

Wee Little Singers / Parent Contract

1) HOURS OF OPERATION:

Monday to Friday 9:00 a.m. to 11:30 a.m.

2) WEEKLY FEES

The weekly fee of \$90.00 is due in full by the first day of class. Children will not be able to attend if tuition has not been paid. Refunds and credits will not be given for days where your child does not attend.

A fee of \$30.00 will be charged for all NSF checks.

3) ILLNESS POLICY

Parents agree that a child who is ill (ex. fever, infection, diarrhea, communicable disease, or any other type of illness that may be passed on to others, with the exception of the common cold) will be kept at home to protect the well-being of other children in camp. The parents further agree should a child become ill while in care that immediate arrangements will be made to remove the child from the camp. Children will not be allowed to return to camp until they have been symptom free for at least 24 hours.

4) LATE PICKUP POLICY

Please advise Wee Little Singers immediately if you will be arriving later than the pre-arranged time to pick up your child. It is the parents' responsibility to ensure that children are picked up no later than 11:30 a.m.

Please notify the camp if an unauthorized person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorized on the registration form.

In the event that a parent can not be contacted, it is the policy of Wee Little Singers Camp Program to call an emergency contact should a child remain in care after 12:00pm.

5) WITHDRAWAL

If after the first day of camp your child does not want to return a credit will be rewarded. No exceptions will be made after the first day of camp.

6) YOUR CHILD'S TOYS

A vast array of instruments and activities are provided for your child to play with. Please do not bring any toys from home as this can cause jealousy and fighting among the children.

7) POTTY TRAINING

All registered children must be fully potty trained.

8) DEPOSIT/REGISTRATION

Registration is not complete, and care will not commence until all the paper work is done! Prior to the start date of care the following must be received by Wee Little Singers for each child:

Registration Form

Parent Contract

9) PICKUP/DROP OFF TIMES AND PAYMENT

It is further agreed that your child/ren will start attending the Wee Little Singers Summer Camp on _____. Arrival time will be at 9:00a.m. and pickup time will be at 11:30 a.m. Your first payment will be due on or before the first day of camp in the amount of \$90.00.

I/We _____ / _____ have read and agree with the above statements. (please print)

Parent/guardian Signature(s)

Date

Wee Little Singers Summer Camp

Registration Form

Last Name:	
First Name	Middle Name:
Nickname:	
Birth Date:	Start Date:

PARENTS OR GUARDIANS

(1) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Zip Code:
Home Phone:	Work Phone:
(2) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Zip Code:
Home Phone:	Work Phone:

OTHER EMERGENCY CONTACT

Name:	Relationship to Child:
Home Phone:	Work Phone:

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name	Address	Phone
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A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor	Office Phone
Address	
City:	Postal Code
Medical Ins. #	Child's Personal ID#:
Allergies:	
Medical Problems:	
Medication:	

EMERGENCY CONSENT:

It is the policy of Wee Little Singers to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

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Parent/Guardian Signature	Parent/Guardian Signature
.	.
Date:	Date: