



Cub Club Parent Agreement of Enrollment Conditions



Read this agreement carefully and initial in the blanks to indicate your agreement with Cub Club enrollment conditions.

Print Parent's Name _____ Print Student's Name _____

1. Behavior

____ I understand that acceptable behavior is a condition of my child's enrollment in Cub Club, that my child must follow the rules, policies, and procedures set out in GISD Code of Conduct. GISD reserves the right to dismiss my child from Cub Club for misbehavior.

2. Financial Responsibility

____ I understand that financial responsibility exists regardless of my child's attendance and if payments are 5 business days late, my child will be removed from the program.

3. Payment

____ I understand that weekly payments are due on Monday each week and that 3-5 days constitutes a week. I also understand that monthly payments are due on the first business day of each month and that all payments are non refundable.

4. Late Fees

____ I understand that a late payment fee of \$10 daily per family will be assessed, if payment is not received by 6:30pm on the due date. There are no refunds or credits issued for unused days. When enrolled, my child's slot is reserved and the program is staffed accordingly. Parents/guardian are still required to pay even if a student is absent for any reason.

5. Continuous Enrollment

____ I understand that if I withdraw my child or if my child is dismissed from Cub Club for any reason and/or I default on my financial responsibility, I will be required to pay an enrollment fee of \$25 per child plus the total amount due before my child can re-enroll in Cub Club for the upcoming school year.

6. Returned Checks

____ I understand that NSF checks must be cleared no later than 5 business days after the manager notifies me. If the check is not cleared, my child will be removed from Cub Club until all fees are paid in full, including late fees and return check fees. Check writing privileges could be suspended.

7. Drop In Attendance

____ As a Drop-in, I will pay the Drop-in rate and payment is due on the days of attendance. Membership dues and application must be completed prior to the first Drop-in day.

8. Discounted Rates

____ I understand that I will be disqualified for the GISD employee or reduced rates, if my account balance is more than 5 business days past due and/or my account balance is not paid in full.

9. Pick up Times

____ I understand that all children must be picked up NO LATER THAN 6:30PM each day. Cub Club will assess a \$10.00 fee plus \$2 per minute per family each minute after 6:30pm until my child is picked up. I understand that persistent late pick up will lead to my child's dismissal from the program.

10. Photo and Names Release

____ I authorize GISD and Cub Club to use my child's name and photograph/video in GISD district publications which could include but are not limited to web sites, campus listings and newsletters.

11. Medical Information

____ I have disclosed my entire child's known health problems or conditions. I understand due to budget restrictions Cub Club does not employ a nurse during program hours.

____ In the event of an emergency, if Cub Club cannot reach me, I hereby authorize Cub Club employees to give consent for medical treatment for the above named child.

____ I further authorize Cub Club staff to transport my child for the purpose of receiving emergency medical treatment.

Parent/Legal Guardian Signature _____ Date Signed _____