

Amherst Schools Comet Kids' Club

PARENTAL AGREEMENT CONTRACT

Student's Name:		Grade:
Home Phone:		School:
Address:		
Photo Consent: I give approval to Comet Kids C purposes: Yes		to use photos of my student for publication
Mother/Guardian:	Work Phone:	Home Phone:
Email Address:		
Father/Guardian:	Work Phone:	Home Phone:
Email Address:		
POWERS AND NORD SCHEDULE OF ATTENDANCE: Please indicate your most frequent choice.		
Before Af	ter	Before & After
Days of Attendance: please circle your days h	ere:	
MONDAY TUESDAY W	ZEDNESDAY THU	URSDAY FRIDAY

PLEASE SIGN AND RETURN: Fees can be paid by check or using our on-line program: payforlt.net Checks payable to: Amherst School District/Comet Kids' Club. All fees are due by the end of each week. Students with \$35.00 or more unpaid balance may not attend the program. I agree to pay \$6.00 per session or the full time rate of \$12/per day, applicable to my child's participation in the program and to abide by the above stated payment policy.

Parent/Guardian's Signature

Date

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Please remember that Comet Kids' Club follows the school calendar. If school is closed, there will not be a before or after program