



Registration due by August 13, 2010 for September 7 start date.



Panther Planet 2010-11 Contract Page 1
 Grades 6-8 at Westwood Complex

Child's Name: _____ Gender: M F Birthdate _____ Grade: _____
First MI Last MMDYY Fall 2010

	Parent/Guardian #1 Information <small>(this is the person with whom child resides and is responsible for account)</small>	Parent/Guardian #2 Information
Print First, Last Name		
Address		
City/State/Zip		
Home Phone:		
email address <i>(for confirmation of registrations and payments)</i>		

Childcare Assistance Program Caseworker: _____ Phone: _____

Indicate level of care needed

Start date (if after September 7): _____

<input type="checkbox"/> Before School 6:30-08:05 AM \$10 registration fee	Please indicate Number of Days Needed , and Days of the Week Needed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Days per week <small>(Indicate days needed <u>only</u> if fewer than 5)</small> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Rotating/\$10 monthly charge <small>(you require same number of days, but they aren't the same days each week)</small>
<input type="checkbox"/> After School 2:55-6:00 PM \$10 registration fee	Please indicate Number of Days Needed , and Days of the Week Needed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Days per week <small>(Indicate days needed <u>only</u> if fewer than 5)</small> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Rotating/\$10 monthly charge <small>(you require same number of days, but they aren't the same days each week)</small>
<input type="checkbox"/> After School with Busing 2:55-5:00 on M, T, Th 2:55-4:00 on W, F \$10 registration fee	Please indicate Number of Days Needed , and Days of the Week Needed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Days per week <small>(Indicate days needed <u>only</u> if fewer than 5)</small> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Rotating/\$10 monthly charge <small>(you require same number of days, but they aren't the same days each week)</small>
<input type="checkbox"/> Drop-In Only \$10 registration fee	<i>DIO (Drop- In Only) coupons must be purchased in advance from Community Education office to use on a drop-in day. Unused coupons will be credited/reimbursed at the end of the school year upon return of same. NO CREDIT FOR LOST COUPONS.</i>
<p>The signatory bears the responsibility for payment of the child's account regardless of assistance status, support agreements, legal or third party agreements. <i>By signing, I agree to make payment in full each month by the due dates listed above and understand my child may be suspended if the account is in arrears. I have read and understand both pages of this contract. Additionally, I have read the back of page 1 and understand the Terms & Conditions.</i></p>	
<p>signature of parent #1 <small>(required)</small> _____ date _____</p>	

Registration will not be accepted without all three pages and registration fee.

Parents should understand . . .

. . . that your child may participate in occasional Kids Club/Panther Planet swimming events that will be supervised by qualified life guards at all times in addition to program staff.

. . . that your child may be included in a publicity video or printed media for district use. If you do NOT wish your child to be included, speak to a SummerClub coordinator.

. . . that your child will participate in periodic Kids Club/Panther Planet field trips which will be supervised by program staff and of which you will be informed in advance regarding date, time, destination and method of transportation.



. . . that your child may participate in spur-of-the-moment walking field trips while in attendance at Kids Club/Panther Planet. Program staff is not liable or responsible for any accidents or injuries which may occur.

. . . that program staff will take whatever emergency measures are judged necessary for the care and protection of your child while under our supervision, per parent handbook. In a life-threatening emergency, 911 will be called first. Any expenses incurred will be the responsibility of the child's family.

Terms and Conditions

- ◆ All tuition for Kids Club/Panther Planet is paid in advance of care. Tuition is **due the first of each month** for the upcoming month.
- ◆ Late fees may be applied on/or about the 2nd of the month.
- ◆ Past Due accounts not brought current by the 1st of the month will result in suspension from the program.
- ◆ If your child attends days or sessions in addition to the contracted time parent must purchase Drop In Coupons from CE office (in advance). Purchased Drop-In coupons not used will be reimbursed/credited at end of school year. There is NO CREDIT for lost coupons. Last day for reimbursement is last day of June of the school year.
- ◆ There is no reduction in tuition charges or related fees for delays or closures due to emergencies or inclement weather or suspension status.
- ◆ Contract changes must be for a minimum length of two weeks and are subject to the required two-week rule EXCEPT for September changes which must be in the CE office by August 15 to take effect first day of school. Schedule changes resulting in a reduction of care for less than a two-week period are not eligible for contract changes or tuition adjustments.
- ◆ Please indicate **Level of Care, Number of Days Needed, and Days of the Week Needed** (if fewer than 5)Lack of attendance is not acceptable notice and tuition will continue to be assessed per the contract rate until written notice is received.
- ◆ The signatory on this contract bears the responsibility for payment of the child's account regardless of child care assistance status, child support agreements, legal family arrangements, third party agreements, or whether or not child is in attendance on contracted and/or registered days.
- ◆ Any fees incurred during the collection process will be assessed to the account.
- ◆ School Release Day care is not charged to your monthly statement. Parents will register and pay for SRD care as an *additional* charge.
- ◆ Children dropped off or picked-up outside of our established hours will be assessed early/late arrival fees.
- ◆ As a courtesy an annual statement of amounts paid to Kids Club/Panther Planet will be provided to parents currently registered in the program during January or February for tax purposes. **A fee will be charged for replacement copies.** Parents of children no longer attending Kids Club or Panther Planet should call Community Education to receive the statement by FAX or email in late January. 763-786-1338

◆ **All contract changes must be WRITTEN and into the CE office by the 20th of the month in order to take effect on the first of the next month (mail, in-person, FAX 763-795-5914 or email to InfoCS@district16.org are all acceptable). Changes will only take effect on the first of any given month.**





Kids Club/Panther Planet 2010-11 Contract

Page 2



Confidential/Emergency Information

Kids Club/Panther Planet complies with State and Federal data privacy laws. Information gathered from this form is shared with the program staff in order to serve your child properly and to help provide a safe and fun experience for your child. Information regarding families who are funded by County/other programs may be shared with those agencies as required.

