



presents



## WELCOME TO VELOCITY AFTERSCHOOL

Our program is a part of OneSource Learning & Development Center, a federally recognized nonprofit that was created to specifically build individuals and prepare them for life by strengthening communities through youth development, healthy living and social responsibility. We endeavor to provide an after-school experience that models the best practices in keeping kids safe and delivering impactful activities in a fun atmosphere.

Velocity provides quality educational programming in elementary, middle and high schools to students ages 5-17 through appealing graphic and performing arts experiences. Velocity features Science, Technology, Robotics, Engineering, Arts and Mathematics (STREAM) and visual and performing arts. It also includes activities which reinforce students' mathematics and science proficiencies, encourage healthy lifestyles through physical fitness and healthier nutrition choices, and enhance the growth of each students' social interactions and attitudes about school.

We look forward working with your son/daughter, teachers, school and community.

Sincerely,

Velocity Afterschool Team



Please complete each page and sign return to your local Velocity Afterschool site along with your child's current immunization record for ALL children a minimum of 3 days prior to start date.

### CHILD'S PERSONAL HISTORY

School: \_\_\_\_\_ Start Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

#### Child 1:

Child's Name \_\_\_\_\_ Called: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ Grade: (circle one) K 1 2 3 4 5  
6 7 8 9 10 11 12

Child's Ethnicity/Race:  Asian/Pacific Islander  Native American  African-American  
 Hispanic  Caucasian  Other: \_\_\_\_\_

Years in After School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

With whom does the child live: : \_\_\_\_\_ E-mail address: \_\_\_\_\_

Child's Legal Guardian(s):  Both Parents  Guardian 1  Guardian 2  Other \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

Parent/Guardian 1: Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 1: E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address/City/Zip: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

Parent/Guardian 2: Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 2: E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address/City/Zip: \_\_\_\_\_

# PARENT PICK-UP AUTHORIZATION

We want to ensure your child's safe and enjoyable experience in our after-school program. Please help us by agreeing to the following procedures:

- I will sign out my child as I come to pick him/her up.
- I will personally escort my child from the program area.
- I will supply in writing the required information of those who are authorized to pick up my child.
- I understand that any changes to pick up list must be made in writing and I also understand that the receipt of any changes must be confirmed by OneSource Learning & Development Center/Velocity Afterschool staff in writing.
- The adults listed below are AUTHORIZED to pick my child, **including myself and any other authorized persons.**
- I understand that adults authorized to pick up my child must present a valid photo ID (preferably a state driver's license or other form of government-issued identification).
- I understand that if the name and address listed on the ID card does not EXACTLY MATCH that of the person picking up my child, my child may not be released.
- I understand that staff will ONLY release a child to authorized adults listed below or listed as emergency contacts.
- I understand that authorized adults must be 18 or older.
- Please list parent/guardians on lines 1 & 2 of pick up authorization list. Update us immediately when any changes are required.

1. Parent/Guardian 1: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Parent/Guardian 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_ Other

Identifying Information (if any): \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_ Relationship to Parent/Guardian: \_\_\_\_\_ Other

Identifying Information (if any): \_\_\_\_\_

Please list below any people **who may not** pick up your child without additional written permission.

(Copies of any court order to support this should be kept with this form.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## ACKNOWLEDGEMENT OF POLICIES & GUIDELINES

By signing below, I give permission for above name student(s) to participate in the Velocity Afterschool Program(s). I acknowledge that I have read the above information, and understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants & parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# EMERGENCY INFORMATION, WAIVER AND MEDICAL AUTHORIZATION

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

Child's Information: Complete one form for each child.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male  Female  Are immunizations current?  Yes  No

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past 5 years?  Yes  No

Does he/she have any disability, special needs, chronic or recurring illness or conditions?  Yes  No

Does he/she have any conditions requiring medical, treatment or special considerations while in program?  Yes  No

Are there any activities from which your child should be exempted for health reasons?  Yes  No

Name current medications (prescribed or over the counter) and give instructions: \_\_\_\_\_

