

# Adventure Kids After-School Enrollment & Fees Agreement

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name	Age	Date of Birth	Gender	Grade	School	Teacher
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____

**Note: This program serves grades K – 5.**

### *Parents or Legal Guardians*

1.) Name (Parent to be billed) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell # \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Time of day you work \_\_\_\_\_

2.) Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell # \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Time of day you work \_\_\_\_\_

**In case of an emergency during program hours, who should we attempt to contact first?**

\_\_\_\_\_

We will use email for reminders and information sharing, including last-minute changes or emergencies that affect all participants. E-mail(s) to use: \_\_\_\_\_

**Other than the parents/guardians listed above, only the following others may pick-up your child(ren) from the program without previous notice: Note that a photo ID will be required.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**The following information is requested to provide the best experience for your child while attending the program. Your responses assist us in getting to know your child, as well as allowing us to be consistent with daily routines as much as possible. All information is strictly confidential.**

Have there been any changes in your family structure? (ex. separation, divorce, death of someone close to your child, move, marriage) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a family history of learning/behavioral difficulties? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Child** (complete a separate page for each child)

Preferred name/nickname: \_\_\_\_\_

Please circle the words that best describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, aggressive, on task, destructive, gives in easily, temper tantrums, loving, jealous, shares well, hyperactive, unfocused, bright, busy, contented, other: \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

How does your child express feelings? \_\_\_\_\_

What behavior do you find most difficult to handle? \_\_\_\_\_

What method of discipline do you find works best with your child? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Least favorite? \_\_\_\_\_

Would you like your child to work on homework at the program? \_\_\_\_\_

**Medical Information:**

List any known allergies: \_\_\_\_\_

Is your child currently taking medications? Yes\_\_\_ No\_\_\_  
What? \_\_\_\_\_ Why? \_\_\_\_\_

Please explain any special medical concerns that we should know about. \_\_\_\_\_

Please explain any other special needs related to your child. \_\_\_\_\_

Any other concerns, comments? \_\_\_\_\_

What are the most important things we can do to help your child have a positive experience at SACC?  
Are there other areas where you feel your child may need any kind of extra help or support? If yes, please describe them.

*Please note that children whose behavior creates safety risks to themselves, others, and/or properties, cannot be accommodated in the program. We reserve the right to dis-enroll any child if it is determined that the program cannot meet the needs of the child.*

**Days of Operation:** This program begins the Monday after Labor Day and goes through the last full day of the ACSD #1 school calendar. Hours of operation are from the time school is dismissed until 5:30p.m. The program will not operate on days that school is dismissed early or cancelled due to poor weather, nor on days designated as No School days.

**Sliding Fee Scale:**

This program operates on a sliding fee scale. Fees are determined by net monthly household income, and number of people in the household. All participants will be billed at Income Level 1 unless they choose to apply for reduced rates. To apply for reduced rates, proof of income (summary page of most recent tax return) must be submitted with this agreement, at [parksandrecinfo@cityoflaramie.org](mailto:parksandrecinfo@cityoflaramie.org). Use the following scale and weekly rates to determine your approximate payment due each month. You will be billed monthly, at the weekly rate.

Family Size	Income Level 1	Income Level 2	Income Level 3
2	≥ \$4,779	\$3,984 to \$4,778	≤ \$3,983
3	≥ \$6,026	\$5,023 to \$6,025	≤ \$5,022
4	≥ \$7,276	\$6,064 to \$7,275	≤ \$6,063
5	≥ \$8,523	\$7,104 to \$8,522	≤ \$7,103
6	≥ \$9,770	\$8,143 to \$9,769	≤ \$8,142
7	≥ \$11,020	\$9,184 to \$11,019	≤ \$9,183
8	≥ \$12,267	\$10,224 to \$12,266	≤ \$10,223

**Weekly Rates** (you are not charged for days school is not in session)

Income Level 1- \$85/week if paid by the 5<sup>th</sup> of the month; \$90/week if paid after the 5<sup>th</sup> of the month.

Income Level 2- \$46.50/week if paid by the 5<sup>th</sup> of the month; \$50.50/week if paid after the 5<sup>th</sup> of the month.

Income Level 3- \$29.50/week if paid by the 5<sup>th</sup> of the month; \$33.50/week if paid after the 5<sup>th</sup> of the month.

