

## PARENT RESPONSIBILITIES AND BILLING PROCEDURES

**Parent Responsibilities/Agreements:** Please initial each of the following to indicate you have read and understand each item.

\_\_\_\_\_ 1. My child is not allowed to come and go freely from the ABCD site, and must promptly report to the school.

\_\_\_\_\_ 2. I must maintain communication with ABCD staff about my child (ren) and keep them informed of any pertinent changes including address and contact information.

\_\_\_\_\_ 3. I must notify ABCD by calling the school or in writing when my child (ren) will be absent from ABCD unless absent from school. I realize this is for my child (ren)'s protection.

\_\_\_\_\_ 4. I must notify ABCD by phone or in writing of any bus changes or when making other arrangements for my child to get home from ABCD. I realize this is for my child (ren)'s protection.

\_\_\_\_\_ 5. If a medical emergency arises, ABCD will first attempt to contact me. If I cannot be reached, ABCD will contact the child's emergency contact. If the emergency is such that immediate hospital attention is necessary, the staff may call an ambulance. I will be responsible for all costs incurred.

\_\_\_\_\_ 6. The ABCD program will operate from 2:35-5:00 Monday through Friday. ABCD will operate according to the Kewanee School District closings, holidays, early outs and institutes.

\_\_\_\_\_ 7. It is my responsibility to see that my child (ren) is (are) picked up by the designated closing time. **I understand that I will be charged \$3.00 per child for each 10 minute increment beyond 5:00.**

\_\_\_\_\_ 8. The school can release the following information to the ABCD Program for the period of the current academic year: a) academic information; b) copies of quarterly report cards; c) copies of school interim reports; d) self-evaluative assessment.

\_\_\_\_\_ 9. I understand that I am required to pay by Monday of each week for the week's participation. Monthly payments are also acceptable. **Failure to pay on scheduled days may result in removal from the program.**

**I understand and agree to abide by the above parent responsibilities and billing procedures and that I have read and understand the parent guidelines.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date