List allergies and diet restrictions: \_\_\_\_\_

If you answered YES to any of the questions above, please give details: \_\_\_\_\_

## Health Insurance Information:

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## Initial Emergency Contact:

Parent/Guardian to be contacted first: \_\_\_\_\_ Phone: \_\_\_\_\_

If the initial emergency contact cannot be reached, please include one relative and one available neighbor to be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent/Guardian Authorization:

I certify that, in advance of participation in OneSource Learning & Development Center, Inc./ Velocity Afterschool programs, I have received all information which I deem necessary or important in making an informed choice regarding my child's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration for the OneSource Learning & Development Center, Inc./ Velocity Afterschool, allowing my child to participate, I voluntarily agree to assume all risks of his/her participation in such activity or program.

IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN OL&DC PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the OneSource Learning & Development Center, Inc./ Velocity Afterschool its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the OneSource Learning & Development Center, Inc./ Velocity Afterschool's facilities and equipment and my participation in OneSource Learning & Development Center, Inc./ Velocity Afterschool, including claims arising out of negligence of the OneSource Learning & Development Center, Inc./ Velocity Afterschool and its employees and volunteers. The use of all OneSource Learning & Development Center, Inc./ Velocity Afterschool facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia. I give permission for my child to participate on supervised field trips away from the site. The health information about my child that I have provided to the OneSource Learning & Development Center, Inc./ Velocity Afterschool (including my child's immunization records) is complete and correct to the best of my knowledge. My child has permission to engage in all prescribed activities except as noted in his/her registration materials.

**Authorization of Treatment:** I grant permission to the medical personnel selected by the director to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for my child. The forms may be photocopied for field trips. I acknowledge that any medical treatment is my financial responsibility and not that of OneSource Learning & Development Center, Inc./ Velocity Afterschool, or any of its agents, volunteers or employees.

Hospital Consent: Hospital has permission to treat my child (name of hospital): \_\_\_\_\_

**Acknowledgement of Policies & Guidelines**

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

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

**RELEASE, AUTHORIZATION, INFORMED CONSENT & WAIVER AGREEMENT  
FOR MEMBERS, GUESTS AND PROGRAM PARTICIPANTS**

(This agreement supersedes all prior oral or written agreements. Updated September 28, 2018)

**OUR COMMITMENT TO YOU**

The OneSource Learning & Development Center (OL&DC)/Velocity Afterschool, Communities in Schools-Atlanta endeavors to provide a safe environment and programs for you, your family and guests. The OL&DC provides exciting, life enhancing programs that involve exercise, travel, learning, and sports. These programs have a certain amount of risk associated with them. This form is to make you aware of those risks and to ask that you assume certain responsibilities for your decisions and actions and those of any minors in your custody or care (hereafter "my dependents").

**FOR YOUR HEALTH**

- I and my dependents understand we are engaging voluntarily in OL&DC exercise, physical activity and/or program related activities and field trips.
- It is my responsibility to monitor my own condition and those of my dependents throughout any activity or program and, should any unusual symptoms occur, I and my dependents will cease participation and inform the instructor and/or staff of the symptoms.
- In the event that a medical clearance must be obtained prior to participation in a physical activity program, I and my dependents agree to consult a physician and obtain written permission from the physician prior to the commencement of any program.
- I and my dependents agree to assume the natural risks associated with exercise and physical activity.
- I give permission to any OL&DC/Velocity Afterschool staff person to administer first aid in the event of an emergency and to secure 911 response units for any medical or surgical treatment needed for me and my dependents. I understand that staff will try to phone the emergency contacts, in my OL&DC/Velocity Afterschool household record but is not required to do so before action is taken. I understand and accept that primary accident insurance and any medical expenses incurred will be my responsibility.

