

Summer/ School Year 2026-2027

SMASH ENROLLMENT AGREEMENT

The program will close for the following holidays approved by Board of Directors:

- New Year's Day (if falls on weekend alternate date will be announced)
- Martin Luther King Jr. Day
- Good Friday
- Memorial Day
- July 4th (if falls on weekend alternate date will be announced)
- Labor Day (if falls on weekend alternate date will be announced)
- Teacher Workday Aug 10, 2026
- Veteran's Day
- Thanksgiving Day and the day after
- Christmas: 2 days each year. Dates announced in January of each year

School Year...I understand that I am responsible for a **\$50.00 per family** registration fee and a weekly **fee of \$95.00 for the 1st child enrolled and \$90.00 a week per child enrolled thereafter.** Payments are due every Monday. If your account does not have a zero balance or a credit on Tuesday morning, a late fee of \$10.00 will be added per child.

Summer...I understand that I am responsible for a **\$35.00 per child** registration fee which includes supplies and 1 SMASH t-shirt. The **weekly fee is \$165.00 for the 1st child enrolled and \$160.00 a week per child enrolled thereafter. All field trips, breakfast, and afternoon snacks will be included. We will provide CCS school lunches when available.** Payments are due each Friday before care. If your account does not have a zero balance or a credit on Monday morning, a late fee of \$10.00 will be added per child.

I understand that in the event of any absences during program hours or activities I am still responsible for full payment fees.

We will send you an invite either through text or email (or both) inviting you to download our Brightwheel app. You will use this app to check your child(ren) in and out each day, make payments (or you can pay with cash or check at the table), send messages throughout the day. We use this excellent communication tool to send incident reports, invoices, or messages to you. We will tell you more about this excellent tool upon registration.

Rules and Policies

1. I will supply the SMASH office with any information changes pertaining to my child's file as they occur. (phone#, address, employment, emergency contact, pick up authorization).
2. I understand that if a medical emergency should arise, a staff member will attempt to contact me first. If I cannot be immediately reached, a person from my child's emergency pick-up list (located in my child's registration paperwork) will be contacted. If the emergency is such that immediate emergency medical attention is necessary, an ambulance, emergency vehicle, or staff member may transport my child to the nearest hospital.
3. SMASH is a Christian based program and Methodist approved Bible lessons are part of the program's curriculum.
4. **SMASH closes at 6:00pm. The cut off for drop is 9 alf your child is picked up after 6:00pm, you will be charged \$1 per minute for every minute after 6:00pm, that charge will double every time your child is picked up after 6:00pm.**
5. **I will give at least a 2 week notice to the Director prior to withdrawing my child, during which time I will be responsible for payment of fees. If I do not give 2 week notice, I will be billed the full 2 week tuition amount whether my child is in attendance or not, unless approved by the Director.**

Behavior/ On-Going issues

On-going, severe behavioral problems such as profanity, physical abuse of another child, physical abuse of a staff member, blatant disobedience or disrespect of a staff member or acting in such a manner as to endanger themselves or the group they are in will not be tolerated and may result in suspension or dismissal from the program.

I understand that my child must maintain proper behavior and follow all rules of safety on the van/ bus. **Failure to do so may result in suspension or dismissal from the bus and/or program.** If my child is suspended for any reason, I am still responsible for payment of fees during the time of suspension.

If incidents occur during off premised activities, parents will be notified. Incidents may result in students unable to participate in field trips.

For security measures, Salem church, Salem Preschool and Childcare, and SMASH programs do have cameras in all spaces occupied by children and staff. Due to privacy policies and laws, we are unable to share any video footage with parents. If an incident occurs during operating hours, cameras can be viewed by Salem Preschool/ SMASH staff. After a review of incidents, parents may be notified with an incident report, a Brightwheel message, or a phone call to discuss the review.

Acknowledgement of Rules and Policies

I have read all of the above rules for SMASH. I agree to adhere to the stated policies and procedures of the Program. I have also discussed policies with my child, and I give my child permission to participate fully in this Program. I acknowledge that I have received a copy of the SMASH parent handbook.

SIGNATURE _____ RELATIONSHIP TO CHILD _____

***PERMISSION FORM FOR INTERNET PUBLISHING OF PICTURES ON CHURCH WEBPAGE**

Child's Name : _____

Parent's Name: _____

Your child's picture is under consideration of publication on Salem Methodist Church's Web Page, a part of the internet. Your child's last name, home address, or telephone number will **NOT** appear with any picture. The picture will also be protected from "right clicking" (No one will be able to download or save the picture)

_____ Permission is granted for the World Wide Web publishing as described above indefinitely or until removal is requested by parent/ guardian .

