



The Foote School

VACATION PROGRAM REGISTRATION AND CONTRACT 2011-2012

Please fill in completely and carefully. As used in this agreement, “you,” “your” or “yours” refer to the person who signs this Enrollment Contract. “We,” “us” or “ours” refer to The Foote School Vacation Program. Contracts are issued once per program.

I. STUDENT ENROLLMENT

By signing this agreement, you enroll _____ (the student),
Grade _____, in the Vacation Program on the following basis (please check):

	Thursday September 29	Friday February 17	Monday February 20							
8:00 - 1:00										
1:00 - 5:30										
	March 12	March 13	March 14	March 15	March 16	March 19	March 20	March 21	March 22	March 23
8:00 - 1:00										
1:00 - 5:30										
	June 18	June 19	June 20	June 21	June 22					
8:00 - 1:00										
1:00 - 5:30										

Enrollment is on a first-come-first-served basis.

Following is the fee schedule – **In Advance** (at least 7 days notice):

8:00 - 1:00	\$35 per day
1:00 - 5:30	\$35 per day
8:00 - 5:30	\$60 per day
Drop In Fee	\$75.00 per day

II. RULES AND REGULATIONS

You agree to accept and comply with our rules and regulations. You agree that the Program begins on scheduled days at 8:00 a.m. and **runs no later than 5:30 p.m.** You understand that the Program operates on scheduled days, with the exception of the days when school is closed

due to weather. Children whose parents are chronically tardy in picking them up will be asked to leave the program. You also agree that the Vacation Program reserves the right to release any student from its program when the particular needs of that student conflict with the needs of the group at large.

Changes or cancellations must be made at least 7 days prior to the start of the session(s). You are responsible for all fees indicated by your selection(s) above. There are no refunds.

III. EMERGENCY CARE

You authorize The Foote School Vacation Program to act in the place of the parents or guardians of the student should any emergency medical or surgical treatment or hospitalization be required during the time this student is enrolled in the Program. It is understood that the Program and hospital authorities will make every effort to contact the parents before acting on this authorization.

You further agree to notify The Foote School After School Program in the event that there are any changes in your emergency care information.

The Foote School After School Program

Date _____

By _____

Director, Dawn Walsh

By _____

Assistant Director, William Manke

Full Name of Parent/Guardian _____

Address _____

Home Phone _____ Work Phones: _____

Cell Phone _____

e-mail _____

Local Emergency Contacts: 1. Name _____

Phone _____

2. Name _____

Phone _____

Doctor: Name _____

Phone _____

Signature of Parent/Guardian

Date