

## Mount Prospect School District 57 Kids' Corner Agreement

Student's Name \_\_\_\_\_ Start Date \_\_\_\_\_  
Last First Middle Begin Kids' Corner

In accordance with the handbook, please indicate below your choice of part-time or full-time Kids' Corner services. The part-time/full-time option can be changed once during the school year with that change remaining in effect until the end of the school year.

**Full-Time:** My student will be attending Kids' Corner on a regular basis three or more days per week. I understand that I will pay for every week that school is in session including when my child does not attend Kids' Corner including absences for days off of school, illnesses, and vacations. If I terminate the service and reinstate it later in the school year, I agree to pay the full-time rate for the weeks between when the service is terminated and when the service is reinstated. NO CREDIT or REFUNDS will be given for absences, including absences for illness, family vacations, or district snow/emergency days.

**Part-Time:** My student will be attending Kids' Corner on a regular basis two or less days per week. I understand that I will pay for every week that school is in session including when my child does not attend Kids' Corner including absences for days off of school, illnesses, and vacations. If I terminate the service and reinstate it later in the school year, I agree to pay the part-time rate for the weeks between when the service was terminated and when the service was reinstated. NO CREDIT or REFUNDS will be given for absences, including absences for illness, family vacations, or district snow/emergency days.

**Circle the school attending**      Westbrook School      Fairview School      Lions Park School

**Circle the days attending**      Monday      Tuesday      Wednesday      Thursday      Friday

	Session	Grade	Time
<input type="checkbox"/>	1	Kindergarten a.m., 1, 2, 3, 4, 5	7:00 a.m. to Start of School
<input type="checkbox"/>	2	Kindergarten p.m., 1, 2, 3, 4, 5	Dismissal of School to 6:00 p.m.
<input type="checkbox"/>	3	1, 2, 3, 4, 5	Both Sessions 1 and 2

**Registration Fee\* of \$50 per Student**     Payment made at [www.d57.org](http://www.d57.org) using E-PAY - Confirmation Number \_\_\_\_\_

Submit registration fee to the school office along with this agreement

\*Note the registration fee is nonrefundable.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand if I fall behind in payments by two (2) weeks, my child will not be able to attend kids' Corner until full payment received.