



Please Affix Picture Here

ICC AFTER SCHOOL PROGRAM CONTRACT - 2024-2025

Please READ, COMPLETE, and RETURN the contract IN- PERSON to ICC After School Supervisor.

ABOUT YOUR CHILD:

Child's Full Name:
Name of School: Grade: Room Number:
Current Age: Birth Date: Sex: (Circle one) M / F
Primary Language spoken at Home:
Address
Street address Apt # City State Zip code Father's Full Name:

E-mail Address:
Work: () Cell: () Home Phone: ()
Occupation: Company Name :

Mother's Full Name:
E-mail Address:
Work: () Cell: () Home Phone: ()
Occupation: Company Name :

Are both parents residing at the same address as the Child's? Yes No

If not, please provide the other address:

Address

Emergency Contact Full Name:
E-mail Address:
Work: () Cell: () Home Phone: ()

Has your child ever attended any After School Programs before? No Yes

If Yes, Name of the school:

Does your child have any identified special educational needs?

If a teacher notices any sign, trait, behavior that your child might need extra support (during After school that may fall under the special needs category), Parents will be notified, and a conference will be held to help the parents get more information.

(Parent's Initial)

Is there anything else we need to know about your child?

HEALTH HISTORY INFORMATION:

Physicians' Name: Physician's Phone:
Dentist / Orthodontist's Name: Dentist / Orthodontist's Phone:
Is the attendee covered by medical insurance? Yes No
Insurance Carrier: Member Number:



Carrier Address: _____ Carrier's Phone: _____
 Name of Insured: _____ Relation to attendee: _____

CONSENT FOR MEDICAL TREATMENT: (Needs signed LIC 9221)

Please provide us a list of ALL prescription and non-prescription medications taken by the child. If we need to administer any of those medicines, then please keep them in the original packaging/bottle that identifies the prescribing physician (for prescription drugs), the name of the medication, the dosage, and frequency of administration and give them to us in a sealed bag.

Child does NOT take ANY medications on a regular basis. **Initial:** _____

Child HAS BEEN PRESCRIBED TO TAKE the following medication:

Medication Name: _____

Frequency: _____

Reason for medication: _____

Dosage: _____

Route: Oral _____ Topical _____ Injection _____ Suppository _____

 Signature and Date

FOOD AND ALLERGY RESTRICTIONS:

IMPORTANT- Please list any Food Allergies, Religious Dietary Restrictions or any other details related to food concerning your child. Please list foods your child is allergic to or should not be provided due to their religion or family beliefs.

1) Dietary Restrictions: _____

2) Allergies: _____

3) Does your child eat eggs? _____

4) Any other concerns? _____

NOTE:

1. Once an item is listed for dietary/allergy restriction. We will not give it to the child any time unless this form is changed and signed by the parent.
2. All changes MUST be communicated via email ONLY.

EMERGENCY MEDICAL TREATMENT:

In the event of a medical emergency; every effort will be made to first contact the child's parent/guardian. If we are not reachable, I hereby authorize ICC After School Program staff to obtain medical treatment by calling 911 at my/our sole cost and expense. I also hereby give permission to ICC staff to secure and administer treatment and to maintain and/or release any medical records necessary for treatment and insurance purposes.

_____ (Parent's Initial)

ILLNESS POLICY:

We depend on the parent's assessment of their child's health before sending him/her to school. Germs can spread quickly in child-care environments. We request that you please keep your child home in case of a constant runny nose or cough. If the runny nose is green, it is highly contagious; the same goes with



constant coughing and may cause an infection to the other children. This symptom usually takes about 48 to 72 hours to recover. Also, note that if your child develops this symptom while at school, we will call you to take your child home to avoid spread of the infection. Thank you for your support! In a case where we feel that your child is unwell while in school you will be asked to pick him/her up for the day.

_____ (Parent's Initial)

INDEMNITY AND CONTRACT AGREEMENT:

Recognizing that ICC will do its best to ensure a safe experience, I understand that sometimes accidents may occur. I will not hold or attempt to hold ICC or its employees, staff, or volunteers liable for any loss, damage, or injury to person or property caused by any act or omission of ICC.

I verify that my child is in good health and is capable of participating in activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health.

YES _____ (Parent's Initial)

MEDIA RELEASE:

Occasionally, photos and video footage are taken during ICC's Afterschool Program activities and used for promotional purposes. I authorize ICC to use photos/videos of my child for ICC events, brochures, articles, websites, ICC Social Media accounts, which includes all print, electronic and password protected web media for organization promotions. For privacy reasons, we do not share RAW files of photos or footage of the participants.

