

**BEFORE & AFTER SCHOOL REGISTRATION AGREEMENT**

Please review the following information to ensure that you understand your responsibilities in enrolling your child in the **YMCA of Cecil County's Before & After School Program for children attending Conowingo Elementary School**. This signed agreement will be placed in your child(ren)'s file, and a copy provided for your records. **ALL REQUIRED FORMS MUST BE COMPLETED AND ON FILE BEFORE YOUR CHILD(REN)'S FIRST DAY IN ANY PROGRAM. PLEASE DIRECT ALL QUESTIONS TO THE YMCA BEFORE & AFTER SCHOOL DIRECTOR @ 410-398-2333, extension 16.**

1. I understand that tuition is due monthly on or before the 15<sup>th</sup> of each month. Childcare services may be suspended for delinquent payments. Two weeks written notice must be given before withdrawing child. You will be responsible for the tuition payments. If two weeks notice is not received, you will be responsible for the full month of payment that those two weeks fall into. There is no reduction of fees if withdrawing from the program during the school year.
2. I understand that there will be a \$35.00 fee and postage reimbursement on all returned checks. In the event that two checks are returned, all further payments must be made in cash or in the form of a money order.
3. I understand that tuition rates are subject to change and that two (2) months written notice will be given regarding such a change.
4. I understand there will be no reduction in fees for days the program is closed because of holiday, severe weather conditions, or for absence due to illness or vacation.
5. I understand that the Program closes promptly at 6:00 pm. I agree to pay \$10.00 beginning at 6:01 pm, and \$10.00 additionally for every five minutes after 6:15 pm. (I agree "time of day" will be based on time recorded by YMCA staff, upon my arrival.) If you will be picking up your child late, please call the program to let staff know. If late pick up becomes habitual, the child(ren) may be removed from the Program.
6. I understand that my child must be escorted by an adult (18 years or older) into the care of a staff member. Your child(ren) must be signed in and out of the Program by an adult that is authorized to drop off and pick up that/those child(ren).
7. I understand that if my child(ren) is/are having problems adjusting to the program a conference will be arranged between myself and the staff. I understand that I may be asked to withdraw my child(ren) from the Program if his/her behavior threatens his/her own safety and/or health or that of other children and staff in the Program.
8. I understand that my child(ren) may not attend the Program if they have any illness or condition that threatens the health of the other children and staff. The Health Department regulations regarding period of infection will be enforced. An alternative childcare plan should be made in advance.
9. I understand that if my child(ren) is/are sent home with a suspected contagious illness, a doctor's note will be required in order for my child(ren) to return to the Program.
10. I understand that Program staff may administer prescription medication(s) to my child(ren) with my written permission. All prescription medications must be clearly labeled in the original pharmacy container with my child(ren)'s name(s), times of administration, dosage, date medication is to be discontinued, and any special instructions. Non-prescription medication will only be administered if accompanied by a medication form, completed and signed. **MEDICATION FORMS MUST BE USED PROPERLY AND COMPLETED. HANDWRITTEN NOTES ARE NOT ACCEPTABLE.**
11. I understand that it is my responsibility to read the Parent Handbook and agree to adhere to the policies contained therein.

With the completed submission of this form, your child(ren) has/have now been registered in the YMCA Before & After School Program. Please consider this your registration agreement. Please sign and return with your first payment of \$190 to cover your child(ren)'s first month of care. I agree to pay \$190.00 monthly thereafter.

**I HAVE READ AND COMPLETELY UNDERSTAND AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES CONTAINED IN THIS AGREEMENT.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_