**FOR YOUR SECURITY**

- I and my dependents understand the OL&DC/Velocity Afterschool, Communities in Schools-Atlanta premises, especially parking lots may be provided for a client's convenience while participating in programs or using on-site facilities. The OL&DC/Velocity Afterschool is not responsible for vandalism, break-ins or thefts of personal property. I understand the OL&DC recommends that valuables should not be brought to program activities or onto any premises.
- I agree to report any suspicious activity immediately to the OL&DC/Velocity Afterschool. I understand it is my responsibility to request, read, and after enrollment abide by the refund, cancellation and fee payment policies connected to program involvement.

**REGARDING YOUR CONDUCT**

- I and my dependents will not bring weapons, controlled substances or alcohol on OL&DC/Velocity Afterschool, Communities in Schools-Atlanta premises.
- I understand that any form of solicitation is prohibited and the use of violence, noise, force, coercion, sexual misconduct, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing OL&DC clients the ability to enjoy their program activities, or OL&DC staff's and/or volunteer's ability to conduct class or their job duties, is not acceptable behavior, is in conflict with OL&DC values, and may result in my or my dependent's program withdrawal or termination from the program. I am aware that the OL&DC reserves the right, within its sole discretion, to withdraw program involvement and membership privileges to anyone for any reason that the OL&DC, in its sole discretion, considers appropriate or in the interests of the OL&DC and/or its patrons.

**YOUR CONSENT AND RELEASE**

IN EXCHANGE FOR ALLOWING ME TO PARTICIPATE IN OL&DC PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD

- HARMLESS the OL&DC, Communities in Schools-Atlanta, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the OL&DC and Communities in Schools-Atlanta's facilities and equipment and my participation in OL&DC programs, including claims arising out of negligence of the OL&DC and its employees and volunteers. The use of all OL&DC facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of all photographs or video footage of myself or my dependents for OL&DC promotional purposes without compensation, and I understand that it is the personal responsibility of students and their parent(s) to avoid being photographed if they so desire. By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in OL&DC programs and activities.
- I authorize the release of all academic, attendance, and truancy records to the OL&DC, Velocity Afterschool Program.
- I hereby release, covenant not to sue, and hold the sponsors, promoters, and employees of OneSource Learning & Development Center, Velocity Afterschool and Communities in Schools-Atlanta and all other persons and entities associated with the Velocity Afterschool Program harmless from any and all claims, demands, rights and causes of action, damages, or other liability, including negligence, resulting from any loss or injury, physical or otherwise, suffered by the participant(s).

Signature	Name (Please Print)	Date
Spouse		Date
Name(s) of Child/Children		
Parent/Guardian		Date
Emergency Contact/Relationship	Home Phone #	Cell Phone #

## PAYMENT & PROGRAM POLICIES AGREEMENT

**Care.** I understand the OL&DC/Velocity Afterschool agrees to provide child care services M-F from school dismissal until the end of program. This care includes a nutritious snack. Students are not to bring food to the program, and I need to tell the Program Director if my child has dietary restrictions. **NOTICE TO PARENTS AND GUARDIANS: THIS FACILITY DOES NOT CARRY LIABILITY INSURANCE COVERAGE SUFFICIENT TO PROTECT YOUR CHILDREN IN THE EVENT OF AN INJURY, ETC.**

**Original Signatures.** I understand that I can scan & email or fax registration forms to enroll my child in OL&DC Velocity Afterschool, but I also understand that original signatures will need to be added to any faxed documents to meet requirements by the Childcare Licensing Division of Bright from the Start.

**Returned Checks.** I understand that I will be notified by Check Care Systems or an OL&DC Representative if a check is returned. A penalty of \$37.00 will be charged for a returned check. If the OL&DC receives more than two returned checks, I will be required to pay by money order/credit card for the remainder of the school year.

**Fees.** I understand that OL&DC Velocity Afterschool is a full-time program with weekly and/or monthly fees. Any extenuating circumstances will need to be discussed with the Director. I understand that payment of child care fees is the responsibility of me, the parent/guardian. Payment reminders will be given; however, payment must be made on a timely basis **REGARDLESS OF RECEIPT OF INVOICE.** I am always responsible to keep my account current and will refer to the parent handbook to find out exactly when fees are due. I understand that due to inclement weather or illness, if my child is present in the program at least one or more days, I will be charged the total fee for the week and if my child is sick 2 days or less, I will still be charged the total fee for the week.

