



India  
Community  
Center

**INDIA COMMUNITY CENTER AFTER SCHOOL PROGRAM CONTRACT 2021-2022**

**Please submit the completed program contract to the supervisor.**

**Note that, in depth details of the child are very important.**

Child's Full Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room Number: \_\_\_\_\_

Current Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: M / F  
Mo Day Year

Primary Language spoken at Home: \_\_\_\_\_

Address: \_\_\_\_\_

Street address City State/Province Country Zip code

Parent's name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

(Father) Last First Middle

E-mail Address: \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

(Mother) Last First Middle

E-mail Address: \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

**WE WILL CONTACT THIS NUMBER FIRST AFTER CALLING 911 ENCASE OF AN EMERGENCY**

Emergency Contact name: \_\_\_\_\_

Last First Middle

E-mail Address: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

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Where did you hear about the ICC After School Program?

\_\_\_\_\_

Has your child ever entered after school programs before? No \_\_\_ Yes\_\_\_

If Yes Name\_\_\_\_\_

**Does your child have any *identified* special educational needs?**

\_\_\_\_\_

**If a teacher notices any sign, trait, behavior that your child might need extra support (during After school that may fall under the special needs category). Parents will be notified, and a conference will be held to help the parents get more information. \_\_\_\_\_(Initial)**

**Is there anything else we need to know about your child?**

\_\_\_\_\_

**HEALTH HISTORY INFORMATION MANDATORY**

Physicians' Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Dentist /Orthodontist's Name: \_\_\_\_\_ Dentist /Orthodontist's Phone: \_\_\_\_\_

Is the attendee covered by medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Member Number: \_\_\_\_\_

Carrier Address: \_\_\_\_\_ Carrier's Phone \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relation to attendee: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

This person takes No medications on a regular basis

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

\_\_\_\_\_  
Date

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(Fill out only if your child is on any prescribed medication)

Please list ALL medications, including over the counter or nonprescription drugs, taken routinely. Bring enough medication to last the entire time at the ICC. Keep it in the original packaging / bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and frequency of administration.

This person takes the following medication

Medication Name: \_\_\_\_\_

Frequency: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route

Oral

Topical

Injection

Suppository

Medication Name: \_\_\_\_\_

Frequency: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route

Oral

Topical

Injection

Suppository

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

\_\_\_\_\_  
Date

### FOOD AND ALLERGY RESTRICTIONS (please be specific)

**IMPORTANT-** Please list any food allergies, dietary restrictions due to religion or otherwise or any other details related to food concerning your child.

(Please list foods your child is allergic to or should not be provided due to their religion or family beliefs):

1) Dietary Restrictions \_\_\_\_\_

2) Allergies \_\_\_\_\_

3) Does your child eat eggs? \_\_\_\_\_

**NOTE:** 1. Once an item is listed for dietary/allergy restriction. We will not give it to the child any time unless this form is changed and signed by the parent. 2. All changes **MUST** be communicated via email **ONLY**

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Our tax id number is 52-2351119.

**EMERGENCY MEDICAL TREATMENT**

In the event of a medical emergency, every effort will be made to contact the parent/guardian of participants. If this is not possible, I hereby authorize ICC After school Staff to obtain medical treatment by calling 911 at my/our sole cost and expense, and I hereby give permission to ICC staff to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes.

YES \_\_\_\_\_ (parent name and signature here)

**INDEMNITY AND CONTRACT AGREEMENT**

Recognizing that ICC will do its best to ensure a safe experience, I understand that certain accidents may occur. I will not hold or attempt to hold ICC or its employees, staff or volunteers liable for any loss, damage or injury to person or property caused by any act or omission of ICC.

I verify that my child is in good health and is capable of participating in activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health. YES \_\_\_\_\_ (Initial)

**MEDIA RELEASE**

Occasionally, photos and video footage are taken during ICC Afterschool activities and used for promotional material. I authorize ICC to use photos/video taken of my child for use in brochures, articles, websites, and for other marketing purposes.

Participation in ICC Afterschool activities constitutes permission to use photos of participants for promotional purposes in all print, electronic and password protected web media for organization promotions.

\*We do not allow any unofficial Pictures or Videos of the children without the consent of the ICC staff. Also, we do not share RAW files, photos or footage of the participants in order to protect the privacy of participants. YES \_\_\_\_\_ (Initial)

**PAYMENT POLICY**

The parent or guardian agrees to the ICC After school Program Payment Plan as well as understands all the Programs Rules, Regulation and Policies. I have read the Contract and the Policies mention on this contract. I understand and agree that no changes will be made to the after school rules, regulations, timings, fees and other policies listed in the application form or the programs rules, regulation and policies unless changed by ICC Staff members alone.

I HAVE ALSO READ AND UNDERSTAND THAT THERE WILL BE NO REFUNDS IF CANCELLATIONS ARE MADE BY ME \_\_\_\_\_

(PRINT NAME AND SIGN)

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## **TUITION AND OTHER SCHOOL POLICIES**

1. **\$75 registration application fee for the academic year (September 2020 to May 2021) this will be a non-refundable fee.**
2. **\$519 will be monthly tuition starting September 2020 This will be for the 3.00 to 6.00pm session only (We will collect fees for two months together each time (September/October then November/December so on...and so forth**
3. **\$529 will be monthly tuition starting September 2020 This will be for the 2.00 to 6.00pm session only (We will collect fees for two months together each time (September/October then November/December so on...and so forth**
4. **\$539 will be monthly tuition starting September 2020 This will be for the 1.00 to 6.00pm session only (We will collect fees for two months together each time (September/October then November/December so on...and so forth**
5. **\$549 will be monthly tuition starting September 2020 This will be for the 12.00 to 6.00pm session only (We will collect fees for two months together each time (September/October then November/December so on...and so forth**
6. **\$110 monthly transport fees (this will be nonrefundable and will not be prorated in case of school holidays, early dismissal days or days where we are not picking students up in case of school holidays announced by the school) we will not pick up from your house in that case also. You are welcome to drop them off at their regular after school care session timings.**
7. **The above-mentioned fees will only include Homework Help, Light Snacks, Fresh Fruit (Mon. to Thur.), Fun Friday Snacks, Yoga and Art as part of the afterschool program. Any additional classes such as Music, Bollywood Dance Classes, Fun Fitness, Chess or any other extracurricular activities (if introduced) will be offered and will NEED to be signed up for additional fees. We will need all children to sign up for extra classes. No Exceptions will be made.**
8. **Please sign up in advance in case you need care for Minimum days or School Holidays. Please ask the teachers for additional Minimum form. There will be an additional charge. Minimum days and school holiday care is NOT covered in your regular monthly tuition. Teachers will occasionally remind you of any upcoming school dates, but it's your responsibility to keep up with your children's school dates and fill out and turn in the form on time. No late forms will be accepted after the Afterschool due date for minimum day and school holidays.**
9. **You are the primary contact for your child's schools, we are the third party and we are not informed if your child is not in school for any reason, it is your responsibility to send an email to the directors if your child is not in school within one hour of their pick up time. If we do not receive any**

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notice a charge of \$30 will be added to your payment. This too applies if you are picking up your own child without informing us. \_\_\_\_\_ (Initial)

