



UNION SCHOOL DISTRICT
EXTENSION PROGRAMS

CampbellCare School-Age Childcare Agreement

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155 N. Third St, Campbell, CA 95008 • Phone: 408 341-7000 x 6378
Fax: 408 341-7272 • Website: www.cusdextensions.org

Child's Name _____ Registration Date _____

1. My child will attend the Center at (Center name): _____ School _____ Daily Hours _____

Weekly Schedule: Full Time or Part Time on the following days (circle days that apply): **M T W T H F**

- I agree to pay the monthly tuition of \$ _____ by the 5th of each month. A \$20 late fee will be charged if payment has not been received by that date. A \$25 fee will be charged for a bounced check. If a bill is delinquent by ONE month, I understand that my child may be removed from the program until the payment is made in full.
- An annual non-refundable registration fee of \$75.00 **per family per site/ per year** is due upon registering in the program.
- CampbellCare has an open door policy and encourages parents to visit the center at any time.
- My child will be picked up at _____ (time) each day. I understand that I will be charged a late fee of \$1.00 per minute if my child is picked up after 6:00pm. Late fee may go up to \$5.00/minute after two at the lower rate. Termination from the program may occur due to late pick ups.
- I understand that it is my responsibility to change information on the emergency card of my child. If someone arrives to pick up my child and he/ she is not listed on the card the child will not be released. Changes must be in writing and verbal permission will not be granted. One parent may not remove the other parent from the Emergency Card without legal paperwork allowing us to do so.
- I agree to notify the site coordinator in writing if there is a change in my schedule. I will fill out and submit the Change of Schedule form at least two weeks before the change is to occur. **I understand that I am responsible for the full tuition for two weeks after my notice has been given.**
- I must notify the center staff by calling them if my child is absent for the day. Refunds will not be given for absent children. If my child goes home during the day for any reason they cannot come back for CampbellCare.
- I agree to sign my child in and out daily. Leaders will sign children in at the end of the school day.
- I understand that a snack will be served daily. I understand that it is my responsibility to notify staff of any food allergies my child has.
- I will notify the site coordinator if my child contracts a communicable disease. If my child gets sick during after school childcare hours, I understand that it is my responsibility to pick him/her up within Thirty (30) minutes after receiving the call from center staff.
- I understand that it is my responsibility, upon registration, to notify the center staff of any and all medical conditions that affect my child. I will fill out the medical designee form should I need to provide training to staff on how to use an emergency medication. I will provide the medication and doctor's orders to the site.
- CampbellCare staff is required by law to report suspected child abuse.
- I expect to be treated respectfully and in return, I will treat all center staff and other students with respect. I will follow the Adult Rules of Conduct as stated in the Parent Handbook.
- Information regarding my child will be kept strictly confidential. I may discuss my student's progress with center staff at any time.
- If my child is suspended from his/her regular school, I understand that he/ she will also be suspended from CampbellCare for the same amount of time. I will not be reimbursed for the time when my child is suspended.
- If my child's behavior threatens other children or leaders I will be notified via telephone or in writing. If my child is asked to leave for the day I will pick him/her up within 30 minutes.
- I agree that if CUSD brings action to enforce this agreement that the venue is in Santa Clara County and I agree to fully reimburse CUSD for any and all costs associated with the collection of unpaid amount, including but not limited to, court costs, attorney fees, collection agency fees and CUSD staff time associated with the process to collect the unpaid balance.
- I understand that it is my responsibility to sign up and pay in advance for in-service and vacation-day childcare. If my child ends up not attending on those days I will not be reimbursed. I will be responsible for the additional charge for signing up after the deadline.
- I understand that it my responsibility to pay full tuition based on the schedule my child attends. It is my responsibility to request a second contract be signed if multiple parties are responsible for payment.
- I understand that I will not be allowed to sign up for summer programs or the subsequent year if I have an outstanding balance due.

I have read all policies on the CampbellCare Contract. I agree to them and I understand that failure to follow any center policies can lead to termination of childcare services.

Parent/Guardian Signature _____ Date _____

Site Coordinator Signature _____ Date _____

ADDITIONAL AGREEMENTS (OPTIONAL):

- I agree to allow photographs of my child to be used by CampbellCare for legitimate purposes in newspaper articles, promotional materials (such as brochures), posted on bulletin boards or on the district website/Facebook Page.
- I agree to allow my child to use the Internet on computers located at the CampbellCare centers. I understand that staff members will monitor my child when using the computer.

Parent/Guardian Name (PRINT) _____ Parent/Guardian Signature _____ Date _____