



ICC
AFTER SCHOOL
PROGRAM

ICC AFTER SCHOOL PROGRAM CONTRACT - 2023-2024

Please READ, COMPLETE, and RETURN the contract IN- PERSON to ICC After School Supervisor.

ABOUT YOUR CHILD:

Child's Full Name: _____

Name of School: _____ Grade: _____ Room Number: _____

Current Age: _____ Birth Date: _____ / _____ / _____ Sex: (Circle one) M / F

Primary Language spoken at Home: _____

Address _____

Street address

Apt #

City

State

Zip code

Father's Full Name: _____

E-mail Address: _____

Work: () _____ Cell: () _____ Home Phone: () _____

Occupation: _____ Company Name: _____

Mother's Full Name: _____

E-mail Address: _____

Work: () _____ Cell: () _____ Home Phone: () _____

Occupation: _____ Company Name: _____

Are both parents residing at the same address as the Child's? Yes _____ No _____ **If not, please provide the other address:**

Address _____

Street address

Apt #

City

State

Zip code

Emergency Contact Full Name: _____

(WE WILL CONTACT THIS NUMBER FIRST AFTER CALLING 911 IN CASE OF AN EMERGENCY)

E-mail Address: _____

Work: () _____ Cell: () _____ Home Phone: () _____

Has your child ever attended any After School Programs before? No _____ Yes _____

If Yes, Name of the school: _____

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.

_____ (Parent's Initial)

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

HEALTH HISTORY INFORMATION:

Physicians' Name: _____ Physician's Phone: _____

Dentist / Orthodontist's Name: _____ Dentist / Orthodontist's Phone: _____

Is the attendee covered by medical insurance? Yes _____ No _____



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Insurance Carrier: _____ Member Number: _____

Carrier Address: _____ Carrier's Phone: _____

Name of Insured: _____ Relation to attendee: _____

CONSENT FOR MEDICAL TREATMENT: (Needs signed LIC 9221)

Please provide us a list of ALL prescription and nonprescription medications taken by the child. If we need to administer any of those medicines, then please keep them in the original packaging/bottle that identifies the prescribing physician (for prescription drugs), the name of the medication, the dosage, and frequency of administration and give them to us in a sealed bag.

Child does NOT take ANY medications on a regular basis. **Initial:** _____

Child HAS BEEN PRESCRIBED TO TAKE the following medication:

Medication Name: _____

Frequency: _____

Reason for medication: _____

Dosage: _____

Route: Oral _____ Topical _____ Injection _____ Suppository _____

Signature and Date

FOOD AND ALLERGY RESTRICTIONS:

IMPORTANT- Please list any Food Allergies, Religious Dietary Restrictions 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? _____

4) Any other concerns? _____

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.

EMERGENCY MEDICAL TREATMENT:

In the event of a medical emergency; every effort will be made to first contact the child's parent/guardian. If we are not reachable, I hereby authorize ICC After School Program staff to obtain medical treatment by calling 911 at my/our sole cost and expense. I also hereby give permission to ICC staff to secure and administer treatment and to maintain and/or release any medical records necessary for treatment and insurance purposes.

(Parent's Initial)



INDEMNITY AND CONTRACT AGREEMENT:

Recognizing that ICC will do its best to ensure a safe experience, I understand that sometimes 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 _____ (Parent's Initial)

MEDIA RELEASE:

Occasionally, photos and video footage are taken during ICC's Toddler Program activities and used for promotional purposes. I authorize ICC to use photos/videos of my child for ICC events, brochures, articles, websites, ICC Social Media accounts, and for other marketing purposes. Participation in ICC Toddler Program 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 Toddler Program staff. Also, for privacy reasons, we do not share RAW files of photos or footage of the participants.

YES _____ (Parent's Initial)

TUITION AND OTHER SCHOOL POLICIES:

- \$525 will be monthly tuition starting August 2023. This will be for 12.00 pm to 6.00pm.
- \$125 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.
- The above-mentioned fees will only include Homework Help, English Reading Comprehension, Math and Art & Crafts along with Light Snacks, Fresh Fruit as part of the afterschool program. Any additional classes such as Hindi, Yoga, Music, Bollywood Dance Classes, Sports, Chess, Lego Robotics, or any other extracurricular activities will be offered and will need to be signed up for additional fees of \$100 per month.
- One time registration fee of \$150 will be charged annually.
- Please inform us about the Minimum Days Schedule for your child.
- 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 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.

_____ (Parent's Initial)

OTHER INFORMATION:

- Late payments will be charged a \$20 late fee, due after the 5th day of every month.



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- 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 1 MONTH is required BY EMAIL OR A WRITTEN LETTER to withdraw your child from the program. IF absence is longer than 2 weeks, an Exit/Termination Form needs to be turned in before you withdraw from the program.
- 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)

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.

_____ (Parent's Initial)



REFUND/TERMINATION CONDITIONS:

If the parent wishes to remove the child for any reason except a short vacation, the parent must give at least a 1 MONTH'S 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)

_____ (Parent's 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.

_____ (Parent's Initial)

TERMINATION CONDITION:

- This agreement may be terminated by the facility with 2 weeks' notice for the following:
- Parent/guardian has not cooperated with the facility regarding the child's discipline needs.
- Parent / guardian has not paid the agreed upon fee or has been paying late for more than twice in a six-month period.
- 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)
- 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 • If any enrollment document related to the student attending the program is not turned in.
- 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 After School Program and _____
(Parent or Guardian) for the care of _____ (child's name) for the academic
year _____ - _____.

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

Parent/s Signature and Date



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FOR OFFICIAL USE ONLY

Child's Full Name: _____ Age: _____ Birth Date: ____ / ____ / ____

ICC After School Program received your application (Date): _____

Your child: Has Been Accepted. Your child's start date is/will be: _____

Has Not Been Accepted and Is Currently on the Waitlist: _____

Has Graduated on Date: _____

After School Program Supervisor

Signature and Date