



Before and After Care Parent/Student Contract

Child's Name: _____ Grade: _____

1. I agree to pay on time for each payment due date. If payment is not received by the deadline, my child's spot may be forfeited.
2. I understand that since programming costs for staff, rent, food and materials remain the same whether my child is in attendance or not, **there is no return of fees paid if a child is ill, fails to attend, or is expelled.**
3. I agree to pay overtime fees of \$10 for the first 15 minutes and \$1 per minute thereafter regardless of the reason for being late. This fee is payable before your child can return to the program. I also understand that I may be asked to remove my child from the program if overtime is habitual.
4. I understand that there is a \$25 charge for all returned checks and that checks are to be made payable to The Town of Barrington. I understand that it is my responsibility to keep statements, receipts, or canceled checks for income tax purposes. Barrington Rec's Federal ID number is **02-0311338**.
5. I understand that my child may not be left on school grounds without supervision. I agree to walk my child into the Morning Program each day and to be sure a Barrington Rec staff member is present before releasing my child. I understand that staff are not prepared to accept my child until 7:00 a.m. I will sign my child in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
6. I understand that the normal operating hours for the Morning Program are 7:00am to the beginning of school. I understand the normal operating hours for the Afternoon Program are from the end of school to 5:30pm. These hours do not pertain to school closings. When the school closes (including early dismissals) due to weather or other conditions the programs will be closed.
7. I agree to follow all parking procedures mandated by the School when I drop off and/or pick up my child(ren). I understand that failure to do so may affect my child(ren)'s enrollment in the program.
8. I understand that all forms required must be completed and on file before my child may attend. These include the registration form and this contract for services.
9. I understand that staff must release children to all parents listed on the Youth Pick-Up List unless staff has been made aware of any court orders involving custody issues. In addition, I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on the Youth Pick-Up List.
10. I understand that the Barrington Rec Morning and Afternoon Staff cannot administer medication without a completed medical authorization form and medication in the original bottle with directions.
11. I understand that I am responsible for any damages resulting from my child's actions to either Barrington Rec or school property.
12. I agree to support and reinforce all Before & Afterschool Program rules, procedures and the Behavior Management Policy that concern the health and safety of the children. I give permission for the Barrington Recreation staff to administer basic first aid. I give my consent for Barrington Recreation Staff to obtain Emergency Medical Care for my child. I understand that my child(ren) may not attend the Barrington Rec Morning and Afternoon Program with any illness that threatens the health of other children, and the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if they have a contagious illness.
13. I understand that my child **will** be going outdoors every day. I am responsible for making sure appropriate outerwear is supplied for my child. In accordance with the BES/ ECLC policy, if your child is too ill to go outside then they should not be in school or the before and after care programs. I will be asked to pick up my child from the program if he/she will not go outside due to illness.
14. I waive any claim for bodily injury or property damage against the Barrington School District, the Town of Barrington and the Barrington Recreation Department while my child is a participant in a Barrington Rec program at any location.
15. I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or the health and safety of other children. The established Behavior Management Policy will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
16. I will notify the Barrington Recreation Department office at 603-664-5224 of any changes to Program Registration Forms.

ALL PARENT/GUARDIAN(S) WHO ARE RESPONSIBLE FOR THE ABOVE-NAMED CHILD **MUST** SIGN BELOW. By signing below, you acknowledge that you have read and understand the policies and procedures of all Barrington Recreation Before and After Care programs.

Parent/Guardian Signature

Date

Participant Signature

Date