CONTRACT FOR SERVICES
2014/2015
River Ridge Kids Club Program School Program

CHILD/CHILDREN'S NAME(S):_____

I,_____[person placing child(ren)] do herby enter into the following Contract for Services with the River Ridge Kids Club program. My child(ren) shall attend the River Ridge Kids Club program following the set weekly schedule below, and I understand this will be their committed schedule for the school year. I agree to pay the following weekly fees every Thursday or a daily late fee will be charged. I agree to pay the yearly registration fee. My child(ren)'s schedule and fees will be:

Registration Fee: ____Fee paid at Summer Camp registration/School Registration $25 one child $40 two or more children

River Ridge Kids Club**: 3:15-6:00 PM (parents-check one/circle days)**

4 DAY WEEK: M T W TH (circle days) [ ] $28/week- 1 child [ ] $44/week- 2 children [ ] $56week- 3 children

3 DAY WEEK: M T W TH (circle days) [ ] $21/week- 1 child [ ] $33/week- 2 children [ ] $42/week- 3 children

2 DAY WEEK: M T W TH (circle days) [ ] $14/week- 1 child [ ] $22/week- 2 children [ ] $32/week- 3 children

COOL CAMP DAYS- 7:00 AM-6:00 PM (Galena ARC 413 S. Bench Galena IL. 61036)

SCHEDULE (parents – check one):

[ ] I would like my child/ren to attend **ALL** Cool Camp days

[ ] I would like my child/ren **ONLY** to attend Cool Camp days that fall on his/her regular scheduled days (listed above)

[ ] I would like to opt **OUT** of all Cool Camp days and sign up for them on an as needed basis

FEES (parents – check one if Cool Camp care is needed):

[ ] $23/day- 1 child [ ] $35/day- 2 children [ ] $50/day- 3 children

I (we) understand and agree to abide by the terms as stated in this contract. This contract must be turned in with the handbook receipt, stating that I (we) have read and agree to follow all ARC policies. I also understand that from time to time new policies may be implemented or changed as needed. I understand that I will be notified of such changes.

Address_____Phone #_____

Signature_____Date:_____
Parent/Guardian

Amount needed to begin River Ridge after school program-TOTAL:_____Cash / Check #_____

_____Date Paid:_____