



SCCCA/ICS Summer Program  
**Policy Agreement Form**

**My child(ren) and I have read, understood, and agreed to the following policies for Summer program.**

1. ADMISSION POLICIES AND FEES
2. CONDITIONS FOR SERVICE AND GROUNDS FOR TERMINATION
3. SIGN IN/OUT PROCEDURE
4. FOOD SERVICE
5. CODE OF CONDUCT
6. DISCIPLINARY METHODS

Family #ID: \_\_\_\_\_

Print student(s) full name: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Parent or guardian's name (print): \_\_\_\_\_

Parent or guardian's name (signature): \_\_\_\_\_

Date: \_\_\_\_\_