

**BUENA VISTA CLUB**  
**SCHOOL YEAR CONTRACT 2023-24**

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**SCHOOL YEAR 2023-24 REGISTRATION CONTRACT (subject to change)**

**CHILD'S NAME:** \_\_\_\_\_

**TEACHER'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CHOOSE ONE**

\_\_\_\_\_ **FULL 5 DAYS PER WEEK**

\_\_\_\_\_ **4 DAYS PER WEEK (CIRCLE DAYS ATTENDING) M T W TH F**

\_\_\_\_\_ **3 DAYS PER WEEK (CIRCLE DAYS ATTENDING) M T W TH F**

\_\_\_\_\_ **2 DAYS PER WEEK (CIRCLE DAYS ATTENDING) M T W TH F**

\_\_\_\_\_ **DROP IN/HOURLY RATE \*\*MUST CALL PRIOR TO CONFIRM SPACE, IF YOU KNOW THE DAYS EACH WEEK PLEASE MARK THEM HERE**

M T W TH F

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*ALL CONTRACT CHANGES MUST BE DONE BY THE 20<sup>TH</sup> OF THE MONTH TO ENSURE CHANGE FOR THE UPCOMING MONTH\*\*\*\***

**BUENA VISTA SCHOOL YEAR 2023-24  
LIABILITY RELEASE FORM**

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian) understand and realize that upon returning to The Buena Vista Children's Center (dba The Buena Vista Club), The Buena Vista Children's Center, its directors, agents and employees cannot guarantee there will be no exposure of COVID-19 to my child, family and any person(s) listed on our emergency form as an authorized pick-up.

By signing below, I agree that participation may cause exposure to COVID-19, which can cause illness to my child(ren), family and those with whom we interact. I release The Buena Vista Children's Center (The Buena Vista Club) from all liability, costs and damages that could arise from participating in their summer camp services. I agree to accept financial responsibility for the costs related to emergency treatment and give my confirmation of the same by signing this document.

**COVID-19 Updated Policy (We will update as necessary)**

We are following all current mandated safety and sanitizing guidelines directed to us by Licensing and CCHD. All policies and stipulations from the current parent handbook/contract will be carried over and remain active. My signature below indicates I agree to follow the updated policies regarding the COVID-19 crisis set forth by Buena Vista Children's Center (The Buena Vista Club). I have read and understand the terms of this agreement, all materials were explained adequately, and my questions have been satisfactorily answered. Signatures of both parties have signed below making this a legally binding agreement.

**\*I understand & agree to follow all policies & procedures stated in the REVISED Buena Vista Club's brochure and all forms attached. Buena Vista Club reserves the right to change this contract at any point in time.**

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**Parent/Guardian's Signature**

**Date**

**BUENA VISTA CLUB SCHOOL 2023-24**

**REGISTRATION FEE IS \$50**

**RATE SHEET**

**MONTHLY RATES 1<sup>st</sup>-5<sup>th</sup> GRADE**

**5 DAYS PER WEEK: \$650**

**4 DAYS PER WEEK: \$580**

**3 DAYS PER WEEK: \$485**

**2 DAYS PER WEEK: \$375**

**DROP-IN DAILY RATE: \$16 per hour charged by the half hour**

**MONTHLY RATES KINDERGARTEN**

**5 DAYS PER WEEK: \$805**

**4 DAYS PER WEEK: \$715**

**3 DAYS PER WEEK: \$610**

**2 DAYS PER WEEK: \$465**

**DROP-IN DAILY RATE: \$16 per hour charged by the half hour**