

Faulkton Area Out of School Program ~ Little Sprouts Contract/Liability Agreement
LITTLE SPROUTS DAYCARE BUILDING 1403 Pearl Street



Child Information:

Full Name _____ Age _____

Date of Birth ____/____/____ Start Date for your child _____

Contracts for Service: The Little Sprouts Daycare operates on a contract basis, with rates calculated weekly. Contracts are completed at the start of service and are active for the duration of their enrollment. By signing a contract, you agree to pay at least the minimum weekly rate for the full contract period, regardless of your child's attendance. Any use beyond the contracted minimum will be billed at the additional rates listed below. **Contracts can be cancelled by giving at least a two-week written notice/text to the program director.**

Current Fee Schedule: The program operates the following weekly fee schedule but does not charge for days it is closed for health, holiday or weather reasons. The program also accepts walk-in participants as space permits.

7:30am-6:00pm	Ages Under 2 years Min of \$75 week \$25 Full Day (> 4 hours) \$17 Full Day (≤ 4 hours)	2 years and older Min of \$69 week \$23 Full Day \$16 Half Day	Walk-in \$30 Full day (> 4 hours) \$20 Half day (≤ 4 hours)
	Breakfast, lunch, and snacks, sunscreen, bug spray, and diaper wipes are included in the program cost.		

Payment Information Continued

*Please Note: Families are allowed one week (equivalent of the weekly minimum rate) of vacation in the summer and one week in the school year. Vacation needs to be requested at least 3 days in advance or as soon as possible for extended illness. Vacation requests need to be in writing (text preferred) and given to the program director.

Days of anticipated attendance: Please circle the days your child will normally be in attendance:

Monday

Tuesday

Wednesday

Thursday

Friday

Drop off time: _____

Pick up time: _____

If the attendance days will vary or if your situation does not match a category listed above, please describe your desired program usage here: _____

Your monthly fee for service will be due on the 20th of the following month. Parents/Guardians will receive a monthly e-mail bill on or before the 10th of each month. Invoices are only sent once a month, but you can set up your payment plan to be weekly, bi-weekly or monthly. Payment the day of service is preferred for walk-in participants who do not have an active contract. Prices are pro-rated if the program is closed for holidays/weather/etc.

If you have any questions or concerns regarding this contract, please discuss this with the Program Director. 605-751-9043

Signed _____

Date _____

Printed Name _____

(Please fill out waiver on reverse side)

READ EVERY LINE

Faulkton Area Out of School Program Handbook Acknowledgement and Waiver Agreement

In consideration of my child's participation in the Faulkton Area Out of School Program, I agree to the following:

1. I acknowledge that I have received a paper or electronic copy of the current program handbook that outlines all policies of this program. I understand that the handbook has more policies and that all policies are explained in greater detail than what is indicated on this waiver agreement. I acknowledge that I have read this handbook and that I understand and will honor all policies as set forth.
2. I understand that a group texting service called "Group-Me" is used to communicate program happenings with parents/guardians. Enrolling my child into the program gives the director permission to enroll the parents contact information into the 'group me' service. I agree to use this text service for the best interest of the program and will keep in mind that it is a 'group' text and if I have a message that needs to be sent to the program director alone, will remember to send it to their private number.
3. I agree that I will pay all current charges by the 20th of each month or as agreed upon in my preferred payment schedule, including additional day and late fee charges. Failure to follow said policy could result in additional fees and or dismissal from the program.
4. I understand that if I contract for services, I am allowed one week (min weekly usage equivalent) of vacation/extended illness absence during the school year and one week during the summer with advanced notice. I will notify the program director in writing within a timely matter (preferably at least 3 days notice for vacations and as soon as possible for illness). I will indicate that I want vacation credit to be applied and will not assume the director knows this information.
5. I agree that I will pick up my child/children no later than **6 p.m. each day**. I understand that it is my responsibility to provide an alternative arrangement for the picking up of my child/children if I am unavailable. I understand that disregard of said policy could result in additional late charges and suspension or dismissal from the program.
6. I understand that due to liability issues, the program staff cannot administer medications without having written consent from the parent/guardian. All medication needs to be in its original container and labeled with that child's name with clear instructions on dosage.
7. I understand that if my child has a known medical condition that I have notified the director of what to do if a problem should occur during program hours. I also understand that if my child has any one of the following conditions, I will be required to pick up the child immediately: Contagious Disease, Fever over 100 degrees Fahrenheit, Vomiting or Diarrhea, Accident Requiring Medical Attention.
8. I understand that I am expected to provide diapers, diaper cream and several changes of clothes for my child. If my child requires a special brand of diaper wipes, diaper cream, pacifier, bottle, cup, blanket, etc. – I will furnish that.
9. I understand that additional program fees for special events may be added to my invoice if my child participates. Parents will be notified of any additional fees via group messaging prior to signing the child up for the event or activity. (i.e. dance costumes, carnivals, special events)
10. I also understand that the program participates in supervised walks, outdoor and indoor play and I give permission for my child to take part in these activities each day of the program. I also understand that the program will involve periods of physical activity in which my child will be expected to participate to the best of their ability. Any physical limitations and expectations should be communicated with the program director.
11. I understand that the children may be bussed to events, field trips, and activities. This includes story hour at the library and trips to the Main building for special activities. This is a complimentary service provided by the program and the children will be expected to follow bus rules and behave appropriately.
12. I understand that at times, an activity will be scheduled that requires transportation by private vehicle. Parents will be notified in advance of such activities. I give permission for the program to transport my children via volunteers and or staff in a safe manner by vehicle to said functions.
13. I also give the program permission to photograph my child for media purposes. At times, news articles and information will be printed or submitted to newspaper or other community publications/media/social media for the purpose of advertising and promotion of this program.
14. I understand that it is the program's policy to apply sunscreen to all children when outdoor activities take place and to use bug spray when warranted. I give the program permission to apply sunscreen and bug spray to my child. If my child has allergies or sensitivities to either product, I understand that I will have to provide an alternative product (sunscreen must be SPF 30 or higher) to use in its place.
15. In an emergency, I give my permission to the program staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to and during emergency medical treatment.
16. In consideration of my child being allowed to participate in this recreation program, I agree to assume all risks of such activity and hereby release and hold harmless Faulkton Area Out of School Program along with the Faulkton Area School District and their agents, employees, instructors, and student interns from any and all claims, suits, losses, or causes of action for damages, for injury or death, arising out of or related to my child's participation in the youth recreation program.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this liability waiver have been answered to my satisfaction.

Parent/Guardian Signature _____

Date _____

(OVER)