



Kenter Canyon Little Dipper Program

2010-2011

S.T.A.R. Inc. ["STAR"] a 501(c)3 non-profit organization
TUITION CONTRACT 2010-2011

CHILD'S NAME: _____ GRADE: Pre K

REGISTRATION FEE AND DEPOSIT

A \$65 non-refundable registration fee per child is due for the school year. A \$100.00 deposit is required for all students. This deposit can be deducted from your June payment, applied toward the following school year, or will be used toward any delinquent fees.

Days Per Week	Days	Tuition	Times
5 days a week	M T W Th F	\$1,000 yearly or 10 payments of \$100	8:00am-9:00am
5 days a week Full Day	M T W TH F	\$6,750 yearly or 10 payments of \$675	9:00am-1:15pm

Payment Option Plans

PLEASE PLACE AN "X" BEFORE YOUR PAYMENT PLAN CHOICE

- Option A: One full payment for the year's tuition
- Option B: Three equal payments
- Option C: Ten equal payments

OPTION THREE Payment Explanation

The yearly fee has been divided into ten equal payments for your convenience. Payments are due on the first of each month. Payments that are not received within 5 working days are subject to a \$10 late fee per week. Tuition Fees are to be paid every month from September through the end of June (including short months regardless of your child's attendance during each month). The site director and executive director must approve other payment arrangements. Our Finance and Collections Department will review all past due accounts and may contact you for payment. You agree to reimburse STAR for time expended and for any and all collection or legal costs incurred in collecting monies due. If we elect to terminate services for non-payment, our engagement will be completed upon our written notification to you.

RETURNED CHECKS ARE SUBJECT TO A \$25 FEE

SPONSOR A CHILD

YES, I want to be a STAR SCHOLARSHIP PARTNER. Please accept my donation of \$2/ \$4 / \$_____ included in my monthly tuition payment.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

*Your donation is tax deductible. S.T.A.R. Inc. is a 501(c)3 non-profit organization

For STAR use only:

Date:	Ck#:	Amount Paid:	Balance Due:



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LITTLE DIPPER CONTRACT 2010-2011

CHILD'S NAME: _____ Permit: _____ Grade: _____

Age: _____ Date of Birth: ____/____/____ Sex: M____ F____ Home Language: _____

Home Address: _____ City: _____ Zip: _____

Home Phone#: _____ Home E-Mail Address: _____

Parent/Guardian1 Name: _____ Cell#: _____

Guardian 1 Employment: _____ Position: _____

Address: _____ City: _____ Zip: _____

Work Phone#: _____ Work E-Mail Address: _____

Parent/Guardian2 Name: _____ Cell#: _____

Guardian 2 Employment: _____ Position: _____

Address: _____ City: _____ Zip: _____

Work Phone#: _____ Work E-Mail Address: _____

ABSENCES

STAR is a non-profit charitable program with fixed expenses; therefore, we cannot give credit or make-up days for the absence of your child. We pay staff, custodial services, accountant, etc., whether your child is present or not. When a school holiday occurs or a Natural Disaster, Civil Unrest, Catastrophes, etc., you are responsible for paying that day.

TARDINESS AND PICK UP

Late pick up policy: STAR Little Dipper Program closes promptly at 1:15 p.m. Repeated tardiness may result in cancellation of your child's enrollment in the program. Excessive tardiness is considered to be more than 3 times in the school year. Late Fee is \$1.00 per minute after 1:15 p.m. STAR allows a ten-minute grace period. At 1:26 the late fee is \$11.00, 1:27 the fee is \$12.00 etc. You must pay the late fee upon arrival. Please pay the staff member(s) in cash only. If you do not pay, your child may not attend the program until that balance has been paid in full. When late, our staff member will make every effort to contact you or persons listed as your emergency contacts.

STAR PHOTOGRAPHY & VIDEO CONSENT

Occasionally STAR will use a student's photograph and/or film/video for promotional purposes of the organization. Your signature below indicates your permission to allow STAR to use your child's photograph and or film/video for promotional purposes.

If you do not want STAR to use your student's photograph and/or film/video for promotional purposes of the organization please check this box.

