

City of Laramie After-School Program (SACC) Enrollment Form/Tuition Agreement 2016 - 2017

Today's Date _____
School attending _____

Start Date ____/____/____

Child's Name	Age	Date of Birth	Gender	Grade	Teacher
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Please note: The age range for this program K – 6 grades.

Parent(s) or Guardian(s) of Child/Children

1.) Mother's Name _____
 Home Address _____ Zip _____
 Home Phone _____ Work Phone _____
 E-mail _____ Cell # _____
 Place of Employment _____ Time of day you work _____

2.) Father's Name _____
 Home Address _____ Zip _____
 Home Phone _____ Work Phone _____
 E-mail _____ Cell # _____
 Place of Employment _____ Time of day you work _____

Parents are responsible for all emergency medical treatments. In case of emergency we will contact one of the above parent(s) or guardian(s). Who should we attempt to contact first between 3:00 - 5:30pm? _____, and at what #: _____?

We will use email for reminders and information, including last-minute changes or emergencies that affect all SACC participants. E-mail to use: _____

Other than the above parents/guardians only the following person(s) may pick-up child(ren) from care without previous notice: PHOTO ID REQUIRED.

Name _____ Relation _____ Phone _____
 Name _____ Relation _____ Phone _____
 Name _____ Relation _____ Phone _____

Doctor's Name _____ Phone _____
 Dentist's Name _____ Phone _____

The following information is requested to provide the best care for your child. Your response assists us in getting to know your child, as well as allowing us to be consistent with daily routines as much as possible. All information is strictly confidential.

Have there been any changes in your family structure? (ex. separation, divorce, death of someone close to your child, move, marriage) _____

Is there a family history of learning/behavioral difficulties? _____

Your Child (separate page for each child, please copy or ask us for additional pages)

Preferred name/nickname: _____

Please circle the words that best describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, aggressive, on task, destructive, gives in easily, temper tantrums, loving, jealous, shares well, hyperactive, unfocused, bright, slow learner, busy, contented, other: _____

How does your child get along with other children? _____

How does your child express feelings? _____

What behavior do you find most difficult to handle? _____

What method of discipline do you find works best with your child? _____

What are your child's favorite activities? _____

Least favorite? _____

Would you like your child to work on homework at SACC? _____

Medical Information:

List any known allergies: _____

Is your child currently taking medications? Yes__ No__
What? _____ Why? _____

Please explain any special medical concerns that we should know about. _____

Please explain
any other special needs related to your child _____

Any other concerns, comments? _____

What are the **most important things we can do** to help your child have a positive experience at SACC?
Are there other areas where you feel your child may need any kind of extra help or support? If yes,
please describe them.

Please note: *SACC will consider the enrollments and participation of children with special needs on a case-by-case basis. Children whose behavior creates safety issues of reasonable risk to themselves, others, and/or properties will not be accommodated. SACC reserves the right to dis-enroll any child if it is determined that the program cannot meet the needs of the child.*

After-School Program (SACC)

Enrollment Form/Tuition Agreement

Sliding Fee Scale 2016 - 2017:

SACC operates on a sliding fee scale. Fees are determined by monthly income of the family, and family size. All participants will be billed on Calendar 1 unless they elect to apply for reduced rates and qualify for Calendar 2 or 3. To apply for reduced rates, proof of income and a signed statement regarding family size must be submitted with this agreement. Use the following scale to determine your approximate payment due per month. **Please note that these fees may change slightly, based on potential fiscal year budget revisions.**

<i>Calendar 1</i>	<i>Calendar 1</i>
Full-Time Weekly	\$75-if paid before the 5th of the month/\$80-if paid after the 5th of the month
Part-Time Daily	\$16-if paid before the 5th of the month/\$18-if paid after the 5th of the month

<i>Calendar 2</i>	<i>Calendar 2</i>
Full-Time Weekly	\$42-if paid before the 5th of the month/\$46-if paid after the 5th of the month
Part-Time Daily	\$9-if paid before the 5th of the month/\$10-if paid after the 5th of the month

<i>Calendar 3</i>	<i>Calendar 3</i>
Full-Time Weekly	\$26-if paid before the 5th of the month/\$30-if paid after the 5th of the month
Part-Time Daily	\$5.50-if paid before the 5th of the month/\$6.25-if paid after the 5th of the month

I would like for my child to attend SACC (*circle one*) **Full-Time Weekly** **Part-time Daily**

Daily Attendance Fee Worksheet

Mark the days you plan for your child(ren) to attend SACC. Not necessary if you are paying the weekly fee.

1st Child's Name

Monday Tuesday Wednesday Thursday Friday (*mark days needed*)

\$ _____ /per day x _____ /days per week = \$ _____ / per month (approximately)

2nd Child's Name

Monday Tuesday Wednesday Thursday Friday (*mark days needed*)

\$ _____ /per day x _____ /days per week = \$ _____ /per month (approximately)

Contracted Days: Enrollment in the SACC program means that we have reserved a space for your child(ren). Therefore, full tuition based on the days you have requested is due regardless of absences for any reason. No credit will be given. If your child will be absent from SACC on a contracted day, call 721-5328 and leave a message to let staff know your child will be gone, so that we know they are safe.

Fee Payment: Monthly payments are due by the 5th day of the month. Charges for the upcoming month will be e-mailed on or about the 20th of each month. Parent/guardian is responsible for all costs and expenses, including attorney fees and collection fees, incurred by the City of Laramie in collecting the balance due. **A \$25 fee will be charged for any check returned or ACH, credit or debit payment declined due to non-sufficient funds.** Once an account has reached 45 days past due, all access to SACC, the Recreation Center, the Ice & Events Center, and all recreation programs, facility rentals, activities and events, shall be suspended until the outstanding balance has been paid. The only exception will be for daily visits to the Recreation Center.

