

## Common Place Parents'/Guardians' Agreement

1. I am enrolling \_\_\_\_\_ in the Southwest Arts & Technology summer camp.
2. I understand there is a \$75 registration fee which includes a \$75 administration fee.
3. I understand there is a \$125 (5 days) weekly tuition fee or \$1000 total program tuition which is due every Friday by 6 PM.
4. I understand that the SWAT summer camp will be providing summer camp care from the hours of 8:00 – 6:00 PM Monday thru Friday. I understand SWAT will transport my child from TCPS to a designated field trip location via a transportation service. In addition, I understand SWAT will provide light breakfast, lunch, and snacks for my child, and there will be special activities during this time.
5. I have been made aware of the specific program my child will be participating in, the hours, and that the program will operate for five-week starting June 20– Aug 11, 2023.
6. I understand that my child will not be dismissed from the program without being picked up by a parent or \_\_\_\_\_ (designated adult) or without given permission for him/her to walk home unescorted. In addition, there will be a **five-minute** grace period and then a **\$10 fee will be added every 5 mins for any late pick-ups. This fee will double (\$20) at 6 PM.**
7. I understand that disrespect, fighting, physical and verbal aggression will not be tolerated in this program. In accordance with the Parent Handbook disciplinary procedures, I understand that my child could lose their scholarship and maybe discharge immediately for such actions.
8. I understand that if a medical emergency arises, program staff will attempt to contact parents or the emergency contact that I have indicated. It is the parent's responsibility to notify the SWAT staff **in writing** if this information changes. If immediate medical attention is necessary, an ambulance or emergency vehicle may take my child to the hospital of their choice. In cases of illness, I understand that my child may not be permitted to attend the program. If staff feels that a child has a contagious disease, he/she may not return to the program without a doctor's note.
9. In order for my child to be considered for this program, I understand that I must complete all enrollment paperwork.
10. I understand that the SWAT summer camp is a faith-based program.
11. **I have received complete written program information (parent handbook) at the time of enrollment (PA Code 3270.121, 3280.121, 3290.121)**

**I have read and agree to adhere to the above-stated policies and procedures and give my child permission to participate fully in the SWAT summer camp.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of TCPS Director \_\_\_\_\_ Date \_\_\_\_\_

Date Admitted \_\_\_\_\_

Date Withdrew \_\_\_\_\_