CONFIDENTIALITY

STAR is committed to keeping personal family information confidential. We will only release information to parents/guardians. If parents/guardians wish any information shared, they must give STAR permission in writing.

RELEASE OF LIABILITY

I hereby agree to hold harmless STAR, Inc, STAR Staff, Directors, Administrators and Members of the Board of Directors from any liability related to any and all STAR activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND, THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30 DAY NOTICE. I HAVE RECEIVED A COPY OF THIS CONTRACT.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Please Indicate Ethnicity (optional)

American Indian/Alaskan Native Asian Hispanic Black (not of Hispanic origin)
White (not of Hispanic origin) Filipino Pacific Islander Other _____

EMERGENCY CONTACTS

The law requires guardians to sign their child in or to sign them out. Failure to comply with this law may result in suspension or termination of this contract. Your child/children will not be released to any person that is not listed on the emergency contact list. If you need to have your child/children picked up by someone not included in this list, we require both a telephone call from you and a written authorization. Appropriate identification will be required.

By law children must be released to either parent even if one parent is not included on this form. STAR must have a copy of any court document that mandates special custody arrangements. Besides guardians listed above, we will release children only to the following individuals:

Name: _____ Relation: _____
Address: _____ Phone#: _____
Name: _____ Relation: _____
Address: _____ Phone#: _____
Name: _____ Relation: _____
Address: _____ Phone#: _____

EARTHQUAKE OUT OF STATE CONTACT: _____ **PHONE#** _____

DENTIST'S NAME: _____ **Ph#** _____
Address: _____ City _____

PHYSICIAN'S NAME: _____ **Ph#** _____
Address: _____ City _____

List any specific health concerns your child may have (i.e. illness, allergies, sensitivities, etc):

Prescription medications may be administered ONLY when authorization forms are on file with STAR. See Director for details.

Does your child have a current Individualized Education Program (IEP), Section 504 Plan, or any other special needs?

STAR will provide services in the manner necessary to provide equal opportunity and access to their programs. If the STAR director becomes aware that a child with a disability needs accommodation(s) to participate in the program, the STAR director will contact the District's Beyond the Bell Branch which, in consultation with the Division of Special Education, will identify the reasonable accommodation(s), if any, that may be necessary.

EMERGENCIES

In case of an emergency, STAR will make every effort to contact the guardians of the child involved, before any treatment is begun. However, in the event we are unable to make contact with the parents or guardians, we require this medical release to be signed by all the participants in the program.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE STAR PROGRAM TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD.

It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, and will hold STAR Inc., its representatives, the STAR directors, teachers and staff, harmless there from.

Name of Insurance: _____ **Policy #:** _____

Parent/Guardian's Name (Print): _____

Guardian's Signature: _____ **Date:** _____ (2/10)

SCHOLARSHIPS/ SLIDING SCALE PAYMENT PROGRAM

STAR is a 501(c)3 non-profit organization, which prides itself on providing accessible childcare for everyone. If you are not able to meet all of the expenses, we may offer scholarships on a sliding scale basis. Ask your STAR director for a scholarship application. Remember, all information given to us is confidential and we expect recipients to keep any scholarship awarded confidential as well.

WINTER AND SPRING BREAK FEES

If your child is currently enrolled in STAR, he or she is eligible to participate in our Winter and Spring camps at an additional fee. *Field trip fees are an additional cost (to be announced). Sites may be closed by school district mandate during winter break. STAR will not charge additional fees for minimum days, shortened days, or for early dismissal during conference week.

REFUND AND CANCELLATION POLICY

Your \$100 deposit will not be refunded if you withdraw your child from STAR for any period of time during the school year. If you wish to re-enroll your child during the school year you will again need to pay a \$100 deposit and \$65 registration fee. STAR requires a two-week written notice to cancel your child's enrollment or you will be financially responsible for the full amount. STAR OR THE PARENT MAY REVOKE THIS CONTRACT AT ANY TIME DURING THE SCHOOL YEAR.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED AND THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30-DAY NOTICE. I HAVE RECEIVED A COPY OF THIS CONTRACT.

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Sliding Scale Payment Program



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