

Adventure Kids After-School Program Enrollment & Fees Agreement

Today's Date ____/____/____

Start Date ____/____/____
(Program begins on the first full day for ACSD #1.)

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

Note: This program serves grades K – 5.

Parent(s) or Legal Guardian(s) of Child(ren).

1.) Name (Parent to be billed) _____
 Home Address _____ Zip _____
 Home Phone _____ Work Phone _____
 E-mail _____ Cell # _____
 Place of Employment _____ Time of day you work _____

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

Parents/guardians are responsible for all emergency medical treatment. In case of an emergency who should we attempt to contact first between the hours of 3:00 - 5:30p _____?

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

Other than the parents/guardians listed above, only the following others may pick-up your child(ren) from the program without previous notice: Note that a photo ID will be required.

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

The following information is requested to provide the best experience for your child while attending the program. Your responses assist 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 check the words that best describe your child:

calm	quiet	destructive	unfocused
shy	easily angered	gives in easily	bright
excitable	stubborn	temper tantrums	slow learner
happy	curious	loving	busy
sensitive	active	jealous	contented
cheerful	aggressive	shares well	
loud	on task	hyperactive	

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 the program? _____

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 that children whose behavior creates safety risks to themselves, others, and/or properties, cannot be accommodated in the program. We reserve the right to dis-enroll any child if it is determined that the program cannot meet the needs of the child.

Sliding Fee Scale:

This program operates on a sliding fee scale. Fees are determined by net monthly income, and number of people in the household. All participants will be billed at Income Level 1 unless they elect to apply for reduced rates. To apply for reduced rates, proof of income (i.e. a copy of your last paystub) and a statement of the number of individuals in your household (this can just be typed into your email) must be submitted with this agreement, at parksandrecinfo@cityoflaramie.org. Use the following scale to determine your approximate payment due each month. You will be billed monthly, at the weekly rate.

Family Size	Income Level 1	Income Level 2	Income Level 3
2	≤ \$3,983	\$3,984 to \$4,778	≥ \$4,779
3	≤ \$5,022	\$5,023 to \$6,025	≥ \$6,026
4	≤ \$6,063	\$6,064 to \$7,275	≥ \$7,276
5	≤ \$7,103	\$7,104 to \$8,522	≥ \$8,523
6	≤ \$8,142	\$8,143 to \$9,769	≥ \$9,770
7	≤ \$9,183	\$9,184 to \$11,019	≥ \$11,020
8	≤ \$10,223	\$10,224 to \$12,266	≥ \$12,267

Weekly Rates (adjustments are made for days that school is not in session):

Income Level 1- \$85/week if paid by the 5th of the month; \$90/week if paid after the 5th of the month.

Income Level 2- \$46.50/week if paid by the 5th of the month; \$50.50/week if paid after the 5th of the month.

Income Level 3- \$29.50/week if paid by the 5th of the month; \$33.50/week if paid after the 5th of the month.

Contracted Days: Enrollment in the program means that we have reserved a space for your child, Monday through Friday. Therefore, full fees are due, and no credit will be given for absences. If your child will be absent on a contracted day, please call 721-5328 and leave a message to let staff know they will be gone, so we know they are safe.

Fee Payment: Monthly payments are due by the 5th day of the month. A statement for the upcoming month will be e-mailed on or about the 25th of the previous 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 this program, 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.

Disenrollment Policy: One week's written notice is required before removing your child from the program. If this notice is not given, in writing at parksandrecinfo@cityoflaramie.org, you will continue to be billed. If no monthly payment has been received, and your child is gone from the program for 5 or more consecutive days without written notice, it will be assumed they are no longer attending the program and their space will be given to another child.

Days of Operation: The program operates within the Albany County School District #1 school year calendar. The program begins and ends on the first and last *full* days of the school year and runs from the time school is dismissed until 5:30 p.m. The program will not be in operation on days that school is dismissed or cancelled due to poor weather, and refunds will be issued on your next statement. The program will not operate on days that ACSD #1 has designated as No School days.

Note: For an additional fee, half- and full-day programs will be offered on Early Release and Staff Development Days. For a list of dates, go to cityoflaramie.org/adventurekids. The fee for half-days is \$18 per child and full days are \$36 per child. Pre-paid registration is required to attend.

Late Pick-Up Policy: Children are to be picked up between 5:15 and 5:30 p.m. each day. If not picked up by 5:30 p.m., there is a \$10 per child late fee that will be applied to your next month's bill. At 5:30 p.m., all numbers on the contact list will be called. If no one on the contact list can be reached, the Department of Family Services will be notified. Under no circumstances will Parks & Recreation staff transport the child.

Bussing Policy: ACSD #1 Transportation will bus program participants from Beitel, Indian Paintbrush, Linford, Montessori, Slade, Spring Creek, Snowy Range Academy, and UW Lab School, directly to the Recreation Center. Children will depart from the bus pick-up area of their school. If a child misses the bus, the parent will be responsible for transportation of the child to the program. If a child cannot ride the bus immediately after school to the Recreation Center because of other after-school activities, the parent will be responsible for transportation to the Recreation Center. The bussing of children to the Recreation Center is included in the monthly fees. For bus #s, go to cityoflaramie.org/adventurekids.

Medication/Illness/Accidents: If your child is on medication, schedule dosage times that do not fall during program hours; staff are not trained nor qualified to administer medication. Parents should keep their child(ren) home if they are exhibiting any symptoms such as fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, undiagnosed rash, inflamed or mattered eyes. Parent/guardian will be called to pick up their child immediately if any of these symptoms are evident while the child is attending the program. If a medical emergency arises, 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 others listed on this form. If medical attention is deemed necessary, staff will call for an ambulance, and the program is not responsible for any associated costs.

I have read the Enrollment & Fees Agreement and agree with the conditions as stated. I agree that the total weekly fee will be \$ _____, due by the 5th of each month for the upcoming month. This monthly rate will be effective until this contract is replaced or until disenrollment from the program.

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