

CHUM Distance Learning Questionnaire and Agreement

Child's Name _____

Which home would you like to pick up your kits from on Sundays, between 1-5? (Please circle)

- A. Bethany Stevenson
7404 Mackenzie Ln
Portage, MI 49024

- B. Amanda Molitor
9931 Sailor Ct.
Portage, MI 49002

- C. Neither of these options will work for me. I need to make alternative arrangements

Will any siblings be participating with the learning Kits? YES NO

If Yes:

Please list the names and ages of the siblings participating

Please initial next to each section and sign the form at the bottom as your recognition to abide by the following

Section	BOTH Parents'/ Guardians' Initials
If siblings are participating with the distance learning kits, an additional \$5 per child will be added to the monthly cost of the distance learning program.	
I understand that it is important to return the learning kits each week so that another child may enjoy kit the following week. I will return the kits each week on Friday at the designated time and if I am unable to do so, I will make arrangements with Bethany or Mrs. Molitor to return the kit. Unless a prior arrangement has been made, \$5 will be taken from the security deposit for each day the kits are late being returned. After a total of 13 late days you can no longer participate in the distance learning program and paid money will not be refunded.	
I am responsible for returning all of the items each week in the learning kit. Pieces may go missing here and there but if significant parts of the learning kits are missing or damaged as determined by the teacher, I agree that the cost will be deducted from the \$65 security deposit.	

I HAVE READ THE ABOVE STATEMENTS SIGNED:

Mother/guardian Date Father/guardian date