

# 4-H Friday Friends

## Contract

Child's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

STUDENTS BEHAVIOR is expected to be the same as at any school function. Disruptive students will be asked to leave, parents will be called to pick them up right away, and a discussion about continuing the class will follow. We expect all students to respect the staff, volunteers, mentors and fellow students.

Parent Responsibilities and Billing Procedures

Make checks payable to BC 4-H ASA.

I understand there are different payment arrangements that can be made and for the first semester I have chosen to:

\_\_\_\_\_ Pay for the year. Cost is \$375 and saves you \$57 (approximately 5 free days).

\_\_\_\_\_ Pay for the semester. Cost is \$200 and saves you \$16 (approximately 1 free day per semester).

\_\_\_\_\_ Pay the weekly registration fee. \$12 per child per day

Please contact Coordinator for alternative payment arrangements or installment plans.

Parent Responsibilities / Agreements-Please initial each of the following to indicate that you have read and understand each item.

- \_\_\_\_\_ 1. My child is not allowed to come and go freely from the after school site.
- \_\_\_\_\_ 2. My child must sign in each day and I (or authorized ADULT) must sign them out each day.
- \_\_\_\_\_ 3. I must maintain communication with the Site Teacher about my child and keep him/her informed of any pertinent changes.
- \_\_\_\_\_ 4. I must notify the Site Teacher of any daily departure changes.
- \_\_\_\_\_ 5. I must contact the 4-H Friday Friends Program when my child will be absent on a scheduled day. I realize this is for my child's protection.
- \_\_\_\_\_ 6. If a medical emergency arises, the 4-H Friday Friends Program will first attempt to contact me. If I cannot be reached my child's doctor will be contacted. If the emergency is such that immediate hospital attention is necessary, the after school staff will call 911. I will be responsible for all costs incurred that are not covered by the programs insurance. I understand that medical paperwork needs to be turned in immediately.

- \_\_\_\_ 7. The 4-H Friday Friends Program will operate from 7:30 a.m. to 5:30 p.m. on Fridays (which are listed on the schedule). The program will not operate any other days.
- \_\_\_\_ 8. I will be notified in advance of any rate changes.
- \_\_\_\_ 9. The 4-H After School Program will close at 5:30 p.m. and your fees pay for service until that time. Parents whose children remain past 5:30 p.m. must pay an overtime fee at the following rates: \$5 for first 15 minute increment and \$10 for each 15 minutes thereafter. Parents will be billed for overtime charges and the fee must be paid before your child attends the program the next month.
- \_\_\_\_ 10. Your child must abide by the rules set by 4-H Friday Friends staff or participation will be terminated.

I understand and agree to abide by the above parent responsibilities and billing procedures.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

