



## Parents should understand...

... that your child may participate in occasional Learning Ventures 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, please speak to program staff.

... that your child will participate in periodic 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. 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.

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## Terms and Conditions

- ◆ All tuition for Learning Ventures 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 care.
- ◆ 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 12 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.
- ◆ 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 Learning Ventures 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 Learning Ventures 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](mailto:InfoCS@district16.org) are all acceptable).** Changes will only take effect on the first of any given month.





**Confidential/Emergency Information**

Learning Ventures 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:** \_\_\_\_\_  
First MI Last

Gender:  M  F Birthdate \_\_\_\_\_ Grade: \_\_\_\_\_  
MMDDYY Fall 2011

**Please indicate with X the ELEMENTARY SCHOOL this child will ATTEND in 2011-12:**

Northpoint  Park Terrace  Woodcrest  Westwood Spanish Immersion

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

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

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

<b>Medications and doses this child takes on a regular basis.</b> <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>	
<b>Does this child have any allergies affected by insect sting/bite or other internal/external factor?</b>	<b>No</b> <b>Yes:</b> please describe:
<b>Does this child have any medical concerns, special health needs or diet restrictions?</b>	<b>No</b> <b>Yes:</b> please describe:
<b>Does this child receive special services in the school he/she attends?</b>	<b>No</b> <b>Yes:</b> please describe:
<b>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.</b>	<input type="checkbox"/> Please call to schedule a meeting <input type="checkbox"/> Accommodation and/or support services are not required
<b>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.</b>	

*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 Learning Ventures?***

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



## Auto Pay Option Request 2011-12

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

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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	Learning Ventures Child Care (First of each month)	Discovery Days Child Care (Monday of each week)	Preschool or Preschool Partners (First of each month)	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