# OLDHAM COUNTY BOARD OF EDUCATION

## SUMMER YOUTH ENRICHMENT PROGRAM-Full Time Staff

SCHOOL YEAR: _____ ENTRY DATE:_____

REGISTRATION AND AGREEMENT FOR: _____
(SCHOOL)

*The student may enroll only in the Youth Enrichment Program at the school that he/she currently attends or will be attending in the upcoming school year.

### GENERAL INFORMATION

STUDENT: _____GENDER:_____ GRADE:_____ DOB: _____

PARENT/GUARDIAN: _____ EMPLOYER: _____

PARENT/GUARDIAN: _____ EMPLOYER: _____

ADDRESS WHERE CHILD RESIDES: _____

PHONE NUMBER(S) WHERE PARENT CAN BE REACHED IN THE EVENT OF AN EMERGENCY:

Mother/Guardian Phone#: _____ _____
Cell/Work Last 4 (four) digits of parent's SSN

Mother/Guardian Email(s): _____

Father/Guardian Phone#: _____ _____
Cell/Work Last 4 (four) digits of parent's SSN

Father/Guardian Email(s): _____

Name, Relationship & Phone #'s of Minimum of Three (3) Persons Other Than Parents to Whom Child May be Released:

| Name | Relationship to Student | Phone Number |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

☐ My Child Will Be Attending the Summer Youth Enrichment Program: FULL-TIME (3 or more days per week)

☐ My Child Will Be Attending the Summer Youth Enrichment Program: PART-TIME (1 or 2 days per week)

**Check days of attendance:** ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday**

**Check T-Shirt Size:** ☐ **YS** ☐ **YM** ☐ **YL** ☐ **AS** ☐ **AM** ☐ **AL** ☐ **AXL**

I understand that the enrollment and emergency information supplied to the school as a part of school registration will be copied by the school and attached to this agreement and is incorporated herein by reference. I agree to advise school and youth enrichment program officials immediately in the event of any changes in that information.

_____
*Parent Initials*

# OLDHAM COUNTY BOARD OF EDUCATION
## ADMINISTRATIVE REGULATION FORM

### SUMMER YOUTH ENRICHMENT PROGRAM-Full Time Staff

**NOTE BELOW ANY MEDICAL ISSUES/ALL ALLERGIES, REQUIRED ACCOMMODATIONS, OR CUSTODIAL ISSUES:**

Custodial Arrangements (Court Documents Required):

_____

**Insurance required:**

Insurance Company: _____ Policy No. _____ Group No. _____

Pediatrician: _____ Phone: _____

Medical Conditions: _____

Preferred Hospital: _____Phone: _____

Allergies: ☐ Yes ☐ No List allergies below:

_____ _____

_____ _____

Accommodations needed, if any:

_____

_____

_____

_____

_____

_____ _____

Parent/Guardian Signature Date

# OLDHAM COUNTY BOARD OF EDUCATION
## ADMINISTRATIVE REGULATION FORM

## SUMMER YOUTH ENRICHMENT PROGRAM-Full Time Staff

**ALL FEES ARE THE RESPONSIBILITY OF THE PARENT/GUARDIAN SIGNING THIS CONTRACT**

I understand that the following fees are applicable to my child's participation in the enrichment program while working my contracted days. I further understand that failure to pay fees on time may result in immediate termination of this agreement by the school. I also understand that the school may refuse admittance to any child who has an outstanding balance at any other Oldham County School youth enrichment program.

**These fees are due and payable even if my child misses due to illness, death in the family, or other reasons.** (State license requirements demand that programs are staffed based on the number of children expected to attend).

**ANNUAL ADMINISTRATIVE FEE**: $40 per child **(Non-Refundable)**

**SUMMER FEES**
**Full-Time (3 or more days per week)**
$100 per week for 1st child
$90 per week for each additional child of the parent/guardian signing contract

**Part-Time (1 or 2 days per week)**
$30/day for 1st child
$25/day for each additional child of the parent/guardian signing this contract

In agreement with this contract for the Summer Youth Enrichment Program, I understand that:

1. A **non-refundable $_____ Enrichment Fee** per child is required to cover the costs for swimming, field trips, tee shirt, materials and snacks. **This fee must be paid in full by: _____.**
2. All field trips are subject to change. Field trips may be cancelled if inclement weather occurs.
3. **You must give two-weeks' notice of family vacation plans** in order to be relieved of responsibility for payment of the YEP fee for up to two weeks of vacation. Students may not aggregate individual days off over the summer to equal two weeks.
4. **Any change to the terms of this contract requires a two-week notice, in writing, and acceptance by the YEP Director. You will be charged for days not in compliance with this policy**.
5. It is important to arrive no earlier than the scheduled arrival time (see program Handbook), Monday through Friday and to pick up no later than 6:00 p.m. each day. It is beneficial for children to be at the summer youth enrichment program between the hours of 9:00 a.m. and 4:00 p.m. in order to get the full benefit of scheduled activities and program.
6. Children must wear appropriate clothing and footwear for playing outdoors every day.

**LATE PICK-UP FEES**
**Children must be picked up no later than 6:00 p.m. each day.**
I understand that I will be assessed a late pick-up fee of $1.00 per child for each minute after 6:00 p.m. that I am late in picking up my child from the Youth Enrichment Program. **Late pick-up fees are due at the time of pickup.** This agreement is subject to termination by the School Principal; the child will not be permitted to attend the Youth Enrichment Program if the parent is repeatedly late in picking up the child.

**FEE PAYMENT POLICY**:
Payment of program fees are due by 6:00 p.m. on **Friday** of the week ***preceding*** each week of attendance. I understand that if the fee is not paid by 6:00 p.m. on the following Tuesday, I will be assessed a **$5.00** late payment fee for that week. Failure to pay attendance or late fees on time may result in immediate termination of the agreement by the Principal and the child not being permitted to attend the Youth Enrichment Program.

_____
*Parent Initials*

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### HOLIDAY CLOSINGS

The Summer Youth Enrichment Program will be closed on the following holidays:

- _____
- _____

### TERMINATION

Parents must provide two-week's written notice to the Director before removing their child from the program permanently. If a parent does not provide a two-week's notice, they will be charged the regular rate for the two weeks whether the child attends the YEP or not.

### RULES

All policies and procedures outlined in the School's Parent Handbook apply to the Youth Enrichment Program. I understand that my child and I must follow all the same rules, policies and regulations that we are normally required to follow during school. YEP officials may provide additional rules pertaining to specifics within the Enrichment Program (*see Program Handbook*)

### VERIFICATION AND RELEASE

I verify that I have reviewed and understand the terms of this agreement with the above-referenced school. I agree to abide by the terms of this agreement in full. As parent/guardian of the child listed above, I verify that the information on this entire contract is current and that I will immediately inform the school of any changes in this information. I authorize any school personnel to take reasonable emergency (including calling 911) measures on behalf of my child and agree to hold them harmless for any treatment rendered.

**I UNDERSTAND THAT IF I NO LONGER AM AN EMPLOYEE OF THE OLDHAM COUNTY SCHOOLS, THE REGULAR FEE APPLIES AS OF THE LAST DAY OF EMPLOYMENT.**

_____ _____

Parent/Guardian Signature Date

**ALL FEES ARE THE RESPONSIBILITY OF THE PARENT/GUARDIAN SIGNING THIS CONTRACT**