### OTHER INFORMATION

- Late payments will be charged a \$20 late fee, due after the 5th day of every month.
- No Months will be prorated for any reason such as holidays, missed school days in case of absence from your side or if you have started your After-school session in the middle of the month.
- A 2-week withdrawal notice is required BY EMAIL OR A WRITTEN LETTER
- An Exit/Termination Form needs to be turned in before you withdraw from the program. (if absence is longer than 2 weeks).
- Due payment must be made before termination.
- All required documents should be completed and signed before the first day of your session. You will need to submit a current copy of your child's immunization record and authorization pick up form.
- ICC holds the right to refuse service.
- Any absentees or missed sessions should be communicated to the Directors by EMAIL ONLY. No make-ups for lost sessions will be provided at any time.
- NO REFUNDS will be given for an incomplete session or due to last minute cancellations from your side no matter what the situation might be. PLEASE MAKE A NOTE OF THIS
- Please fill out the emergency contact information form before the start day. This is for any emergencies.
- You are required to sign out your child daily. Only authorized persons will be allowed to pick them up (an Authorization Form needs to be filled out by parents beforehand).
- For our Vans to arrive at each school on time we need to make sure your child is in the correct area of pickup (we will not tolerate any child wandering around the school grounds during pick up time) with all of their belongings. We are not responsible for any belonging left behind in their school nor will we go and help them find it. We need to stay on schedule with everyone's timing.
- Please remind your child of their own belongings, once our vans are back for the day, they are no longer accessible for reentry if in case something is left behind in the vans.
- Label all your child's belongings with their name to avoid lost or stolen items including accidental switch of belongings within the After school.
- Every end of the month we will be donating lost items that have been left behind.
- Your child is our main responsibility during pick up time. We will not release your child at their school grounds to anyone without your authorization via email.
- If a child is found misusing the computer (by going into an inappropriate website) we will not allow access for the next few weeks until we can reevaluate the situation.
- Children are responsible to bring their assigned homework from school or home for assistance with completing the homework on time.
- Parents are responsible to check their child's homework accordingly.

**Please note that we will not be responsible for any lost or stolen items.** \_\_\_\_\_ (Initial)

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### MODIFICATION CONDITIONS

The facility reserves the right to modify any of the conditions of the agreement upon 30 days prior in written notice, addressed to the parent or guardian. \_\_\_\_\_ (Initial)

### REFUND/TERMINATION CONDITIONS

Each child is accepted into our program on a probationary basis for the first month of his or her attendance. During this time, the child can be dismissed without prior notice and any unused prepaid fees will be refunded within 48 hours.

If the parent wishes to remove the child for any reason except a short vacation, the parent must give at least a two (2) weeks' notice. The parent may take the child out for up to a two-week vacation and retain the child's class assignment by continuing to pay the normal dues. (No discounts on fees will be given for missed time/vacation). The child's spot will not be reserved if the payments have not been made in advance in case of long vacation periods. (Refer to termination policies and tuition policies) \_\_\_\_\_ (Initial)

### ILLNESS POLICY

We depend on the parent's assessment of their child's health before sending him/her to school. Germs can spread quickly in child-care environments. We request that you please keep your child home in case of a constant runny nose or cough. If the runny nose is green, it is highly contagious; the same goes with constant coughing and may cause an infection to the other children. This symptom usually takes about 48 to 72 hours to recover. Also, note that if your child develops this symptom while at school, we will call you to take your child home to avoid spread of the infection. Thank you for your support! In a case where we feel that your child is unwell while in school you will be asked to pick him/her up for the day. \_\_\_\_\_ (Initial)

### TERMINATION CONDITION

This agreement may be terminated by the facility with 2 weeks' notice for the following:

1. Parent/guardian has not cooperated with the facility regarding the child's discipline needs.
2. Parent / guardian has not paid the agreed upon fee or has been paying late for more than twice in a six-month period.
3. Consistent late pick-ups, if a child is picked up late thrice in a month and the parent does not agree to pay a late fee. *The first 5 mins after 6.00pm will be grace period after which there will be \$1 per minute late fee charge added to your account (without prior notice)*

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- 4. If a child with consistent difficulties puts the health, safety, and welfare of him/herself, and /or that of another child or the children of the group at risk, a conference will be held to discuss the seriousness of the situation with the parents and the possibility of withdrawal as per our policies
- 5. If any enrollment document related to the student attending the program is not turned in.
- 6. Termination is effective immediately if any parent/guardian/caretaker of the child ill-treats/abuses/misbehaves in a fashion not in compliance to the Afterschool code of conduct.

The agreement is between the ICC Afterschool Program and \_\_\_\_\_ (parent or guardian) for the care of \_\_\_\_\_ (child’s name) for the academic year of \_\_\_\_\_ to \_\_\_\_\_

I understand all the terms and conditions of this contract and have read all the necessary guidelines before signing.

\_\_\_\_\_

\_\_\_\_\_

Name and Signature of Parent / Guardian

Date



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