. The only exception will be for daily visits to the Recreation Center.

**Schedule Changes:** Attendance schedules are set at the beginning of each semester. **A \$20 Schedule Change Fee will be assessed for each change made after initial registration.** Written change requests must be submitted a minimum of two weeks prior to the effective date, during which time you will continue to be billed according to your current schedule. Schedule changes will be approved dependent upon availability of a space for your child on day(s) requested.

**Disenrollment Policy:** Two weeks written notice is required before removing your child from the program. **If this notice is not given, in writing, you will continue to be billed according to your current schedule.** If no monthly payment has been received, and your child is gone from the program for 5 or more consecutive days without written notice, it will be assumed they are no longer attending the program and their space will be given to another child.



**Days of Operation:** The program operates within the Albany County School District #1 school year calendar. The program begins and ends on the first and last full days of school and runs from the time school is dismissed until 5:30 p.m. The program will not be in operation on days that school is dismissed or cancelled due to poor weather, and refunds will be issued on your next statement. The program will not operate on days that ACSD #1 has designated as No School days.

Note: For an additional fee, a program is available during Staff Development and Early Release days, as designated by ACSD #1. The fee for half-days is \$18 per child and full days are \$36 per child. Pre-pay registration is required. Refer to the current Parks & Recreation Program Guide for the dates of this program.

**Late Pick-Up Policy:** All children are to be picked up by 5:30 p.m. There is a fifteen-minute grace period for parents on an emergency basis. In the event children are not picked up by 5:45 p.m., there is a \$10 per child late fee to be paid at the Recreation Center front desk at the time of pick-up. At 6:00 p.m. all numbers on the contact list will be called. If no one on the contact list can be reached, the Department of Family Services will be notified. Under no circumstances will Parks & Recreation staff transport the child.

**Busing Policy:** ACSD #1 will bus program participants from Beitel, Indian Paintbrush, LJHS, Linford, Montessori, Slade, Spring Creek, Snowy Range Academy, and UW Lab School, directly to the Recreation Center. The children will depart from the bus pick-up area of their school. If a child misses the bus, the parent will be responsible for transportation of the child to the program. If a child cannot ride the bus immediately after school to the Recreation Center because of other after-school activities, the parent will be responsible for transportation to the Recreation Center. The busing of children to the Recreation Center is included in the monthly fees.

**Field Trips:** The program will take participants on field trips from time to time. Staff will inform parents, through e-mail of days, times, and locations associated with these trips as they are arranged. Children will be allowed to attend field trips if their parent/guardian has signed and returned a Field Trip Permission Form. These forms will be made available prior to each field trip and there will be no exceptions. They must be signed to attend.

**Medication/Illness/Accidents:** If your child is on medication, schedule dosage times that do not fall during program hours; staff are not trained nor qualified to administer medication. A child may not attend the program with any of the following symptoms: fever, vomiting, diarrhea, undiagnosed rash, inflamed or matted eyes, severe cold or sore throat. Parent will be called to pick up their child immediately if any of these symptoms are evident while the child is attending the program. If a medical emergency arises, staff will comfort the child and provide minimum first aid. If the condition is serious, every effort to contact a parent will be made. If a parent cannot be reached, staff will contact the persons listed on this form. If medical attention is deemed necessary, staff will call for an ambulance, and the program is not responsible for any associated costs.

**I have read the Enrollment & Fees Agreement and agree with the conditions as stated. I agree that the Attendance Schedule is part of this agreement and that the total base monthly tuition will be approximately \$\_\_\_\_\_, due by the 5<sup>th</sup> of each month for the upcoming month. This monthly tuition rate will be effective until this contract is replaced or until disenrollment from the program.**

#### Liability Waiver

I understand and acknowledge that use of the facilities, equipment and services provided by the City of Laramie involve certain inherent risks. Inherent risks as defined under Wyo. Stat. § 1-1-122, the Recreation Safety Act, means those dangers or conditions which are characteristic of, intrinsic to, or an integral part of any sport or recreational opportunity. Pursuant to Wyo. Stat. § 1-1-123, any person who takes part in any sport or recreational opportunity assumes the inherent risks in that sport or recreational opportunity, whether those risks are known or unknown, and is legally responsible for any and all damage, injury, or death to himself or other persons or property that results from the inherent risks in that sport or recreational opportunity. By signing this waiver, I am asserting that my participation in any sport or recreational activity is voluntary and that I am assuming the inherent risks associated with such activity.

I hereby release, waive, discharge, and covenant not to sue, the City of Laramie, Wyoming, a municipal corporation, nor any of its agents, volunteers, assistants, or employees from any and all claims arising in direct relation to my assumption of risk. This is not to include actions based upon negligence of the provider wherein the damage, injury or death is not the result of an inherent risk of the sport or recreational opportunity pursuant to Wyo. Stat. § 1-1-109 and § 1-39-106.

I have read and fully understand this waiver of liability and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

