



FLASH ENROLLMENT AGREEMENT

Oak Lawn Park District



By enrolling my child, _____, in the FLASH program for the 2014-2015 school year, I understand the following:

1. My child will attend:

Mornings (please circle) **M** **T** **W** **TH** **F**

Afternoons (please circle) **M** **T** **W** **TH** **F**

2. My child's first day in attendance at the program will be: _____

3. The FLASH program is open according to the official school calendar of School District 122 & 123 and is closed during inclement weather days when the school is closed. Field trips will be run on most school holidays and all institute days at additional costs to the participant.

4. I am responsible for the payment of monthly fees in the amount of _____, which are due by the specified date each month, unless alternate arrangements have been made. The payments will be made in installments, commencing in August and terminating in May. Electronic Fund Transfers (EFT) plan will have payments commencing with September 1st, 2014 and terminated on May 1st, 2015. EFT that are denied due to insufficient funds or credit cards that are declined will be charged a \$15.00 service fee by the Oak Lawn Park District. If a payment is NSF or declined, payment must then be resubmitted with the service fee via money order, cashier's check or cash. If a parent/guardian is delinquent on the child's account, the child will be suspended or removed from the program unless special arrangements have been made with the director of the program.

5. In the event of any absences during program hours/activities, I will be responsible for fees for time reserved, not actual time spent at the program. In addition, a failure to report absence fee will be assessed if the FLASH program is not contacted prior to the participant's absence. Also, if my child/ward is ever picked up after 6:00 pm, I agree to adhere to the policy and fees regarding late pick-up as stated in the FLASH Parent Manual.

6. I agree that I have read over and understand the FLASH Parent Handbook.

I agree to adhere to the stated policies and procedures of the FLASH program as stated here and in the FLASH Parent Handbook. I give my child/ward permission to participate fully in this program.

X

SIGNATURE OF PARENT/LEGAL GUARDIAN

RELATIONSHIP TO CHILD

DATE

Office Use Only

Late Pick-up

#	Date	Time	Person Picking-Up	Fee
1				15 min pass
2				\$
3				\$
4				\$
5				\$
6				\$

Failure to Report Absence

#	Date	Contact	Fee
1			1 pass
2			\$
3			\$
4			\$
5			\$
6			\$