



2018-19 School Year Enrollment Contract

Before and after school services will be hosted in the Wales Elementary building.

Family Name: _____

Child's Name: _____ Age in September: ____ Grade: ____

Child's Name: _____ Age in September: ____ Grade: ____

Child's Name: _____ Age in September: ____ Grade: ____

Please mark the days and service you would like your child to attend Bright Ideas.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE CARE (6:45-8:20 AM)					
AFTER CARE (3:35-6:00 PM) (Thursdays @ 3:05 PM)					

This schedule reflects the days and times services are being contracted for your child(ren) for the school year. Any permanent changes to the contracted days require a two week notice.

Notes: _____

Billing Preference: ____ Every Other Week ____ Monthly

By signing this form I agree that the above reflects the days I'd like to contract care for the 2018-2019 school year on regular school attendance days according to the KMSD school calendar. I understand that I am responsible for paying for the days and times contracted even when my child is sick, when we are on vacation, when the center has to close for inclement weather, and when I choose to keep my child home for the day or otherwise not attend. Furthermore, I agree to abide by the Bright Ideas Learning Community, LLC policies as outlined in the policy manual. (A copy is available for review.)

Parent Signature

Date

Office Use Only ____/____/____ Date Submitted ____ Enrollment Fee Paid