YES _____ (Parent's Initial)

TUITION AND SCHOOL POLICIES:

- A one time registration fee of \$150 will be charged annually.
- \$525 monthly tuition fee, starting August 2024 for the program running from 12.00 pm to 6.00pm.
- \$125 monthly transport fees (this will be nonrefundable and will not be prorated in case of school holidays, early dismissal days, or absence from school for any reason on or on days when we are not picking students from school). We do not provide services to pick up children from home in such a case. You are welcome to drop them off at ICC at their regular after school care session timings.
- The above-mentioned fees will only include Homework Help, English Reading Comprehension, Math and Art & Crafts along with a service of light snack and fresh fruit. Any additional classes such as language classes, Yoga, Music, Bollywood Dance Classes, Sports, Chess, Lego Robotics, or any other extracurricular activities will be offered and will need to be signed up for additional fees of \$135 per month. Special classes may be offered with an option to sign up at an additional fee if interested.
- Late payments will be charged a \$20 late fee, due after the 5th day of every month.
- Monthly fees will not be prorated for any reason such as holidays, missed school days/sick leave.
- If the child is not to be picked up from school for any reason, it is the parent's responsibility to inform the After School program management that day by 10 am. If we do not receive any notice and we go to pick them up then a charge of \$30 will be added to your payment. This applies even if you are picking up your child from school without informing us.
- PLEASE MAKE A NOTE that REFUNDS will not be given for an incomplete session due to last-minute cancellations from your side for any reason.

_____ (Parent's Initial)



MORE INFORMATION:

- Please provide us with the Minimum Day Schedule for your child's school.
- All required documents, including emergency contact information, should be completed and signed before the first day of your session. You will need to submit a current copy of your child's immunization record and authorization pick up form.
- Any absentees or missed sessions should be communicated to the Director and Supervisor by EMAIL ONLY. No make-ups for lost sessions will be provided at any time.
- You are required to sign out your child daily. Only authorized persons will be allowed to pick them up (an Authorization Form needs to be filled out by parents beforehand).
- In order to pick up the children on time from each school, we need to make sure your child is in the correct pickup area with all of their belongings within the given time slot.
- Please remind your child to take care of their own belongings as once our vans are back for the day they are no longer accessible for re-entry if something is left behind in the vans.
- Label all your child's belongings with their name to avoid lost or stolen items including accidental switch of belongings within the After school.
- Every month-end we will be donating lost items that have been left behind.
- Your child is our main responsibility during pick up time. We will not release your child at their school grounds to anyone without your authorization via email.
- If a child is found misusing the computer (by going into an inappropriate website) we will not allow access for the next few weeks until we can re-evaluate the situation.
- Children are responsible to bring their assigned homework from school or home for us to assist them in completing the homework on time.
- Parents are responsible to check their child's homework accordingly.

Please note that we will not be responsible for any lost or stolen items. _____ (Initial)

REFUND/PRORATION/TERMINATION POLICY:

- A 1 MONTH's notice is required BY EMAIL OR A WRITTEN LETTER to withdraw your child from the program.
- The child's spot will not be reserved if the payments have not been made in advance in case of long vacation periods
- Due payment would be made before termination.
- Vacation Fee Charges:
 - Upto 2 weeks' vacation/absence: No fee proration
 - 3 Weeks' vacation/absence or more: No fees will be charged.
 - 4 Weeks' vacation/absence: 50% of monthly fee will be charged to reserve the spot.

_____ (Parent's Initial)



TERMINATION CONDITIONS:

- This agreement may be terminated by the facility with 2 weeks’ notice for the following:
 - Parent/guardian has not cooperated with the facility regarding the child’s discipline needs.
 - Parent / guardian has not paid the agreed upon fee or has been paying late for more than twice in a six-month period.
 - Consistent late pick-ups, if a child is picked up late thrice in a month and the parent does not agree to pay a late fee. The first 5 mins after 6.00pm will be grace period after which there will be \$1 per minute late fee charge added to your account (without prior notice)
 - If a child with consistent difficulties puts the health, safety, and welfare of him/herself, and /or that of another child or the children of the group at risk, a conference will be held to discuss the seriousness of the situation with the parents and the possibility of withdrawal as per our policies
 - If any enrollment document related to the student attending the program is not turned in.
 - Termination is effective immediately if any parent/guardian/caretaker of the child ill-treats/abuses/misbehaves in a fashion not in compliance with the Afterschool code of conduct.

MODIFICATION CONDITIONS:

The facility reserves the right to modify any of the conditions of the agreement upon 30 days prior in written notice, addressed to the parent or guardian.

_____ (Parent’s Initial)

The agreement is between the ICC After School Program and _____ (Parent or Guardian) for the care of _____ (child’s name) for the academic year _____ - _____. I understand all the terms and conditions of this contract and have read all the necessary guidelines before signing. ICC holds the right to refuse service for reasons we deem appropriate.

Parent/s Signature and Date

FOR OFFICIAL USE ONLY

Child's Full Name: _____ Age: _____ Birth Date: ____ / ____ / _____

ICC After School Program received your application (Date): _____

Your child:

Has Been Accepted. Your child’s start date is/will be: _____

Has Not Been Accepted and Is Currently on the Waitlist: _____

After School Program Supervisor

Signature and Date