

Persons authorized to pick up the student & emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information: (in the space below please list any pertinent medical history/concerns including medications)

Financial Agreement

By signing below, I agree to take financial responsibility for any fees associated with enrollment in Kaleidoscope School of Discovery's Summer Program

The Summer Program has a set number of participants that can be enrolled each week. When you enroll your child for weekly participation, you are reserving a spot for your child for the entire week. As such, the program fees are due and payable on the first day of the week that your child is in attendance and for the full week even if your child does not attend for the full week. We understand that parents do not wish to pay for days in which their child is not in attendance, however, the program must be staffed and operating expenses do not change when your child is out due to illness or other reasons. We hope that you understand that this is a program funding issue and helps us to make sure the program remains in operation.

Parent Printed Name: _____

Parent Signature: _____