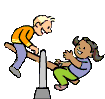
** COLONEL TOWN RECREATION**

**Safe Haven After School Program**

**ENROLLMENT APPLICATION**

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Grade in School: \_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of the week you will need Safe Haven: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for the weekly tuition payments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT(S)/GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY CONTACT PERSON**

***You are required to list at least one person who can assume responsibility for child if parent(s) or guardian(s) cannot be reached immediately in an emergency.***

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

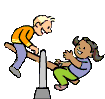
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**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAFE HAVEN AFTER SCHOOL PROGRAM**

**WAIVER AND RELEASE OF LIABILITY**

**Please CAREFULLY READ this RELEASE OF LIABILITY.**

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) being allowed to participate in the Safe Haven Program, the undersigned:

1. Hereby releases, waives, discharges and covenants not to sue the Town of Lancaster, Colonel Town Recreation, employees, volunteers, agents and representatives, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event (hereinafter “Releasees”) from all liability to the undersigned, and his/her representatives, heirs, and successors in person or property of the undersigned, whether caused by the negligence of the Releasees or otherwise while the undersigned is participating in the Safe Haven Program.
2. Hereby agrees to indemnify and save and hold harmless the Releasees from any loss, injury, damage or cost they may incur due to the presence of the undersigned in or about, or the undersigned’s participation in the Summer Safe Haven Program, whether caused by the negligence of the Releasees or otherwise.
3. Hereby assumes full responsibility for and risk of bodily injury or property damage, including but not limited to death, paralysis, brain injury, heart attack, stroke, aneurysm, broken bones, torn tendons or ligaments, torn muscles, spinal injury, damage to organs, disease, infection, sunburn, cuts and bruises, bug bites, and any other physical or emotional injury, medical or psychiatric condition or complications of any kind whatsoever, due to any cause, including the negligence of Releasees or otherwise, while participating in the Summer Safe Haven Program
4. Hereby represents and warrants: (a) that he/she acknowledges that participation in the baseball/softball program is otherwise dangerous and involves the risk of serious bodily and psychiatric injury, death and property damage; (b) that some of the risks of harm include, but are not limited to, physical activity and exertion, equipment failure, equipment maintenance or lack thereof, equipment defects, slippery surfaces, obstacles which might cause trips and falls, pre-existing health problems, carelessness and negligence of Releasees or others, structural failures, design defects, impeded access, lack of security and/or supervision, and any other risk of harm whatsoever that one might encounter in an after school program; (c) that he/she has read this Release of Liability carefully and had an opportunity to review it with legal counsel; and (d) that he/she is in good health and has no physical condition that prevents them from participating in the Safe Haven Program.
5. Hereby agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

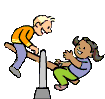
This is to certify that I, as parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and for myself, my heirs, assigns and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in this program as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SIGNED: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

(Parent/Guardian’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City/Town State

**COLONEL TOWN RECREATION**

**Safe Haven After School Program**

**EMERGENCY MEDICAL RELEASE – School Year: 2020-2021**

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications & Dosages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my permission for any Colonel Town staff member to give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, simple first aid when necessary. In the event of a more serious accident, I also give permission for my child to be transported to a hospital or other medical facility to receive emergency medical treatment as is medically necessary. I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child in my absence.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

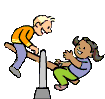
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**PERMISSION SLIP**

I give my permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to go on walking field trips with the Colonel Town’s Safe Haven After School Program.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**COLONEL TOWN RECREATION**

**Safe Haven Program**

16 High St.

Lancaster, NH 03584

(603) 788-2653

**Tuition Contract – School Year: 2020-2021**

**Child(ren)’s Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child will attend Safe Haven on the following days (check all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

Daily Tuition Rates for School-Year:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| AFTER SCHOOL: (open 3:00-6:00) | |  | EARLY-RELEASE DAYS:  (open 11:30am-6:00pm) | |  | Teacher’s Workshop Day/Staff Development Days  (open 6:45am-6:00pm) | |
| 1 Child: | $ 7 |  | 1 Child: | $ 19 |  | 1 Child: | $30/day |
| 2 Children: | $ 12 |  | 2 Children: | $ 30 |  | 2 Children: | $54/day |
| 3 Children: | $ 16 |  | 3 Children: | $ 40 |  | 3 Children: | $75/day |

***Miscellaneous Fees:***

|  |  |
| --- | --- |
| Safe Haven staff has to pick up a child from school because he/she missed the bus | $5 |
| Parent picks a child up from Safe Haven after the 6:00 closing time | $10 (for every 10 minutes) |
| Returned Check | $25 |

***Policies Regarding Tuition:***

* Your regular contracted weekly tuition is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Tuition payments will be prepaid. Payment is due by Friday for the following week.
* Parents pay for each contracted day that their child is enrolled, even if the child is absent due to illness.
* If a child is going to be absent on a contracted day, notification must be given in writing to Safe Haven by the previous Friday to avoid having to pay for that day.
* Parents will not be charged for the days Safe Haven is closed due to holidays.
* Parents will not be charged for any days a child misses due to suspension from Safe Haven.
* Additional charges such as late pickups, overdraft fees, and missing the bus must be paid at the end of each week.
* Overdue tuition will result in your child being withdrawn from the program. He/she can only be reinstated when the balance is paid in full.
* Safe Haven will be **open** after school from 3:00 – 6:00 pm during the school year.
* Safe Haven will **open** at 11:30am on Early Release Days (9/20, 11/4, 12/6, 3/11, 4/24, 5/22, 6/19).
* Safe Haven will be **open** from 6:45am-6:00pm on the 3/27 Staff Development Day but will be **closed** on the 10/11 Staff Development Day (the gym floor is being done)

***Other:***

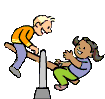
* Safe Haven is not responsible for any child until he/she arrives with an adult or is dropped off by the bus.
* Parents must sign the daily attendance sheet.
* Please call if someone is going to pick up your child other than yourself to ensure your child’s safety.