Schedule Changes: Weekly Attendance Schedules are set at the beginning of each semester. **A \$20 Schedule Change Fee will be assessed for each change made after initial registration.** Written change requests must be submitted a minimum of two weeks prior to the effective date, during which time you will continue to be billed according to your current schedule. Schedule changes will be approved dependent upon availability of a space for your child on day(s) requested. Those qualifying for DFS support are exempt from the Schedule Change Fee and we will accept DFS payment as payment in full once we have received a letter of authorization from DFS.

Disenrollment Policy: Two weeks written notice is required before removing your child from SACC. **If this notice is not given, in writing, you will continue to be billed according to your current schedule.** If no monthly payment has been received, and your child is gone from the SACC program for 5 or more consecutive days without written notice, it will be assumed that they are no longer attending SACC and their space will be given to another child.

Days of Operation: SACC operates within the Albany County School District #1 school year calendar. The after-school program begins and ends on the first and last full days of school, and runs from the time school is dismissed until 5:30p.m. SACC will not be in operation on days that school is dismissed or cancelled due to poor weather. SACC will not offer full day care during designated holidays. SACC will offer care on half and full days during teacher in-service days. Cost for half-days is \$16 per child and full days are \$32 per child. Care is provided at the Recreation Center on a sign-up, pre-pay registration basis only. Parents are notified of these days through the registration packet, e-mails and notices at the Recreation Center.

Late Pick-Up Policy: All children are to be picked up by 5:30 p.m. There is a fifteen-minute grace period for parents on an emergency basis. In the event children are not picked up by 5:45 p.m., there is a \$10 per child late fee to be paid at the Recreation Center front desk at the time of pick-up. At 6:00 p.m. all numbers on the contact list will be called. Persons on the list will be asked to pick up the child. If no persons on the contact list can be reached, SACC will notify the Department of Family Services by 6:30 p.m. Under no circumstances will Parks & Recreation staff transport the child.

Bussing Policy: Albany County School District #1 will bus SACC participants from Beitel, Indian Paintbrush, Linford, Montessori, Slade, Spring Creek, Snowy Range Academy, and UW Lab Schools, directly to the Recreation Center. SACC children will depart from the bus pick-up area of their school. If a SACC child misses the SACC bus, the parent will be responsible for transportation of the child to the program. If a SACC child cannot ride the SACC bus immediately after school to the Recreation Center because of after-school activities, the parent will be responsible for transportation to the SACC site. The bussing of SACC children to the Recreation Center is included in monthly tuition.

Field Trips: The SACC program will take participants on field trips from time to time. SACC staff will inform parents, through e-mail and flyers, of days, times, and locations associated with these trips as they are arranged. Children will be allowed to attend field trips if their parent/guardian has signed and returned a Field Trip Permission Form. These forms will be made available prior to each field trip and there will be no exceptions. They must be signed to attend.

Medication/Illness/Accidents: If your child is on medication, schedule dosage times that do not fall during SACC hours; SACC staff are not trained nor qualified to administer medication. A child may not attend SACC with any of the following symptoms: fever, vomiting, diarrhea, undiagnosed rash, inflamed or mattered eyes, severe cold or sore throat. Parent will be called to pick up their child immediately if any of these symptoms are evident while the child is attending SACC. If a medical emergency arises, SACC staff will comfort the child and provide minimum first aid. If the condition is serious, every effort to contact a parent will be made. If a parent cannot be reached, staff will contact the persons listed on this form. If medical attention is deemed necessary, staff will contact the child's physician or the ambulance, and SACC is not responsible for any associated costs. The State of Wyoming requires SACC to have a copy of each child's immunization record on file. Please submit a copy of your child's records, no later than your child's first day of attendance at SACC.

I have read the Enrollment Form/Tuition Agreement and agree with the conditions as stated. I agree that the Attendance Schedule is part of this agreement and that the total base monthly tuition will be approximately \$ _____, due by the 5th of each month for the upcoming month. This monthly tuition rate will be effective until this contract is replaced or until disenrollment from the SACC program.

I further understand SACC reserves the right to dis-enroll any child if it is determined that the program cannot meet the needs of the child.

Liability Waiver

I understand and acknowledge that use of the facilities, equipment and services provided by the City of Laramie involve certain inherent risks. Inherent risks as defined under Wyo. Stat. § 1-1-122, the Recreation Safety Act, means those dangers or conditions which are characteristic of, intrinsic to, or an integral part of any sport or recreational opportunity. Pursuant to Wyo. Stat. § 1-1-123, any person who takes part in any sport or recreational opportunity assumes the inherent risks in that sport or recreational opportunity, whether those risks are known or unknown, and is legally responsible for any and all damage, injury, or death to himself or other persons or property that results from the inherent risks in that sport or recreational opportunity. By signing this waiver, I am asserting that my participation in any sport or recreational activity is voluntary and that I am assuming the inherent risks associated with such activity.

I hereby release, waive, discharge, and covenant not to sue, the City of Laramie, Wyoming, a municipal corporation, nor any of its agents, volunteers, assistants, or employees from any and all claims arising in direct relation to my assumption of risk. This is not to include actions based upon negligence of the provider wherein the damage, injury or death is not the result of an inherent risk of the sport or recreational opportunity pursuant to Wyo. Stat. § 1-1-109 and § 1-39-106.

I have read and fully understand this waiver of liability and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

Parent/Guardian Signature

Date