

LUCAS ON CAMPUS  
ENROLLMENT AGREEMENT  
2018-2019

I understand that I am enrolling my child \_\_\_\_\_ for the 2018-2019 school year. He/She will attend:

\_\_\_\_\_ Full time morning and afternoon (7:00-7:55 a.m. and 2:55-5:30 p.m. M, T, W, F; 1:55-5:30 Th) \$225.00 per month

\_\_\_\_\_ Full time mornings (7:00-7:55 a.m.) \$105.00 per month

\_\_\_\_\_ Full time afternoons (2:55-5:30 p.m. M, T, W, F.; 1:55-5:30 p.m. TH) \$175.00 per month

\_\_\_\_\_ Will not attend LOC programming for 2018-2019 school year

I understand that the program is open according to the official Iowa City Community School District calendar and is closed during vacations, inclement weather and building emergencies.

I understand that I am responsible for payment of monthly fees in the amount according to the above prices, which are due the first of each month. **I will give thirty days notice in writing prior to the withdrawal from the program or change in enrollment. Failure to give thirty day notice will obligate me for that month's tuition. A late fee of \$25.00 will be charged to all families whose payment is received after the seventh of the month.**

I understand that in the event of any absences during program hours, I will be responsible for fees for the time reserved, not the actual attendance time.

I understand that I may visit the program unannounced during program hours.

I will update my child's file information annually/or as needed as outlined in the Parent Handbook and/or as requested by the Director of programming.

The program staff will assume responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instructions for departure.

I understand that I must notify the program in writing if someone other than those listed as Authorized Persons for Pickup will be picking up my child from the program.

I **must** notify the Director/Assistant Director of the program in writing (via text or email) that my child will not be attending the program for the day, if they are in attendance during the school day.

If a medical emergency arises, the program will first attempt to contact parent(s)/guardian(s). If the parent(s)/guardian(s) cannot be reached, the program will contact the child's physician. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital designated on **PARENTAL MEDICAL CONSENT FORM**.

**I agree to adhere to the stated policies and procedures of the Lucas On Campus program, as stated here and in the Parent Handbook. I give permission for my child to participate fully in the program.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature