



Believe in Us

**CONTRACT FOR SERVICES
2022/2023 Scales Mound ARC Before
school program**



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CHILD/CHILDREN'S NAME(S): _____

I, _____ [person placing child (ren)] do hereby enter into the following Contract for Services with the Galena ARC Kids Club Program. My child (ren) shall attend the Scales Mound ARC before school program following the 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 Friday 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 \$30 one child \$50 two or more children

Scales Mound ARC Before school Morning Program: **6:30am -7:50am**

5 DAY WEEK: Monday – Friday [] \$30/week- 1 child [] \$40/week- 2 children [] \$60/week-3 children

If for whatever reason school is cancelled or postponed, there will be no before school program offered, and it will be announced on the school message.

We will be following the same procedures and policies of the after-school hand book which can be found on our website at www.galenarc.org. We ask that you drop off your kids in the back of the school by the Daycare Center doors Please walk your children to the back door, ring the buzzer to your left and someone will let you in.

() **Please mark this box if your son or daughter will be participating the SMS breakfast program.**

Please fill out the back of the form to register your son /daughter and turn in to the Galena Art and Recreation Center a week before. If you have any questions please feel free to contact Brenda Jakel (Childcare Director) at 815-777-2248 ext 22.

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 Kids Club-TOTAL: _____ Cash / Check # _____ Date Paid: _____