WILLMAR PUBLIC SCHOOLS
CARDINAL PLACE
SCHOOL-AGE CARE

Child's Name _____ School _____

Date of Birth _____/_____/_____ *circle one* M or F 25-26 Grade _____

	Mom/Guardian	Dad/Guardian
Name		
Address		
Cell #		
Employer		
Work #		
Email		

Please indicate which days you would like your child to attend below. **You will be charged for the days that your child is scheduled**. If you would like to make a schedule change please let the billing office know a minimum of 5 days in advanced. If you do not notify us 5 days in advance you will be charged for the days your child is scheduled. Billing occurs weekly on Thursdays for the contract days that are scheduled.

School Year Pricing (Price based on number of days)	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
Morning	$8.25	$16.50	$24.75	$33.00	$38.50
Afternoon	$10.75	$21.50	$32.25	$43.00	$51.00
Non School Day $40.50 per day					
Drop in rate: $10.00 before school, $15.00 after school					

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (Put an "x" for each day your child will attend)					
Afternoon (Put an "x" for each day your child will attend)					

****A membership fee of $25.00 needs to be submitted with your registration form to guarantee a spot in Cardinal Place.**

Please fill out your billing information if you have never attended before or your billing information has changed. Billing occurs every Thursday for the scheduled contract days for the week.

☐ Credit Card _____ Exp. Date _____ CVC_____

☐ Cash/Check *Cash or check payments must be made at the Community Education office weekly at Jefferson Learning Center.*

☐ Childcare Assistance Program (CCAP) - **The family is responsible for payment until CCAP eligibility paper work is received by the Community Education office.**

Terms and Conditions

1. You are responsible for reoccurring payments on Thursdays per the billing schedule.
2. If there are any changes in the contract, they must be approved first by the Coordinator or Billing Coordinator.
3. Fee credit will bot be given to children who are leaving this program to attend other programs before and after school or any summer programs.
4. Refunds will not be given for pre-registered full days for non-attendance.
5. Ten (10) business days written notice of withdrawal is required. If notice is not given to the Coordinator or Billing Coordinator, two weeks of tuition will be charged.

Additional Charges:

1. Beginning at 6:01 PM a $10.00 fee will be assessed for the first 5 minutes of a late pick up. Beginning at 6:06 PM, a $1 per minute fee will be assessed for a late pick up. After 45 minutes, if no contact has been made, Family Services will be contacted to pick up the child. Reoccurring late pick ups will result in dismissal from the program.
2. A $25.00 membership fee is charged when you register for the program and annually after that.
3. All inclement weather day lunch fees are charged to your account unless you notify us that your child has a bag lunch.
4. Late start and early release days are charged $4.00 per hour on top of regular daily fees.

Serious Accident/Illness:

In case of serious accident/injury/illness, I authorize Cardinal Place to call 911 before notifying me or my physician. If an ambulance is necessary, I understand that Cardinal Place will not be held responsible for any costs this action may incur.

I have read and understand the Terms and Conditions of Contract and the program policies in the Family Handbook. I agree to follow these policies and make tuition payments as scheduled in the Family Handbook. I further understand that my child will not be able to continue in the program if commitments are not met or a special arrangement has not been agreed upon by the Billing Coordinator. In order to participate in this program, I agree to hold Willmar Community Education and ISD #347 harmless and I waive any right to make claims or lawsuits against the aforementioned entities and anyone working on their behalf for any injuries or damages related to their alleged negligence. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct. My participation in this program is voluntary and I understand the effect of this waiver on my legal rights.

Parent/Guardian Signature _____**Date**_____