

SWANSEA KIDS PLACE/SWANSEA KINDER KIDS  
PARENT CONTRACT AGREEMENT

I AGREE TO pay SKP on the fifth day of each month an advance fee of \$435.00 without the lunch program or \$600.00 with the lunch program. I AGREE TO PAY SKK on the fifth day of each month an advance fee of \$321.30. The kindergarten program fee is subsidized through the (CWELCC) Canadian Wide Early Learning Child Care program. SKP/SKK requires A Pre-Authorized Debit Form to be filled before the beginning of your placement at SKK/SKP. Sibling fees will be a combined payment.

I UNDERSTAND AND AGREE that if my child remains at SKP/SKK past 6:00 p.m. I will be charged \$10.00 for the first 1 – 5 minutes, \$20.00 for 6 – 10 minutes, \$30.00 for 11 – 15 minutes then \$1.00 per minute thereafter. I understand that the staff left on late duty determines the time. I understand that in case of an emergency e.g. heavy snowfall, car breakdown, and accident it is my responsibility to arrange for someone else to pick up my child. I understand that my child must be picked up by a parent, guardian or designated person to enable my child to be released from SKP/SKK.

I UNDERSTAND AND AGREE that one month's notice in writing is required when withdrawing a child from SKP/SKK. Withdrawal notices will not be accepted during the months of July and August. Should you change your mind during these two months your September fees will be charged.

I UNDERSTAND AND AGREE that I will notify the supervisor of SKP/SKK in writing by June 1<sup>st</sup> if I do not want to enroll my child for the following September.

I UNDERSTAND AND AGREE that for any NSF, \$40.00 will automatically be charged to my account as a processing fee.

I UNDERSTAND AND AGREE that SKP/SKK will observe all Board of Education holidays during which Swansea Kids' Place will be closed. These include Labour Day, Thanksgiving Day, Christmas Day, Boxing Day, New Year's Day, Family Day, Good Friday, Easter Monday, and Victoria Day. In addition, Swansea Kids Place will be closed for one week between Christmas and New Year's.

I UNDERSTAND AND AGREE that in event of a physical accident, illness or emergency, if I am not immediately available, the staff will follow the emergency procedures as outlined in the Policy and Procedure Manual.

I UNDERSTAND AND AGREE that I will read and comply with the terms and conditions set out in the SKP/SKK Parent Handbook.

I UNDERSTAND AND AGREE that SKP/SKK is a smoke-free environment.

I UNDERSTAND AND AGREE that NEGLIGENCE OR FAILURE to abide by this contract may lead to the dismissal of my child from SKP/SKK.

Child's/Children's Name(s) \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ (Parent 1. /Guardian)

\_\_\_\_\_ (Parent 2. /Guardian)

DATE: \_\_\_\_\_

Please fill out the name of the person paying the monthly fee and their portion of the payment. Pre-authorized debit form is required.

NAME: \_\_\_\_\_ PORTION OF MONTHLY FEE: \$ \_\_\_\_\_

NAME: \_\_\_\_\_ PORTION OF MONTHLY FEE: \$ \_\_\_\_\_