

Waterford Area School Age Program – Summer Contract

_____Woodfield	_____Trailside
Child's Name _____	DOB: _____
Grade _____	
Child's Name _____	DOB: _____
Grade _____	
Child's Name _____	DOB: _____
Grade _____	
Parent/Guardian Name _____	
Phone # _____	Email Address _____
Contract Effective Date _____	

	ARRIVAL TIME	DEPARTURE TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Weekly Tuition \$ _____	_____ Varied _____ Drop In _____ Contracted/Guaranteed
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- Varied Schedules require a 3 day minimum and schedules must be turned in by Wednesday of the week prior to care. Schedules not received by Wednesday will be charged for the full week of summer care.
- Drop in care may only be scheduled if space is available. If care is being requested on a weekly basis, you will no longer be considered Drop In and will be required to change to a Varied or Contracted schedule.
- For all types of schedules, once a day is scheduled or contracted, you will be charged regardless of attendance. Contracted fees may be discontinued by providing a paid two week notice.
- You must call WASP if your child will be absent on a scheduled day. The school office is NOT responsible for taking or relaying messages to WASP. There is a \$10 No Call / No Show Fee.
WASP at Trailside: (262) 716-9391 WASP at Woodfield: (262) 716-8851
- If an extra day is needed outside of your scheduled days, you may request to add a day. However, there are no "switching" days. You are responsible for payment for all days you schedule or contract for.
- Auto draft information is required to enroll. If you choose to use a payment method other than the auto draft for your weekly fees, your payment must be received by Friday prior to

the week of care to allow processing time. This includes, but is not limited to, state assisted payments. Any type of payment made after Friday may not process in time to avoid your account being auto drafted.

- Registration Fees and First week of tuition are due to secure your child's spot in the program. If your child does not attend, this money is forfeited.
- By signing, I understand and agree with all the above, as well as, all policies located in the WASP Parent Handbook.

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____