

Discover U Explorer Zone
Statement of Services
Parent Acknowledgement and Verification

School Year 2018/2019

STUDENT INFORMATION				
Student's Last Name:	Student's First Name:	Student's Middle Name:	Age:	Gender:

I _____ parent/guardian of _____, hereby understand and agree to all of the aforementioned policies and procedures of the Discover U "Explorer Zone" Program.

Signature

Date

Registration Information		Days of Use:				
Part Time Before Care (1-3 days per week)	\$60 per month	M	T	W	TH	F
Full Time Before Care	\$80 per month	M	T	W	TH	F
Part Time After Care (1-3 days per week)	\$130 per month	M	T	W	TH	F
Full Time After Care	\$165 per month	M	T	W	TH	F
Full Time Family Max (2 or more children attending full time before and after care)	\$400 per month	M	T	W	TH	F
Sibling Care (PreK & Kinder care until 1st-6th grade dismissal)	\$30 per month					
Drop In Care	\$25 per day					

Enrollment Agreement	For Office Use Only	
<p>I hereby authorize Discover U, its officers, employees, or staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatment, procedures, operations and/or hospitalizations. I further agree to hold them, the facility owners and leasing organization harmless, and indemnify them for all medical bills incurred for the treatment of my child. I hold Discover U, its officers, employees, and staff members, facility owners and leasing organization harmless and hereby release them from liability for any injury to my child while attending the program.</p> <p>I understand that in order to change or withdraw my child from the program I must complete a Program Change Request Form. Changes will be effective the 1st or 15th of the month. I will read the Discover U Before/After Care handbook and agree to abide by the terms and conditions set forth therein.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	<p>Total due per month</p>	
	<p>Emergency Card</p>	
	<p>Amt Paid at Reg</p>	