

## Faulkton Area Out of School Program ~ Little Sprouts Contract/Liability Agreement

**Child Information:**

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated Start Date for your child \_\_\_\_\_

**Contracts for Service:** Contracts for Little Spouts are completed at the start of service and renewed when a child moves into a different FAOSP program. **Contracts can be modified by giving at least a two-week written notice to the program director.** We require payment for program usage by the 20<sup>th</sup> of each month or as indicated by your agreed payment schedule below. Contracted participants will receive a monthly e-mail bill for your child’s usage of the program on or before the 5<sup>th</sup> of each month. If a child attends the program more than his/her contracted days – the walk-in rate will be charged. Payment is to be collected up-front for all walk-in’s or special activity without an active contract.

**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 walk-in participants as space permits.

**Current Fee Schedule is as follows:**

7:30am-6:00pm	Contracted	Under 2 yrs	2yr or older	Additional Children	Walk-in
2 days/week =	\$54/week	\$50/week	\$46/week	\$46/week	*\$30/Full day (> 5 hours)
3 days/week =	\$78/week	\$72/week	\$66/week	\$66/week	*\$20/Half day (≤ 5 hours)
4 days/week =	\$100/week	\$92/week	\$84/week	\$84/week	*Transit costs, pool admission, field trips
5 days/week =	\$120/week	\$110/week	\$100/week	\$100/week	are included in drop-in price

*Sorry – no 1/2 day rates for contracted children*

Breakfast, Lunch and Snacks are included in the program cost (with the exception of formula/food for infants)

**Payment Information Continued**

**\*Please Note: Families are allowed one week (equivalent of contracted time) of Vacation in the summer and one week in the school year. You need to request this vacation at least 3 days in advance in writing. Handwritten notes, text messaging, and emails will be accepted forms of communicating vacation.**

**Days contracting service for:** Please Circle *Note: If participating in a special program that is once a week – circle Walk-in.*

2 days/week                      3 days/week                      4 days/week                      5 days/week                      Walk-in

**Indicate which days and times your child will normally be in attendance:**

Please Circle Days and indicate pick up time.

Monday                      Tuesday                      Wednesday                      Thursday                      Friday                      Varies

Pick up time \_\_\_\_\_

*If you marked Varies - Please visit with the program director to discuss your situation or explain below:*

\_\_\_\_\_

\_\_\_\_\_

Your monthly fee for service will be due on the 20th of the following month. **Invoices are only emailed once-a-month** but you can make payments weekly, bi-weekly or monthly. **IT IS HIGHLY RECOMMENDED THAT YOU PAY WEEKLY in the summer months.**

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 20<sup>th</sup> 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 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 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 ages 5 and older will be required to purchase a separate pool membership or the daily pool pass amount will be added onto my monthly bill in the summer months and I agree to pay any additional fees associated with outside organizations (baseball, softball, cheerleading camp, youth golf, swimming lessons, etc.), throughout the year with the exception special activity instructors – which will be paid for by program fees as determined by the program director. Parents will be notified in advance, what programs are covered and not covered with contract fees.
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 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 require 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)