BRIDGES Parent Agreement

- The program will be open from 7:00 a.m. until 6:00 p.m. Monday through Friday during the summer break.
- There will be a fee of $80 per week with a $80 registration fee ($70 for early registration by April 21). The weekly fee will be due each Monday. There will be a late fee of $5.00 for each day late.
- Parents who arrive at the center after closing time must pay a late fee at the rate of $5.00 per quarter hour. This should be paid directly to the staff person (a receipt will be given).
- Please initial each line, indicating that permission is granted by you for your child to participate.

I hereby grant permission for my child to:
- Use all play equipment and participate in all of the activities at the center.
- Leave the premises under proper supervision for neighborhood walks and field trips in an authorized vehicle.
- Be included in evaluation and pictures connected with the center’s program.
- Participate in the field trips.

Medical
- I hereby grant permission for the director or acting director to take whatever steps necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:
  - Attempt to contact the parent or guardian.
  - Attempt to contact the child’s physician.
  - Attempt to contact the parent through any persons listed on the registration form.
  - In the event that these are unsuccessful:
    - Call another physician
    - Call the paramedics
    - Have the child taken to the emergency room.

- I understand that any expenses incurred due to medical attention will be borne by the family.
- Please list any information about your child including allergies, special needs, medications, etc.

I (we), the parent(s)/guardian(s) of the minor child hereby release, indemnify and hold BRIDGES, its agents, employees and those working in concert therewith, harmless from all claims, damages, and liabilities for injuries to or damages by my child which are not the results of gross negligence by BRIDGES or its employees.

CHILD’S NAME: ____________________  T-Shirt Size (Adult): ______________

PARENT SIGNATURE: ____________________

DATE: ____________________