Child's Name: _____ Gender: M F Birthdate _____ Grade: _____
First MI Last MMDDYY Fall 2010

Please indicate with X the care level this child will use in 2010-11:

MS Before School MS After School MS After School w/bus MS Drop-in Only

	Parent/Guardian #1 Information <small>(this is the person with whom child resides and is responsible for account)</small>	Parent/Guardian #2 Information
Print First, Last Name		
Home Phone		
Work Phone		
Cell Phone		

Emergency Contact 1 (in case we cannot reach parents)	Emergency Contact 2 (in case we cannot reach parents)
Name	Name
Phone(s)	Phone(s)
Relationship	Relationship

Court-restricted Contact: *This person cannot pick-up child. Copy of court order is required.*

Medications and doses this child takes on a regular basis. <i>You will need to complete a medication request for each medication; children are not allowed to take ANY medication including over-the counter medicine without a signed request form.)</i>	
Does this child have any allergies affected by insect sting/bite or other internal/external factor?	No Yes: please describe:
Does this child have any medical concerns, special health needs or diet restrictions?	No Yes: please describe:
Does this child receive special services in the school he/she attends?	No Yes: please describe:
If this child has a disability that you believe will require individual consideration for accommodation and/or support services, please indicate here so we can arrange to meet with you to discuss these needs.	<input type="checkbox"/> Please call to schedule a meeting <input type="checkbox"/> Accommodation and/or support services are not required
Please tell us about this child's interests and interactions with peer/adults. Information provided will help staff to prepare this child's successful participation in the program.	

The information provided above is true and accurate.

Parent Signature (required) _____ Date _____



Community Education Photo/Video/Web Release Form

From time to time, students, parents and participants are photographed and/or video-taped while participating in Community Education event, activities, and classes. We seek your permission as parent/guardian and/or consenting adult to use images in print and non-print publications, both for images we take and for images submitted to us.

Photo Release for Person Under 18 *(to be signed by parent/guardian)*

Yes, I give permission for my child (print name) _____ to be included in television or still photographs representing Spring Lake Park Schools Community Education programs. Photos/images may appear in newsletters, promotional, and program materials.

No, I do not give permission for my child (print name) _____ to be filmed or his/her image used.

Signature of parent/guardian _____ Date _____

Print name of parent/guardian _____

Photo Release for Person Over 18 *(to be signed by consenting adult)*

Yes, I give permission for myself (print name) _____ to be included in television or still photographs representing Spring Lake Park Schools Community Education programs. Photos/images may appear in newsletters, promotional, and program materials.

No, I do not give permission for myself (print name) _____ to be filmed or my image used.

Signature _____ Date _____

You have the right to change your consent by sending a written request to Community Education Office, 1415 81st Ave. NE, SLP 55432

Parents: Please select ✓ one response to the following required information:

How did you hear about Panther Planet?

- Word of Mouth
- Community Education Brochure
- flyer
- Early Childhood Brochure
- eNews or eMail
- District 16 website
- Already in programming/Other



Auto Pay Option Request 2010-11

**COMMUNITY
EDUCATION**

Date: _____

PRINT Parent Name as it appears on credit card: _____
first MI last

Address _____ / _____
Street City Zip best daytime phone

Email _____ Card#: _____ exp _____
MMYY

Account Type: VISA MasterCard Discover Credit Card or DEBIT Card

Community Education currently accepts payment of monthly program fees via credit or debit cards, checks, or cash. **Beginning in Fall 2011-12 all payments may require a credit card or cash payment only.** Use this form to authorize automatic payment of your account by Community Education.

- *The information provided on this form will not be used for any other purpose than that specifically requested.*
- *Information provided will be kept in a secure area. No unauthorized person(s) shall have access to this information and no information will be shared with any other group, department, or organization.*

Indicate each child and each program you wish to designate automatic payment(s) using the card as shown above.

PRINT Child's First and Last Name	Kids Club, Panther Planet, or SummerClub Child Care (First of each month)	Discovery Days Child Care (Monday of each week during school year)	Preschool or Preschool Partners (First of each month during school year)	Other (identify)

I hereby authorize Spring Lake Park Community Education to charge my designated credit/debit account for payments to the above-indicated program(s). I will notify Community Education immediately if I have a new expiration date or if my credit card information changes (i.e. lost/stolen card, declined charge, etc). I understand I may be charged up to \$15 if Community Education needs to contact me regarding my credit card payment.

Signature _____
REQUIRED