

The Colt's Corral School's Out Program Provider/Parent Contract

This contract is made between Parent(s)/Guardian(s) and The Colt's Corral for the care of
_____ (name of child) at the site of the Provider.

Payment shall be due in advance each Monday by 5:45 p.m. and paid in accordance to the rates outlined in the Parent Handbook.

The contract may be terminated by either Parent/Guardian or Provider by giving a two weeks' notice in advance of the ending date. The Provider may immediately terminate the contract without giving any notice if the Parent(s)/Guardian(s) do not make payments when due.

The signature of the Parent(s)/Guardian(s) to this contract also indicates that they agree to abide by the written policies of the Provider as outlined in the Provider Handbook. The Provider may change these written policies from time to time.

Parent/Guardian

Date

Parent/Guardian

Date

Provider

Date

My child will be (check one below):

_____ Full time

_____ Part time

_____ Drop-in

The Colt's Corral Enrollment Form

Child's Name: _____

Child's Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Custodian/Guardian Information:

Primary Parent/Custodian/Guardian Name: _____

Relationship to Child: _____ Employer: _____

Home Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Work Phone #: _____

Email Address: _____

Secondary Parent/Custodian/Guardian Name: _____

Relationship to Child: _____ Employer: _____

Home Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Work Phone #: _____

Email Address: _____

Emergency Contacts: Parents are always contacted first in case of an emergency. The Colt's Corral needs at least two other persons to contact who could pick up the child in case we are unable to reach the parents. These are the only people authorized to pick up your child. Please be sure persons are aware you have listed them as emergency contacts for your child.

Name	Relationship	Phone Number
1.		
2.		
3.		

I have read the accompanying parent/provider handbook, and agree to the terms and conditions therein. I personally guarantee and promise to pay any obligation to The Colt's Corral on demand, any sum, which may become due. I agree to defend, pay, indemnify and save The Colt's Corral, its officers and employees, free and harmless, from any and against all claims, demands, fines, suits, actions, proceedings, orders, decrees, and judgments of any kind or nature by or in favor of anyone whomsoever and from and against all cost and expenses, including reasonable attorney's fees, resulting from or in connection with loss of life, bodily injury or property damage arising directly or indirectly, out of or from on account of any occurrence in, on, at or from the participation in The Colt's Corral program.

The undersigned parties represent that they have carefully read and fully understand the foregoing provisions. The parties represent that they enter into this agreement of their own free will.

_____ Date: _____

Please return this form, immunization record is required only for students NOT attending Centennial School from your healthcare provider

The following information MUST be filled out for BOTH doctor and dentist:

Child's Doctor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Dentist: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Hospital: _____ Phone: _____

Insurance Provider: _____ Group Number: _____

Policy Holder: _____ Policy Number: _____

In the event that my child (listed above) may require emergency medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to the hospital and physician or his/her designee (listed above) to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for dental and/or dental surgical care to the hospital and physician or his/her designee (listed above) to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. Every effort will be made to notify parents/guardians immediately in case of an emergency. This form will be presented upon admission for treatment.

Parent/Guardian: _____ Date: _____

Authorization Form

Child's Name: _____ Date of Birth: _____

Travel Authorization:

I do _____ do not _____ grant permission for my child (listed above), to leave The Colt's Corral facility on a public transportation bus to special places, field trips, etc.

I do _____ do not _____ grant permission for my child (listed above), to leave the premises go on walks, nearby parks, pool, etc.

Special restrictions: _____

Video/Movie Release:

Although The Colt's Corral carefully selects appropriate videos and movies for the children to watch, there are very few G-rated videos available. We would like permission to allow the children to view appropriate PG rated videos.

I do _____ do not _____ grant permission for my child (listed above) to watch PG rated videos.

Media Release Authorization:

I do _____ do not _____ grant permission for my child (listed above) to appear in any media/advertisement/web coverage approved by The Colt's Corral.

Sunscreen/Bug Spray:

I give permission for The Colt's Corral staff to apply sunscreen and/or bug spray to my child as needed during program hours. Yes _____ No _____

Please apply only the brand I have provided (list brand/type) _____