SCHOOL YEAR PROGRAM 2013/14 Child's Name: _____

REGISTRATION AGREEMENT

Milestones, Programs for Children

1. I understand that I am responsible for payment of contracted fees, paid in advance on the first Monday of each tuition period.

2. I understand that there is a $7.00 charge for changes made to my child's schedule.

3. I understand that a $25.00 late payment fee will be assessed for payments more than 10 days past due.

4. I agree to call my child's Milestones classroom **prior** to school dismissal time if for any reason my child will not be attending on a regularly scheduled day. I understand that there is $10.00 "No Call/No Show" charge if my child is absent and I fail to properly inform Milestones of this absence and that chronic failure will result in my child's enrollment being terminated.

5. I understand that I must give two weeks written notice of withdrawal from the program.

6. I understand that if Milestones must provide lunch for my child, I am subject to a $10.00 No Lunch Fee.

7. I understand that there are no pets in the classrooms.

8. I UNDERSTAND THAT I DO NOT RECEIVE ADJUSTMENTS IN FEES FOR HOLIDAYS, NO SCHOOL DAYS, OR DAYS MISSED. In the event of illness, school vacation, inclement weather, closings, personal vacation, or other absences (such as scouts, music lessons, and other out-of-school activities) the School Age Program staff will be notified and I am responsible for my child and tuition payment.

9. I understand that a $25.00 charge is assessed for each Non-Sufficient Funds (NSF) check.

10. I am aware of the program hours of operation (7:00 AM to 6:00 PM) and agree to pick up my child promptly. I understand that for each **minute** that my child stays past the program closing time of 6:00 PM (**OR** the child's scheduled time of departure) I will be assessed a $2.00 per minute late pick up charge.

11. I understand that Milestones' responsibility for my child begins at the time s/he arrives and signs in at the program site and continues until s/he signs out (if written permission to walk home has been received by the program staff) or is signed out by a parent or authorized person.

12. I give my child permission to participate in walks and transported field trips. I understand I will be given advance notice of all transported field trips. I understand alternative care will **not** be provided if I elect not to send my child on the field trip.

13. I give permission for my child to be escorted by Milestones personnel to a neighboring school for care if applicable.

14. I understand if my child has special needs, I must indicate them on the Health History/Emergency Care Plan. Doing so will aid the staff in providing the most positive and successful environment for my child.

15. I understand that if an illness or medical emergency arises, the School Age Program staff will try to contact me. If I cannot be reached and THE EMERGENCY IS SUCH THAT IMMEDIATE ATTENTION IS NECESSARY, THE STAFF HAS MY PERMISSION TO TAKE MY CHILD TO THE NEAREST HOSPITAL. THE HOSPITAL HAS MY PERMISSION TO GIVE MY CHILD IMMEDIATE MEDICAL CARE.

16. I understand that the Wisconsin Rules for Licensing Day Care Centers is available for my review.

- **I give my child permission to participate fully in this program.**
- **I agree to adhere to all Milestones rules and policies including but not limited to the Milestones School Age Policies and Procedures and the Milestones School Age Parent Handbook.**
- **I understand that failure to follow Milestones rules and policies is grounds for termination of enrollment.**
- **NOTE: Registration Packet must be accompanied by the non-refundable Processing Fee of $45.00 per child/$60.00 per family ($30.00 for continuing child/$40.00 for continuing family)**

_____ _____

Signature of parent/guardian **Date**

_____ _____

Signature of parent/guardian **Date**

PARENTS: PLEASE RETAIN PINK COPY FOR YOUR RECORDS