REGISTRATION AND SERVICE AGREEMENT

Child's Name		Birth Date
Grade	School	Name
Date of Admission _		Date of Termination
Parent/ Guardian Na	ame	
Parent/ Guardian Ad	ddress	
Home Phone	·	Business Phone
Cell Phone		Cell Phone
E-mail Address		
that you provide two	o other names and <u>TELEP</u>	pecomes ill at school, or if an emergency arises. We ask HONE NUMBERS besides your own if we cannot reach know you have given their names.
Children will be rele of preference.	ased only to those author	zed persons (at least 18 years old). List names in order
1)	Relationship	Day Phone
2)	Relationship	Day Phone

TUITION

Check all that apply in	the boxes belo	w	:
[] Half day	\$175/ 1 week		
[] Full day	\$250/ 1 week		
[] Week 1 (June 27 – Ju	ly 1)	[] Week 5 (July 25 – July 29)
[] Week 2 (July 4* – July	8)]] Week 6 (Aug 1 – Aug 5)
[] Week 3 (July 11 – July	15)	[] Week 7 (Aug 8 – Aug 12)
[] Week 4 (July 18 – July	22)	[] Week 8 (Aug 15 – Aug 19)
*=Closed for Holiday			
Lunch \$25/1 week:	Y[]		N []
*There is a \$50 registra	tion fee and a \$	125	5 material/book fee.
*Tuition MUST be paid	prior to the wee	ek ı	registered for or a \$25 fee will be applied.
*NO TUITION CREDIT IS	GIVEN FOR ILLN	NES	S OR VACATION DAYS.
you will arrange for anoth time. You understand tha enrollment forms, you wil	er authorized pers t if you designate I notify the center	on a d in	each day. If you cannot pick up the child yourself, at least 18 years of age, to sign for and pick the child up by closing ifferent person to pick him/her up than originally identified on the writing. or each 10 minutes interval of care after 3:00pm (for half-day) or
FOOD			

MEALTIMES: Well- balanced lunch and mid-afternoon snacks will be provided.

SPECIAL DIETS: If a child has a particular dietary need, substantiated by a medical evaluation, Director must be informed and given a doctor's note. Substitute meals or snacks may be brought from home.

ABSENCES

Notify the center in advance by phone if your child will not be attending the center for any reason on any given day.

SIGN IN AND SIGN OUT

For the safety of the child and in accordance with the California State Law, parents must sign their child in and out each day with their signature.

HEALTH

Child must have a current physical examination. Child's immunizations are current and will be kept up to date.

MEDICAL CONSENT

This authorizes the Center to obtain medical help for your child in case of an emergency.

FIELD TRIPS

There are eight field trips scheduled by the center on June 29, July 6, 13, and 20. Also we go on July 27, August 3, 10, and 17.

The Center will transport students on a field trip.

- A. Parents must sign parent or guardian permission for a field trip and authorization for medical care.
- B. Parents, who wish to volunteer for field trips and other activities, which involve interaction with children other than your own, must follow these guidelines. The volunteer must:
 - 1. Behave in a manner that is appropriate for children to observe.
 - 2. Keep track of assigned children.
 - 3. Allow only the staff of Irvine Premier Academy to administer disciplinary action such as time outs.
- C. All payments for school excursions, museum visits or other activities such as sports should be the correct amount placed in a sealed envelope with your child's name, class teacher, and name of excursion/activity written on it. The money should be handed to the front office or class teacher first thing in the morning.

You must fill out the SERVICE AGREEMENT- You will arrange with the Director which payment option best suites to your family's needs. Your signature on the service agreement signifies your commitment to financial accountability between you and the center.

Parent or Guardian's Signature	Date
Director's Signature	
DENAADIK.	Date
REMARKS:	