## All American Kids Club, Inc. 2021-2022 Enrollment Form

## New Jersey State regulations require a completed and signed enrollment form for each child SEX \_\_\_\_ DATE OF BIRTH \_\_ CHILD'S NAME \_\_ Last, First, Middle MAILING ADDRESS \_\_\_ Street or P.O. Box, City, State, Zip Code STREET ADDRESS (if different from above) \_\_\_ Street or P.O. Box, City, State, Zip Code PREFERRED EMAIL ADDRESS: TEACHER'S NAME (if known) GRADE PARENT INFORMATION: (Please notify us if your employment information changes.) PARENT 1: Name Employer \_\_\_\_\_\_ Business Phone \_\_\_\_\_ Address \_\_\_\_\_ Hours \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_ Email PARENT 2: Employer \_\_\_\_\_\_ Business Phone \_\_\_\_\_ Address \_\_\_\_\_ Hours \_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_ IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, PLEASE CONTACT: (You must list two.) \_\_\_\_\_\_ Phone Number \_\_\_\_\_\_ Address \_\_\_\_\_ Relationship Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_ Relationship \_\_\_\_\_ I HEREBY GIVE PERMISSION FOR THE FOLLOWING INDIVIDUALS TO PICK UP MY CHILD: (Anyone listed below must present formal identification when picking up your child. Your child will not be released to anyone who is not listed on the form unless All American Kids Club receives written permission signed by the parent/guardian.) \_\_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_ Relationship Name \_\_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ I would like my child to complete homework: At the program At Home Child's preference

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.

## PARENT/GUARDIAN AGREEMENT WITH ALL AMERICAN KIDS CLUB INC. ("All American Kids Club")

## The following information assumes 2021-2022 will be a normal school year

PL	EASE CHECK PROGRAM & DAYS:	SUNRISERS CLUB:	$\square M$	□TU	$\square W$	□ТН	$\Box F$
		KIDS CLUB:	$\Box$ M	□TU	$\square W$	□ТН	$\Box F$
1.	My child will be attending the days and program	m(s) indicated below:					
	Sunrisers Club (7:00 – 8:30 am)  ☐ 5 days/week (\$244.75/installment)  ☐ 4 days/week (\$234/installment)  ☐ 3 days/week (\$210/installment)  ☐ 2 days/week (\$157.25/installment)  ☐ 1 day/week (\$96.50/installment)  ☐ Sunrisers per diem (\$31/day)	Kids Club (3:10 – 6:00 pm) $\square$ 5 days/week (\$324.50/ installment) $\square$ 4 days/week (\$310.00/ installment) $\square$ 3 days/week (\$275.25/ installment) $\square$ 2 days/week (\$212.25/ installment) $\square$ 1 day/week (\$130.25/ installment)		□5% discount for enrolling my child in Sunrisers Club and Kids Club □5% sibling discount			
,	Lagree to pay ten installments for a full year	of services, and a prorated	chare if	my chile	l attends	less than	a full vea

- 2. I agree to pay ten installments for a full year of services, and a prorated share if my child attends less than a full year. Installments will be due on or before the first day of each month except for September which will be due on or before the first day of school.
- 3. Along with my first installment, I agree to pay a deposit which will constitute one of the ten installments. This deposit will be applied to my invoice for June or my child's final month of attendance.
- 4. I agree to making adjustments to the deposit if my child's schedule changes.
- 5. I understand when enrolling my child, I am reserving time, space, staffing and provisions for my child whether or not my child attends each day and, no consideration including make-up days will be given for days missed unless arrangements are agreed to in advance and in writing by *All American Kids Club*.
- 6. I understand the Kids Club (afternoon) program requires the transfer of child supervision from the school to *All American Kids Club and* requires close coordination and planning between the school and *All American Kids Club*. Sudden attendance changes increase the likelihood a child may be misdirected. Due to this risk, Kids Club (afternoon) per diem is not offered and will be available on an exception basis only for family emergencies and for no more than four occasions per child per school year. If I qualify for the afternoon per diem exception, I agree to pay \$43 per day for each day of Kids Club (afternoon) per diem attendance.
- 7. Sunrisers program families may purchase additional Sunrisers per diem days at the lower daily rate they are paying.
- 8. I agree to pay a one-time \$30.00 enrollment fee the first time my child is enrolled.
- 9. I agree to pay program fees, including deposits, late fees, per diem fees, etc. by the due date stated on the invoice, and I agree to pay a late payment fee of \$30.00 for payments received by *All American Kids Club* after the due date.
- 10. I understand if I am assessed five or more late payment fees, my child will be dismissed from the program for habitual late payment.
- 11. I understand nonpayment within 15 days of the due date of any invoice will constitute the voluntary removal of my child from the program on the 16<sup>th</sup> day, unless a payment arrangement has been agreed to in writing by *All American Kids Club*.
- 12. I agree to pay interest on any past due balance at a rate of 1.5% per month (approximately .05% per day).
- 13. I agree to pay the cost to collect any of my debt to All American Kids Club which is past due 60 days or longer.
- 14. 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 \$17.50 for every 5 minutes late or fraction thereof. These fees will be billed separately. I understand if I am assessed five or more late payment fees, my child will be dismissed from the program for habitual late pick-ups.

15.	I acknowledge I have or will read when provided, the following four documents, and I agree to comply with the provisions therein.				
	a. This enrollment form.				
	b. All American Kids Club, Inc. Parent Packet which includes the following documents:				
	i. NJ State Information to Parents Statement and Expulsion Policy				
	ii. Release of Children Policy				
	iii. Positive Guidance and Discipline Policy				
	iv. Parental Notification Policy				
	v. Communicable Disease Management Policy				
	vi. Use of Technology and Social Media Policy c. All American Kids Club, Inc. Program Handbook for the current school year				
	d. All American Kids Club, Inc. First Day Guidance Document				
	d. The Interioral Rates Caro, Inc. 1 list Day Suitable Document				
16.	Occasionally it may be helpful for <i>All American Kids Club</i> staff to work with the Chester Township Schools Child Stud 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 <i>All American Kids Club</i> have my permission to receive and share information regarding my child with the Chester Township Schools Child Study Team or my child's teacher(s):  Yes  No				
17.	The school requires the parent/guardian to notify the teacher regarding <i>All American Kids Club</i> attendance. I agree to send note to my child's teacher notifying him/her of my child's <i>All American Kids Club</i> schedule or any changes.				
18.	I understand I am able to communicate with All American Kids Club site staff by calling or texting (908) 217-8347.				
19.	I agree to notify All American Kids Club site staff regarding any schedule changes by calling or texting (908) 217-8347.				
20.	certify my child is in good health and has my permission to participate in all activities offered by <i>All American Kids Club</i> . In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by <i>All American Kids Club</i> to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child named bove.				
	Doctor's Name: Phone:				
	Doctor's Address:				
	Special Needs (if any)				
	Other information that may be helpful to us in caring for your child:				

21. If required by All American Kids Club, Inc. I agree to provide an action care plan signed by a doctor and a parent and provide all items required in the plan prior to my child attending the program.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_ DATE \_\_\_\_\_

When completed and signed, please scan or take photos of each page and attach to an email addressed to howard.forbes@allamericankidsclub.com