

**LAKEVIEW EXTENDED SCHOOL DAY PROGRAM INC.  
PARENTAL AGREEMENT FOR:  
KINDER-CARE PROGRAM  
2020 – 2021**

**Parent or Guardian** \_\_\_\_\_

**Child/ren's Name/s** \_\_\_\_\_

This agreement is a legal and binding contract between this program and the above-named parent. Please ensure that all terms and conditions are thoroughly discussed, and clearly and accurately recorded in the agreement. This contract is effective for the **2020 - 2021** school year.

1. The parent agrees to place the above-named children in the **Lakeview Extended School Day Program Inc. - Kinder-Care Program**. The Parent and the Program agree to discuss and decide a schedule of childcare. The Program will not provide care when school is normally closed except for PD/Planning Days and Parent Teacher Interview Days.

2. The parent recognizes that the program is independently owned and operated by Mr. Kyle Williams and that the program is in no way associated with the Saskatoon Public School Division other than being operated out of École Lakeview School.

3. The Parent and the Program agree to the user fee structure for Kinder-Care, as outlined in the programs Policy Manual. There will be a morning and afternoon Kinder-Care class offered. Operating times are as follows: AM Kinder-Care will be offered from 8:50 – 12:30, and PM Kinder-Care will be offered from 11:45 – 3:20. The fee structure may be adjusted by the Director given a minimum of 14 days' notice. The Parent is responsible for the payment of fees, on time, for the contracted school year. Any account overdue may cause services to be withheld until arrears are paid. **If fees remain unpaid past 30 days in any amount \$100.00 or over, the unpaid amount may be sent to a collection's agency.**

4. The Parent and the Program agree that arrangements or fees respecting overtime, holiday care, late payment fees, etc. will be carried out as stated in the Policy Manual.

5. The Parent and the Program agree:

a) That the treatment of injuries by the staff of the Program is limited to standard first aid and CPR/AED training and in all other cases the parent shall be consulted.

b) That if the Parent cannot be reached the Program will contact the following designate.

**Name** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

6. The parent agrees to carry out the parental responsibilities of the program as they are outlined in the Policy Manual with regards to their children.

**7. This Agreement is not valid until all forms are filled out & a \$40.00 registration fee is paid.**

I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by these requirements. In the witness, whereof the parties hereto have signed this contract on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_, Saskatoon, Saskatchewan.

**Parent/Guardian** \_\_\_\_\_

**Director** \_\_\_\_\_ 