

# Summer Childcare Program 2019

## Bluffton-Harrison Elementary School PRE-PAY FINANCIAL AGREEMENT

6:00 AM to 6:00 PM

\_\_\_\_\_ I understand and agree to pay \$17.00 for the summer childcare program **per child, per day**.

\_\_\_\_\_ If my child is not picked up by 6:00 p.m., a fee of \$5.00 per 15 minute interval will be charged to the account beginning at 6:01 p.m.

**\*All fees are subject to change.**

**Payment is due to Bluffton-Harrison MSD in advance of services.** You may pay by the day, week, or month **prior** to using the childcare services. Please be sure your check or cash is in an envelope clearly marked "childcare". If you wish, you may send your payment with your child. If you pre-pay and your child does not attend due to illness, change of plans, etc., your account will not be charged.

**Checks should be made payable to BHMSD.**

**A delinquent payment of one week may result in termination of enrollment.**

**Lunch will be provided from June 4 – August 3. Before and after these dates, you must bring a lunch from home.** Your child should try to eat breakfast at home. We will allow your child to bring something to eat for breakfast, if desired.

The receipt received after payment is the only receipt that will be given. The tax exempt I.D. number is on the receipt form. **Please save your receipts if needed for tax purposes.** An itemized year-end report will be provided.

**I have read the basic provisions for the Bluffton-Harrison Childcare program and understand the school corporation's policy regarding pre-payment.**

Child's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent's email \_\_\_\_\_

Signature \_\_\_\_\_

(Parent or Guardian)

(Date)

Please list telephone numbers where a parent can be reached in the order you would like for us to call.

1) Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

4) Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Pick-up Authorization**

The following individuals are authorized to pick up my child from Childcare. In case of an emergency, these individuals may be called if I cannot be reached.

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Please write additional instructions if needed: