

KIDS CLUB

Office: 310 N. Warren
South Lyon, MI 48178
248-573-8330 Fax: 248-486-4041

2018-2019 Parent Agreement

Please read each statement below, and then sign at the bottom of each section. **A parent agreement needs to be signed for each child.** Return this form to your Kids Club site as soon as possible.

I have been provided information pertaining to the South Lyon Kids Club policies and procedures via an online Parent Handbook available at www.slcs.us. I may choose to obtain a printed hard copy at any Kids Club site.

Child's Name _____ School: _____

Parent/Guardian Signature _____ Date: _____

I have read the South Lyon Community Schools Kids Club Parent Handbook (available online at www.slcs.us) and agree to abide by all policies and procedures described in the handbook including the following: admission and withdrawal, schedule of operation, tuition/fees, late pick up fees, typical daily routine, program philosophy, food provided by the parent, child illness exclusion policy, notification of accidents, injuries, and incidents, discipline policy, and volunteer policy.

I understand and agree to the following:

Scheduling and Billing

- My child must be registered for a set weekly schedule. The schedule must be the same each week.
- There will be an "open" period for schedule changes from the time you register until August 10th. After that date there will be no schedule changes granted until October 1st. After October 1st, two schedule changes are permitted per schools year at no cost to you. **Each subsequent change will incur a \$25.00 fee.**
- I will be charged based on the schedule I have provided whether or not my child is in attendance on those days. I will be provided a credit for days the district is closed or school is not in session.
- If I need to add days to my set schedule I must request the day a week in advance from the Program Director at my child's Kids Club site and understand that there is no guarantee that space will be available for my child for added days and that added day charges are different from the set schedule fees and will be added to the next billing cycle.
- Fees will not be adjusted due to absences, illness, or vacation or as otherwise noted in the handbook. I will be provided a credit for days the district is closed or school is not in session.
- One bill will be provided per family. My bill will be placed in a file folder located next to the sign-in sheet at the Kids Club school site my child attends.
- Payment is due monthly. The Kids Club Payment and Fee Instructions for 2017-2018 have been made available to me and are posted at my Kids Club site.
- Payments can be made online using Tuition Express, by check, or cash (cash payments are only accepted at the Early Childhood Center).
- A late fee of 10% of the outstanding balance will be charged on all overdue accounts as of the date noted on the Billing and Payment Schedule (the day after payment is due). Late fees are non-refundable.
- If a balance is outstanding by three (3) weeks it may result in the child/children being dismissed from the program. All outstanding balances will be turned over to a collection agency.

Parent/Guardian Signature _____ Date _____

Kids Club Policies and Procedures

- There is a late pick up charge of \$2.00 per minute after 6:00 p.m.
- There is a Finder's Fee of \$15.00 if you do not notify Kids Club in advance that your child will not be in attendance and your child does not arrive at the program as scheduled.
- My child's photo may be used in South Lyon Community Schools' district publications, newspaper articles, district website, and Kids Club locations and website.
- If I provide a lunch or snack for my child, I must label the bag with my child's first and last name, and record the date on the bag. Water bottles must also be labeled and dated on a daily basis.
- I have been provided with a list of activities (Daily Routine) that will be offered during Kids Club hours. I understand that not all activities will be offered daily.
- I understand that if a serious injury or accident occurs with my child, I will be notified first, unless the injury is life-threatening, and 911 will be called for medical evaluation and possible transport to the hospital.

Health Statement

My child is in good health, with activity restrictions noted on the emergency card. Immunizations are up to date and on file with the school and/or appropriate waiver is on file with the school.

Parent/Guardian Signature _____ Date _____

Field Trip Permission (Summer Kids Club only)

Notification will be provided to parents prior to any off site field trip. I give my permission for my child to be transported by the South Lyon Community Schools transportation personnel and for my child to take walking field trips with Kids Club staff.

Parent/Guardian Signature _____ Date _____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports, and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at [www. www.michigan.gov/michildcare.](http://www.michigan.gov/michildcare)

I have read the above statement issued by South Lyon Community Education Kids Club.

Child's Name _____

Parent Name _____

Parent Signature _____ Date _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help reading, writing, hearing, etc. under the Americans with Disabilities Act, you are invited to make your needs known to a OHS office in your area.