N'FERNO DANCE COMPANY TRANSPORTATION & DANCE PROGRAM EnrollmentForm

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| **Family Information** | | | | | | | | |
| **Child's Name** | | | **Date of Birth** | | | | | **Age** |
| **School Child Attends** | | | | **Grade** | | | **Start Date** Pick Up Time | |
| **Home Address** | | | | | | | **City** | |
| **State** | **Zip Code** | | **Parent Mobile** | | | | **Child Mobile (if applicable)** | |
| **Parent/ Guardian Name** | | | | | **Relationship to Child** | | | |
| **Email Address** | | | | | **Home Number** | | | |
| **Parents Work Number** | | | | **Drop Off Instructions:** | | | | |
| **Child(ren) Drop Off Location:** | | | | | | | | |
| **Are there any special custodial needs that we should be aware of (if Yes, please provide court order documents):** | | | | | | | | |
| **Emergency Contacts** *(Parents please provide a person other than yourself)* | | | | | | | | |
| **Name** | | | **Number** | | | | **Relationship to Child** | |
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| **Child Medical Information** | | | | | | | | |
| **Name of Physician/ Clinic or Hospital** | | | **Telephone #** | | | | **Child's name** | |
| ***Allergies, Special Health or medical Conditions and Food Supplements: Please complete this section accurately and fully. Please note that if your child has a current health or medical condition requiring staff to perform child specific request such as; Monitor conditions, care, or give medication. Please complete additional forms if we or your child may need to administer medication.*** | | | | | | | | |
| **Does your child have any food, medication or environmental allergies and/or behavioral conditions? (indicate all that apply)** | | | | | | | | |
| **Food: Please list** | | | | | | | | |
| **Medical: Please explain** | | | | | | | | |
| **Behavioral: Please Explain** | | | | | | | | |
| **Other Special needs: Please Explain** | | | | | | | | |
| **Termination Clause:** A two week written notice must be provided to remove your child from our program. In the event you fail to submit your notice in a timely manner you will be financially responsible for the two weeks. | | | | | | | | |
| **IMPORTANT:** N'Ferno will not use the card on file unless your account is not fully satisfied after withdrawal from our program. | | | | | | | | |
| **Bank:** | | **Card No.** | | | | **CVC** | | Exp. **Zip Code** |

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| **Emergency Transportation Authorization** | | | | | |
| **N'Ferno Dance Company has permission to secure emergency transportation for my child in the event of an illness or injury which require emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.** | | **OR** | **N'Ferno Dance Company, LLC does not have permission to secure emergency transportation for my child in the event of illness or injury which requires emergency treatment. I wish for the following action to be taken:** | | |
| **Parent Signature** | |  | **Parent Signature** | | |
| **Transportation Authorization** | | | | | |
| **I give N'Ferno Dance Company, LLC (staff, employees) permission to pick up my child from school to N’Ferno Facility and/or home (if applicable) Monday through Friday regular school days, early dismissals, emergency school closings.** | | | | | |
| **Parent Signature** | | |  |  | |
| **School Closing Schedule of Fees and Acknowledgement** | | | | | |
| ***In the event of a school closing I am fully aware of the additional fees that will be charged to my account. By initialing below I agree to following fees if my child attends N'Ferno After School Enrichment Program during a school (Full and/or Half Day).*** | | | | | |
|  | **Half Day School Closing $15 Per Day Per Child** | | | |  |
|  | **Emergency School Closing NO Extra charge. Parents will have 2 hours to pick up their child from time of the school closing** | | | | |
| **Weekly Rates & Other Fees** | | | | | |
| ***By initialing below I acknowledge I am fully aware of N'Ferno Dance Company, LLC fees and agree to pay in the event I am late for weekly payments or late to pick up my child.*** | | | | | |
|  | ***\_\_\_\_ $60 Before School \_\_\_\_$70 After School \_\_\_$100 Before and After Services \_\_\_ $50 Transportation Only***  ***For siblings please add additional $5 per child for transportation service. I am fully aware and agree to pay the above selected rate weekly per child for the selected services.*** | | | | |
|  | **All children should be picked up no later than 6:05pm. Thereafter there will be a $1 per minute charge until pick up.** | | | | |
|  | **Drop In: Pick Up or Drop Rate $15.00 per occurrence | Drop In: After School Service $15 per occurrence** | | | | |
|  | **All weekly fees are due the week prior on every Friday end of day. Payment can be made in person and at the front-desk or on line. There will be an additional $20 late fee applied Monday close of business 6:00pm for outstanding accounts.** | | | | |
|  | If your child is absent or left early from school and we are **NOT** provided **1-hour notice** prior to pick up there will be an additional inconvenience fee of $10 added to your account per occurrence. | | | | |
|  | **I understand Security deposits are non-refundable or transferable and are/is based on my selected service per student. At the completion of the school year all enrolled students Security deposit will be applied to their final week of school.** | | | | |
| ***I am fully aware that I am enrolling my child into N'Ferno Dance Company Before / After School Enrichment Program with the sole purpose to enhance children educational skills from the hours of 7am – 10am and/or 2:30pm - 6:00pm. This service also includes pick up services from said child(ren) school. IMPORTANT: Parent should add N'Ferno Employees to the child's Emergency Card for any early dismissals and/or other pick***  ***up service.*** | | | | | |
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| **In the event that I should pay with a check and for any reason my check is returned, I agree to pay N’Ferno Dance Co a**  **$30.00 return check fee in addition to any late fees that may have accrued. I also understand I will no longer be able pay with a check.** | | | | | |
| ***I have read and agree to the above terms and should I fail to make the scheduled payments on time, myself or my child(ren) will be unable to attend N'Ferno After School Program until my financial obligations are satisfied in full. I authorize SafeSave and/or Authorize.net via WEB, TELEPHONE, WRITEN (N’Ferno Dance Company affiliated merchant vendor) to initiate debit entries to my bank account indicated above at the financial institution stated above. I attest that all personal information in this contract is true and accurate:*** | | | | | |
| **Parent Signature** | | | **Date:** | | |

**N’FERNO TRANSPORTATION ADDENDUM**

**Child Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Transportation Authorization** | | |
| I, the undersigned, hereby acknowledge and authorize, accept and represent that the above minor will be a participant of N’Ferno Dance Company Pick Up Service. I have read this form carefully and aware that in consideration for the N’Ferno Dance Company, LLC Transportation Services, that I will be expressly assuming the risk and legal liability and waiving and releasing all claims (past, present, future) for injuries, damages or loss which you might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.    I recognize and acknowledge that N’Ferno Dance Company, LLC is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss,  regardless of severity, that I may sustain as a result of participating in any and all activities connected with or  associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against N’Ferno Dance Company, LLC, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as “Party”).    I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I  may have or which may accrue to me and arising out of, connected with, or in any way associated with said  transportation services.    I further agree that this agreement shall be governed by the laws of the State of Maryland.    I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original signature form. | | |
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| **Parent Signature** |  | **Date** |