**I have read and I understand the Safe Haven policies for the 2019-2020 school year. I agree to all the terms listed in the Safe Haven policies as well as the terms listed in this contract.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLONEL TOWN RECREATION**

**Safe Haven Program**

**POLICIES/PROCEDURES**

**School Year: 2020-2021**

**The Safe Haven After School Program is a recreation program for children Grades K-6. These policies and procedures are designed to ensure each child’s safety and well-being (both physical and emotional). Staff members will use positive reinforcement to encourage good behavior. Fun activities will be planned each week to provide children with opportunities to learn and enjoy themselves. Lou Leaver’s saying *“It’s Not Me.* *It’s Not You. It’s Us!”* rings true. Creating a positive environment in which children can grow is a team effort.**

**GENERAL INFORMATION**

1. Safe Haven will be **open** after school from 3:00 – 6:00 pm during the school year.
2. Safe Haven will **open** at 11:30am on Early Release Days.
3. Safe Haven will be **open** from 6:45am-6:00pm on Staff Development Days.
4. Safe Haven will be **closed** on the following holidays/school vacations:
   1. Columbus Day
   2. Veteran’s Day
   3. Thanksgiving
   4. Christmas/New Year’s Day
   5. Civil Rights Day
   6. Winter break (Subject to change)
   7. Spring break (Subject to change)
   8. Memorial Day
5. If school is cancelled for the day due to bad weather, Safe Haven will be closed.
6. There is a Safe Haven bus from the Lancaster School to Colonel Town. A $5 fee will be assessed if a child misses the bus and a Safe Haven staff member needs to go to school to get him/her.
7. Closing time is 6:00. If a child has not been picked up by closing time, a $10 fee for every 10 minutes will be assessed. This will help ensure that Colonel Town staff members can go home on time.
8. All necessary registration paperwork must be completed before any child will be allowed to attend Safe Haven.
9. All items must be labeled (i.e. backpacks, lunch boxes, extra clothing, coats, etc.).
10. Children may bring toys and books from home. Please be sure they’re labeled. Colonel Town is not responsible for loss or damage to items brought from home.
11. Children are not permitted to trade or give away their toys, cards, etc.
12. Children are not permitted to bring cell phones or other electronics.
13. To ensure children’s safety, children must arrive with an adult/teenager or on the school bus and must also be picked up by an adult/teenager. Therefore, children will not be permitted to ride their bikes to or from Safe Haven.
14. At the time of drop off or pick up, parents/chaperones must sign the daily attendance sheet.
15. Safe Haven will provide an afternoon snack for the children to enjoy after school each day.
16. Please keep in mind that Safe Haven is a Recreation Program – our goal is to provide children with stimulating activities and fun opportunities for children.
17. The daily schedule of activities, events, etc. may vary as determined by Safe Haven.
18. To ensure fairness to all children, Safe Haven will determine when children are allowed to bring money to special events, field trips, snack bar/food court, etc.
19. Please Note: Safe Haven is NOT responsible for any child until he/she arrives at Colonel Town by bus or with an adult.

**TUITION**

1. Tuition payments will be prepaid by Friday for the following week.
2. A $25 fee will be assessed for each returned check.
3. If for some reason the bill is not paid, the parent must send payment with the child on Monday, otherwise the parent will need to take the child home until payment is made.
4. If a child is scheduled to attend Safe Haven, the parent will be billed for that time slot. If the child is absent when scheduled to attend, the parent will still be responsible for that day’s tuition.
5. You must notify Colonel Town of a change in your child’s schedule for the following week in writing to avoid being billed when your child isn’t here. Notification must be given no later than Friday for the following week. You can call the office at 788-3321 or send an email to [recreation@coloneltown.com](mailto:recreation@coloneltown.com).

**BEHAVIOR**

1. Each child must show respect to themselves, others and the property around them.
2. Staff members will treat each child fairly, with respect and understanding.
3. Staff members will issue a write-up when a child misbehaves (i.e. swearing, willfully destructive, consistently disobedient, aggressive, etc.).
4. If a child receives three write-ups in a 30-day period, he/she will be suspended for 2 days.
5. After two suspensions, a mandatory meeting will take place with the parent to determine whether the child should remain in the program.
6. An automatic suspension will be given if a child engages in a physical fight.
7. If a child willfully destroys property, the parent will be responsible for the damages.
8. The Colonel Town Recreation Directors have the discretion to suspend or expel a child for behavior or safety reasons.

**PARENTS**

1. Parents must show respect to staff members at all times.
2. If a parent is rude or disrespectful to a staff member, the child could be expelled.
3. If a child is absent from Safe Haven for two or more weeks without any contact from the parent, the child will be placed on the inactive list. The parent must complete the application and all other necessary paperwork to begin the re-enrollment process. This DOES NOT guarantee the child will be accepted into the program again.