



**ST. CASIMIR'S SCHOOL
SUMMER ENROLLMENT CONTRACT--
KID ZONE**

330 2nd Ave. SW
Wells, MN 56097
507-553-5822

A vital key to your child's success and enjoyment within this program is his/her parent's clear understanding of the policies and practices of the program. Therefore, it is the intention of St. Casimir's School to ensure that parents have not overlooked any step of the enrollment process. Please initial each item below indicating your understanding and agreement of each statement. The following statements include any and all of your children enrolled in the Kid Zone program.

- _____ I/we have received a copy of the program's handbook. I/we have read, understand and agree to abide by the policies contained therein.
- _____ I/we understand that my/our child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the center's surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled.
- _____ I/we further understand that if the policies outlined in the handbook are not adhered to, it provides sufficient cause for the removal of the child/children from the program.
- _____ I/we also agree to give a minimum of two weeks written notice (ten full attendance days) of my/our intent to withdraw my/our child/children from the Kid Zone program. If a two week notice is not given, I/we agree to make full session payment for the final two weeks.
- _____ I/we understand the behavior policy and I/we have read and shared the Kid Zone rules with my/our child.
- _____ I/we understand the Kid Zone schedule and fees as we have chosen on my/our completed Fee Agreement that has been submitted to the school office.
- _____ I/we understand, agree to make monthly payments from June 2018-August 2018.
- _____ I/we understand the pick-up policy for anyone other than parents/guardians and will give the school prior notice if someone other than those individual/s listed on my/our child's application will be picking up my/or child.
- _____ I/we understand the illness policy.
- _____ I/we understand that this contract only covers the summer term (June 4, 2018-August 31, 2018).
- _____ I/we understand that St. Casimir's School reserves the right to make changes to the guidelines and practices stated within the 2017-2018 Kid Zone Handbook.

By signing this form, I/we understand and are in agreement with the above statements.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____