_____ Permission is **NOT** granted for World Wide Web publishing as described above .

Parent Signature: _____ Date : _____

**SMASH
*PERMISSION SLIP***

I **DO/DO NOT** give permission for my child to leave Salem Methodist Church property on excursions planned and supervised by the SMASH Staff. I absolve the SMASH Programs and Salem Methodist Church from liability to me or my child due to any injury to my child while attending the SMASH Program or during any activity. I give permission for emergency medical care to be given to my child in the event that I am unable to be immediately reached. Emergency care will be given as deemed necessary by the attending physician or emergency technician.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

EMERGENCY CONTACT _____ PHONE# _____

Enrollment information

Date: _____ School: _____ Grade for fall 2026: _____

*CHILD IDENTIFICATION:

CHILD'S NAME	PREFERS TO BE CALLED	DATE OF BIRTH	SEX
--------------	----------------------	---------------	-----

*PARENT(S)/GUARDIAN(S) IDENTIFICATION :

NAME	RELATIONSHIP TO CHILD
------	-----------------------

COMPLETE MAILING ADDRESS	HOME PHONE#
--------------------------	-------------

EMPLOYER	WORK PHONE#	CELL#
----------	-------------	-------

PARENTS/ GUARDIAN EMAIL ADDRESS

*PERSONS AUTHORIZED TO PICK UP CHILD IF PARENTS ARE UNAVAILABLE:

NAME	ADDRESS	HOME/CELL PHONE#	WORK#
------	---------	------------------	-------

NAME	ADDRESS	HOME/CELL PHONE#	WORK#
------	---------	------------------	-------

NAME	ADDRESS	HOME/CELL PHONE#	WORK#
------	---------	------------------	-------

**** Persons under the age of 18 are not allowed to pick up children from SMASH, as we may ask for ID. If you are in need of accommodations please see our SMASH Manager or Preschool Director. Anyone who is not on the pick up list will not be allowed to pick up unless the SMASH office receives information by message in Brightwheel or a phone call to the SMASH Manager.

***MEDICAL INFORMATION:**

Allergies (food, medications, insects, etc.) _____

Chronic or recurrent illnesses or disorders: _____

Does your child take medications on a regular basis? If yes, please state names of medications and dosage.

Will the medication need to be given during program hours? If yes, when will it need to be

given? _____

What should we do if your child has a problem related to his/her medical condition during program hours?

Child's Doctor: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Child's Health Insurance: Company Name and Policy#: _____

***CUSTODY RESTRAINT- PERSONS NOT ALLOWED TO PICK UP YOUR CHILD**

NAME RELATIONSHIP TO CHILD

NAME RELATIONSHIP TO CHILD

WHO TO CALL IF A PICK-UP ATTEMPT IS MADE

***PLEASE BE ADVISED THAT SMASH DEPARTMENT CANNOT LEGALLY PREVENT A PARENT FROM PICKING UP A CHILD WITHOUT A COPY OF THE CHILD'S CUSTODY PAPERWORK IN THE CHILD'S FILE.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Summer Camp Schedule

Summer camp starts the Week of May 25, 2025 7am-6pm. Campers must be dropped off by 9am. (May 25 is a Holiday, and May 26 is a regular school day with early release, SMASH will be open all day on May 26.)

Please choose the week(s) your child will attend. There will be a \$10 nonrefundable deposit for each week of attendance. This fee will be subtracted from weekly tuition.

Weeks of Camp:

- May 26-29, 2026- Space Quest
- June 1-6, 2026- Dino Explorers
- June 8-12, 2026- Down on the Farm
- June 18-19, 2026- Culinary Kids
- June 22-26, 2026- Deep Sea Expedition
- June 29-July 2, 2026 (closed 07/03/2026 for July 4th)- Hero Academy
- July 6-10, 2026- Safari Adventure
- July 13-17, 2026- Game Masters
- July 20-24, 2026- Wild West (Salem Church Vacation Bible School Week)
- July 27-31, 2026- Young Artist
- August 3-8, 2026- Kids Got Talent
- August 11-14, 2026 (08/10- staff workday- Preschool and SMASH closed for students)- Mystery Detectives
- August 17-21, 2026- Fan Favorites

Please indicate what size t-shirt your child will need:

- Youth Small
- Youth Medium
- Youth Large
- Youth XL
- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult 2X