All American Kids Club, Inc. 2017-2018 Enrollment Form

PLEASE CIRCI	LE PROGRAM(S):	SUNRISERS CLUB:	М	TU	W	TH	F
		KIDS CLUB:	М	TU	W	TH	F
CHILD'S NAM	Е			SEX	K I	DATE OF	BIRTH
	Last	First		MI		-	MM/DD/YY
MAILING ADD							
	Street or P.O.	Box			City		Zip Code
STREET ADDR	ESS (if different from a	bove)					
PREFERRED E	MAIL ADDRESS:						
AS OF SEPTEM	IBER 2017, TEACHER	'S NAME					GRADE
PARENT INFO	RMATION: (It is imperation	ative you notify us if your en	nploymer	nt informa	tion cha	anges.)	
PARENT 1:	Name						
	Employer				Busi	ness Phor	ne
	Address					Hours	
	Cell Phone	(Other				
	Email			_ Driver	's Licen	se #	
PARENT 2:	Name						
TARLINI 2.	Employer				Busi	ness Phor	 1e
	Cell Phone	(
	Email			_ Driver	's Licen	se #	
IN CASE OF EN	MERGENCY AND PAR	RENT CANNOT BE REACH	IED, PLI	EASE CO	NTAC	Г: (You M	(UST list two.)
Name				Ph	one Nur	nber	
Name				Ph	one Nur	nber	
Address					lationsh		
I LEDERV CIV	E DEDMISSION EOD T	THE FOLLOWING INDIVII					(Anyona listed balow
		picking up your child. Your					
		receives written permission s					who is not listed off
Name				_ Phone N	Number		
Address	Address Relationship icense Plate # Automobile Make and Model						
License Plate # _		Automobile Mak	e and Mo	odel			
Name				_ Phone N	Number		
Address Relationship License Plate # Automobile Make and Model							
License Plate #_		Automobile Mak	e and Mo	odel			
I would like my	child to complete hom	ework: At the prog	gram	At	home	C	hild's preference
Democratica linear		non and not normitted to use	1	-1	4	. (hana iDad tahlat

Pursuant to licensing requirements, children are not permitted to use personal electronic devices (smart phone, iPad, tablet, gaming device, etc.) during scheduled indoor or outdoor activities or homework time. Please note, AAKC is not liable for loss or damage of personal electronic devices brought to the program by the child.

My child has permission to bring and use a personal electronic device during permitted times: _____ Yes _____ No

PARENT/GUARDIAN AGREEMENT

1. My child will be attending the program(s) indicated below:

<u>Sunrisers Club (7:00 – 8:30 am)</u>	<u>Kids Club (3:10 – 6:00 pm)</u>	
5 days/week (\$232.50/month)	5 days/week (\$308.75/month)	5% discount for enrolling
4 days/week (\$222.50/month)	4 days/week (\$295.00/month)	my child in Sunrisers
3 days/week (\$200.00/month)	3 days/week (\$262.50/month)	Club and Kids Club
2 days/week (\$150.20/month)	2 days/week (\$202.00/month)	
1 day/week (\$91.75/month)	1 day/week (\$124.00/month)	
Per Diem (\$26.00/day)	Per Diem (\$35.00/day)	

- 2. I agree to pay a \$20.00 lifetime enrollment fee. Also, each year I will pay a one-month deposit that will be applied to my bill for June or my child's final month of attendance. The deposit will be adjusted if my child's schedule changes during the year.
- 3. I agree to pay program fees, including deposits, late fees, per diem fees, etc. by the due date stated on the invoice, generally the 1st of the month, and I agree to pay a late fee of \$17.50 for payment received after the due date. I understand nonpayment within 15 days of the due date will constitute the voluntary removal of my child from the program on the 16th day, unless an arrangement has been made with the Program Director. I agree to pay interest on any past due balance at a rate of 1.5% per month (.05% per day).
- 4. I understand that when enrolling my child I am reserving time, space, staffing and provisions for my child whether or not my child attends each day and, therefore, no refunds are given for days missed. I also understand there will be no "make up" days for days missed.
- 5. I agree my child will be picked up each day at or before 6:00 pm. If my child is not picked up by this time, I agree to pay a fee of \$7.50 for every 5 minutes late. These fees will be billed separately. Pursuant to licensing guidelines, if this happens more than five times, my child may be dismissed from the program.
- 6. I have received and read a copy of the <u>All American Kids Club Parent Handbook</u> which includes the Information to Parents statement and other policies and procedures required by the Department of Children and Families Office of Licensing.
- 7. Occasionally it may be helpful for *All American Kids Club* staff to work with the Chester Township Schools Child Study Team and your child's teacher to better understand your child's special needs, and we request your permission to do so. Information about your child will be held <u>strictly confidential</u>.

Suzanne Forbes (Program Director) and Sherry Hodapp (Site Director) of *All American Kids Club, Inc.* have my permission to receive and share information regarding my child with the Chester Township Schools Child Study Team and/or my child's teacher(s): ___YES ___NO

- 8. This child is in good health and has my permission to participate in all activities offered by *All American Kids Club*. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by *All American Kids Club* to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.
- 9. On rare days when our program space is needed for school activities such as graduation or concerts, AAKC may find it necessary to cancel our services. We will provide families with as much advance notice as possible when this occurs.

Doctor's Name	Phone Number
Doctor's Address	
Special Needs (if any)	
Other information that may be helpful to us in caring for your child	

PARENT/GUARDIAN SIGNATURE ___

DATE _