**Payments:** Payment of child care fees is the responsibility of the parent/guardian. I understand that all payments are due no later than the Friday prior to the week of attendance or Monthly. All payments must be made online or by automatic draft via credit/debit card. No payments will be accepted in person, over the phone, via email, at your child's school or at the Afterschool site by the Site Director. Monthly Afterschool payments are due by the 25<sup>th</sup> for monthly OR the 1st & 15<sup>th</sup> of the month for the upcoming month. If full payment is not received on the due date your account will be considered past due. Monthly payments not received by the due date will incur an additional \$10.00 late fee and care for your child will be suspended until payment is made in full. When this occurs you will be contacted by the OL&DC and asked to pick up your child from school immediately.

**Cancellation.** I understand that the afterschool program requires a *TWO-WEEK WRITTEN* notice of withdrawal of a participant to be given to the OL&DC office, not counselors. Until such notice is received by the Velocity Afterschool Program Director, parents are responsible for fees. I agree to contact the Velocity Afterschool for details regarding cancellation if I wish to cancel enrollment.

**Late Fees.** I understand that the sites located at the schools and the sites located at the OL&DC have prompt closing times. If my child is left after closing time, OL&DC staff will attempt to contact parents first and then will proceed to the listed emergency contacts. A late fee will be assessed and I must refer to the parent handbook for how the exact charges are calculated and payment method. The OL&DC is required by law to notify the Department of Family and Child Services if any child is not picked up one hour after site closing time.

**Immunizations.** I understand that a current health department immunization record #3231 is required with enrollment papers.

**Sick Children.** To maintain a safe and healthy environment for all children, I understand that children that are ill which includes but is not limited to oral temperatures of 101 degrees or higher, any contagious symptoms such as rashes, sore throat, congestion, vomiting, etc. should not attend after school. If my child has been exposed to or contracted any serious communicable or infectious disease, he or she may not return until accompanied by a note from the child's physician. I understand the OL&DC will keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases and will post when a communicable disease has been introduced into the program. Arrangements must be made for immediate pick-up if I am notified that my child is ill. The OL&DC will prorate fees when this occurs, but I must contact the Program Director for approval.

**Updates.** I agree to keep the office informed of any changes in information and update on any significant changes at home that might affect my child.

**Medication.** If medication needs to be distributed, I agree to contact the Program Director, so arrangements can be made.

**Weather-Related School Closings.** I understand that after school will be cancelled if my child's school closes due to inclement weather or any emergency. In the event of an unplanned early release by the OL&DC or my child's school, I must follow the communications procedures as outlined in the Parent Handbook. All children must have an alternate pick up or care at time of dismissal. The OL&DC will only release children to adults authorized on the pick-up list. Adults listed must be 18 years or older. In the event of weather-related school closings, the weekly fee will be prorated to half price **ONLY** if schools are closed for 3 or more days.

**Parent Handbook.** I understand the OL&DC will make every effort to distribute parent handbooks to all parents, but it is my responsibility to ensure I obtain one and read the Parent Handbook.

**Special Needs.** I understand that for the OL&DC to appropriately modify child care delivery to address diverse needs, they need to know at the time of enrollment if my child has special needs that require adaptations or modifications.

**Acknowledgement of Policies & Guidelines.** By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

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

## Healthy Me & Healthy You Participation Agreement

This is to certify that \_\_\_\_\_  
Name of parent/guardian

has the authority to give permission for \_\_\_\_\_  
Name of child

to participate in the OneSource Learning & Development Center (OL&DC) Velocity After-school Healthy Me & Healthy You Program.

