



KIDS CLUB
2024-2025 SCHOOL YEAR

CONTRACT

WALTON COUNTY, GEORGIA

APPLICATION IS HEREBY MADE BY _____ (Parents Name)

FOR _____ (Childs Name)

I desire to have my child enrolled in the following Kids Club program:

Table with 3 columns: SUNRISE (Drop-in fee is \$5 per day), KINDERCARE (4-5 yrs) (Drop-in fee is \$25 per day), and AFTER-SCHOOL CLUB (4 yrs & up) (Drop-in fee is \$25 per day). Each column lists options for 1, 2, 3, 4, and 5 days a week with corresponding times and monthly fees.

Kids Club tuition is due monthly by the 15th of the month, September thru June. The tuition for Kids Club will be billed at the end of the month (i.e. August will be billed in September, September will be billed in October, etc.). There will be a \$25 Late Fee after the 15th of each month. There will be a \$25 fee for all returned checks. Kids Club payments will begin on September 1st thru June 1st. You must pay for the full amount even if your child does not stay for the number of days you sign this contract for. There is not a discount for the months with holidays and breaks. SCCS reserves the right to charge additional fees if the child is not picked up during the designated time selected. If additional days are requested, the cost is \$25 per club (Kindercare/After-school) per day.

Obligation to Social Circle Christian School at First Baptist Church: In the event the child's parent shall cancel this contract, any payment made prior to the cancellation will not be refunded.

Each parent hereby relieves the First Baptist Church and all employees of First Baptist Church, Social Circle, Ga, and the Headmaster, Principal, Teachers, The Board of Deacons, Trustees and Social Circle Christian School Board of Directors of First Baptist Church, Social Circle, Ga from liability for any injury to any child enrolled in the school. Each parent also waives any responsibility on the part of the aforementioned for any accident or injury, which might be suffered by any child or by the parents, relatives, or friends of the child.

I ACCEPT THE TERMS OF THIS CONTRACT _____ PARENT/ GUARDIAN SIGNATURE & DATE

ADDRESS _____ STREET/PO BOX CITY, STATE ZIP CODE

TELEPHONE NUMBER _____