CONTRACT FOR SERVICES
2022/2023 Galena ARC
Scales Mound After School Program

Believe in Us

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CHILD/CHILDREN'S NAME(S):_____

I,_____[person placing child(ren)] do herby enter into the following Contract for Services with the Galena ARC After School Program. My child(ren) shall attend the Galena ARC After School 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 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

Galena ARC Kids Club**: 3-5:30 PM (parents-check one/circle days)**_____

5 DAY WEEK: Monday – Friday [ ] $55/week- 1 child [ ] $80/week- 2 children [ ] $105/week-3 children

4 DAY WEEK: M T W TH F (circle days) [ ] $50/week- 1 child [ ] $70/week- 2 children [ ] $90/week- 3 children

3 DAY WEEK: M T W TH F (circle days) [ ] $40/week- 1 child [ ] $55/week- 2 children [ ] $70/week- 3 children

2 DAY WEEK: M T W TH F (circle days) [ ] $35/week- 1 child [ ] $45/week- 2 children [ ] $55/week- 3 children

[ ] *I would like to opt **OUT** of all Kids Club days- my child/children does not need care on a regular basis.*

SCHEDULE (parents-check one):

[ ] I would like my child/ren to attend ALL SIP days

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

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

FEES (parents-check one if SIP day care is needed):

[ ] $30/day- 1 child [ ] $35/day- 2 children [ ] $45/day- 3 children

COOL CAMP DAYS- 7:00 AM-5:30 PM (Scales Mound Day Care Center)

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):

[ ] $45/day- 1 child [ ] $55/day- 2 children [ ] $75/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 Kids Club-TOTAL:_____Cash / Check #_____Date Paid:_____