



DISTRICT 145 EXTENDED DAY PROGRAM

KIDS CLUB

Kids Club Parent Agreement

CHILD'S NAME _____

1. I agree to call Kids Club on days when my child will not be in attendance due to illness, after school activities, vacations, etc.
2. I will provide two weeks' notice when taking my child out of Kids Club.
3. I understand that Kids Club reserves the right to terminate services for the following reasons: Abuse of program hours.
Non-payment of Kids Club fees. Payment is due weekly by Tuesdays of each week or Friday by the end of the first week of the month if monthly payment option is elected. Failure of the parent or child to respect the safety and rights of other individuals in the program.
4. I understand my child must be fever free to 24 hours after an illness to return to both school and Kids Club.
5. I give my child permission to watch movies:
_____ My Child has permission to view movies rated G.

Parent/Guardian Signature

Date