**Fee Payment:** Monthly payments are due by the 5th day of each month. A statement for the upcoming month will be e-mailed on or about the 25<sup>th</sup> of the previous month. Parent/guardian is responsible for all costs and expenses, including collection fees incurred by the City of Laramie in collecting the balance due. A \$25 fee will be charged for any check returned or ACH, credit or debit payment declined due to non-sufficient funds. Once an account has reached 45 days past due, all access to this program, the Recreation Center, the Ice & Events Center, and all recreation programs, facility rentals, activities and events, shall be suspended until the outstanding balance has been paid. The only exception will be for daily visits to the Recreation Center.

**Contracted Days:** Enrollment in the program means that we have reserved a space for your child, Monday through Friday. Therefore, full fees are due and no credit will be given for absences. If your child will be absent on a contracted day, please call 721-5328 and leave a message to let staff know they will be gone, so we know they are safe.

**Half-Day/Full Days:** For an additional fee, half-day and full-day programs are available to children enrolled in the afterschool program on most Early Release and Staff Development dates. The fee for half-days is \$18 per child and full days is \$36 per child. Pre-paid registration is required to attend. To register online for any of these days, go to your account at [parksandrec.cityoflaramie.org](http://parksandrec.cityoflaramie.org).

**Late Pick-Up Policy:** Children are to be picked up, curbside, between 5:15 and 5:30p.m. each day. If not picked up by 5:30p.m., a \$10 per child late fee will be applied to your next month's bill. At 5:30 p.m., all numbers on the contact list will be called. If no one on the contact list can be reached, the Department of Family Services will be notified. Under no circumstances will Parks & Recreation staff transport the child.

**Disenrollment Policy:** One week's written notice is required before removing your child from the program. If this notice is not given, in writing at [parksandrecinfo@cityoflaramie.org](mailto:parksandrecinfo@cityoflaramie.org), you will continue to be billed. If no monthly payment has been received, and your child is gone from the program for five (5) or more consecutive days without written notice, it will be assumed they are no longer attending the program and their space will be given to another child.

**Bussing Policy:** ACSD #1 will bus program participants from Beitel, Indian Paintbrush, Linford, Montessori, Slade, Spring Creek, Snowy Range Academy, and UW Lab School, directly to the Recreation Center. Children will depart from the bus pick-up area at their school. If a child misses the bus, the parent is responsible for transportation of the child to the program. If a child cannot ride the bus immediately after school to the Recreation Center because of other afterschool activities, the parent will be responsible for transportation to the Recreation Center. You will be notified of your child's bus number prior to start of the program.

**Enrollment & Fees Agreement**

I have read this and agree with the conditions as stated. I understand that fees will be due by the 5<sup>th</sup> of each month for the upcoming month, and will remain in effect until disenrollment from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Liability Waiver**

I understand and acknowledge that use of the facilities, equipment and services provided by the City of Laramie involve certain inherent risks. Inherent risks as defined under Wyo. Stat. § 1-1-122, the Recreation Safety Act, means those dangers or conditions which are characteristic of, intrinsic to, or an integral part of any sport or recreational opportunity. Pursuant to Wyo. Stat. § 1-1-123, any person who takes part in any sport or recreational opportunity assumes the inherent risks in that sport or recreational opportunity, whether those risks are known or unknown, and is legally responsible for any and all damage, injury, or death to himself or other persons or property that results from the inherent risks in that sport or recreational opportunity. By signing this waiver, I am asserting that my participation in any sport or recreational activity is voluntary and that I am assuming the inherent risks associated with such activity.

I hereby release, waive, discharge, and covenant not to sue, the City of Laramie, Wyoming, a municipal corporation, nor any of its agents, volunteers, assistants, or employees from any and all claims arising in direct relation to my assumption of risk. This is not to include actions based upon negligence of the provider wherein the damage, injury or death is not the result of an inherent risk of the sport or recreational opportunity pursuant to Wyo. Stat. § 1-1-109 and § 1-39-106.

I have read and fully understand this waiver of liability and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Photo Release for Minor Children (under 18 years)**

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_, hereby grant permission to the City of Laramie representatives, to take and use photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or web sites. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of the City of Laramie, Wyoming.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date