As the parent or guardian, I also agree to acknowledge that I will assume responsibility for the natural risks associated with my child's participation in the exercise component of the OL&DC Velocity Afterschool Program. The risks for participation in this program are no greater than participation in any well-designed physical activity program for someone of your child's age and physical make-up. For example, new exercisers may experience some muscle soreness initially, and exercise may subject some children to an increased risk of injury. If your child has an injury during the moderate-to-vigorous physical activities, medical treatments will be provided following the existing policies and procedures of his or her afterschool site.

I understand and affirm that my child is in good health and physical condition to participate in this program. I acknowledge that I have read and am fully familiar with the contents of this participation agreement and have voluntarily signed this document. I understand that I may withdraw my consent at any time without it affecting my child's participation in the OL&DC's Velocity Afterschool program.

I give permission for \_\_\_\_\_ (Name of Child) to participate in the OL&DC Healthy Me & Healthy You Program for the time period specified and will support his/her successful completion.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Email



CHILD NAME \_\_\_\_\_

**PAYMENT POLICIES AND PROCEDURES**

**ANNUAL HOUSEHOLD INCOME** (Please select from the choices below)

Less than \$15,000  Less than \$30,000  Less than \$45,000  Less than \$60,000  More than \$60,000

**CHILD'S ETHNICITY/RACE**

Asian/Pacific Islander  Native American  African-American  Hispanic  Caucasian  Other \_\_\_\_\_

**MILITARY INFORMATION**

Is your child a military dependent?  Yes  No

Do you have a military affiliation?  Active Duty Military  Retired/Veteran  No Military Affiliation

**PRIMARY PERSON RESPONSIBLE FOR PAYMENTS**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

**SECONDARY PERSON RESPONSIBLE FOR PAYMENTS**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

**PAYMENT METHOD** (Please select from the choices below)

I choose auto draft with bank account, including first month's payment and registration fee (attach a voided check)

**Bank Name:** \_\_\_\_\_ **Account Holder Name** \_\_\_\_\_

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

Draft Date (can be up to two half payments):  20<sup>th</sup> of the prior month  25<sup>th</sup> of the prior month  1st  5th  15th

I choose auto draft with credit card or debit card

Visa  Mastercard  American Express  Discover

**Name on Card** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Card Number** \_\_\_\_\_ **Verification Code** \_\_\_\_\_

Draft Date (can be up to two half payments):  25<sup>th</sup> of the prior month OR  1st  5th  15th of the prior month

I choose not to auto draft. I understand my payment is expected by the 5<sup>th</sup> of every month or by the Friday prior to the week of attendance and I am responsible for a late fee of \_\_\_\_\_ if my payment is late.

**STATEMENT OF UNDERSTANDING**

\_\_\_\_\_ (Initial) I understand and have read all payment policies, chosen my payment method, and agree to abide by all policies in place. I understand failure to uphold my payment arrangements will result in a \$15 late fee as well as a suspension from the program.

\_\_\_\_\_ (Initial) I have included all information as requested above, and if there is a secondary responsible party it is my responsibility to have this form duplicated and submitted to that party for their acceptance payment policies and procedures. I understand the late payment policy is enforced regardless of who is responsible for the late payment.

\_\_\_\_\_ (Initial) I understand that if I am receiving assistance from a Third Party Provider, it is my responsibility to begin the process with a caseworker. I understand I may not be able to register or have my child attend child care until authorization is received in writing from the state. I understand that Third Party Provider reviews must be made on time to continue child care and full payment is expected without authorization until matter is resolved.

\_\_\_\_\_ (Initial) I commit, by my signature, to allow OneSource Learning & Development Center to draft, as applicable, my bank account or credit card for all monthly, weekly, bi-weekly payments to include drop in care or additional coverage as requested by myself. I understand that if the payment is not able to be collected at the time of draft a \$37.00 NSF/processing fee will automatically be added to the account.

\_\_\_\_\_ (Initial) I understand OneSource Learning & Development Center is a school year program based on school in session days. Fees are calculated and averaged over the school year to ensure consistent monthly charge. I understand there some rates are subject to change.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_