

**STATEMENT OF COOPERATION:**

Weekly child care fees must be paid by Tuesday of the current week. All fees are to be kept current. Service cannot be provided if fees become delinquent.

**There are no refunds on enrollment fees unless the applicant is not accepted.**

**All tuition and childcare fees need to be up-to-date before the enrollment fee will be accepted.**

The undersigned is to be responsible for and punctual in making regular weekly payments for each week that the child is enrolled for a day or more. The child development center has full responsibility in placing my child in the proper grade level and class.

Believing that discipline is necessary for the welfare of the students as well as the entire school, full cooperation in the area of discipline will be expected from both the student and parents. When misconduct occurs, corrective measures will be used to help the student change his/her behavior and attitude. FCS believes that Biblically it is the parent’s responsibility to handle the discipline of their children. **Should the need arise for disciplinary action, above what the child development policy states, parents will be contacted to handle the discipline of their child. The child will not be allowed to return to the classroom until the parents have met with the child development director.**

The child development center reserves the right to dismiss any student who does not respect its standards or fails to cooperate in the summer program.

In submitting this application, it is my desire for my child to attend the summer program indicated on the face of this application. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to use my child’s physician and follow his instructions. If it is impossible to contact his physician, the school may make whatever arrangements seem necessary.

We sincerely pledge our loyalty to the aims and ideals of the school.

**MEDIA CONSENT AND RELEASE:**

FCS uses photographs/video of its students for marketing purposes. I understand that it is my responsibility to notify the school in writing if I do not want my child’s photo used.

**LIABILITY/INSURANCE:**

I give my permission for my son(s) or daughter(s), \_\_\_\_\_, to attend the Florence Christian School Summer Program. I understand that this may involve bus transportation to and from various events including but not limited to field trips. I also give my permission to the sponsors of the activity to act in my behalf should my son or daughter become ill or injured and the resulting condition require medical attention.

The undersigned does hereby acknowledge that Florence Christian School does not provide any health insurance covering for said child during the summer or any day camp-related activities including swimming and all sports activities. I further acknowledge that it is the responsibility of the undersigned to obtain his own health insurance covering said child. Parents agree to accept the sole responsibility for the cost of medical care.

Date \_\_\_\_\_

Signed \_\_\_\_\_

