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|--|--------------------------|---------------------------|----------|--------|
| Student's Name: | | Grade: | | |
| Home Phone: | | School: | | |
| Address: | | | | |
| Photo Consent: I give approval to Comet Kids Club and The Amherst Schools to use photos of my student for publication purposes: _____ Yes _____ No | | | | |
| 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 | After | Before & After | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Days of Attendance: please circle your days here: | | | | |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| | | | | |
| | | | | |

PLEASE SIGN AND RETURN: Fees can be paid by check or using our on-line program: payforIt.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 \$7.50 per session or the full time rate of \$15/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

PARENTAL AGREEMENT CONTRACT

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