

***All American Kids Club, Inc.***

**2025-2026 Enrollment Form**

*New Jersey State regulations require a complete and signed enrollment form for each child.*

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Last, First, Middle

MM/DD/YY

PREFERRED START DATE (if other than the first day of school): \_\_\_\_\_

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: \_\_\_\_\_

NEXT YEAR'S 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: Name \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ Hours \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, PLEASE CONTACT: (NJ State requires two)

Name \_\_\_\_\_ 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.)

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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

**The following information assumes this school year will be a normal year.**

PLEASE CHECK PROGRAM & DAYS:

SUNRISERS CLUB: ☐M ☐TU ☐W ☐TH ☐F

KIDS CLUB: ☐M ☐TU ☐W ☐TH ☐F

1. My child will be attending as indicated below:

Sunrisers Club (7:00 – 8:30 am)

- ☐ 5 days/week (\$271.00/month)  
☐ 4 days/week (\$259.25/month)  
☐ 3 days/week (\$232.75/month)  
☐ 2 days/week (\$174.50/month)  
☐ 1 day/week (\$106.75/month)

Kids Club (3:10 – 6:00 pm)

- ☐ 5 days/week (\$359.00/month)  
☐ 4 days/week (\$343.75/month)  
☐ 3 days/week (\$305.50/month)  
☐ 2 days/week (\$235.75/month)  
☐ 1 day/week (\$144.75/month)

- ☐ 5% discount for enrolling  
my child in both Sunrisers  
Club (except per diem)  
and Kids Club programs  
☐ 5% sibling discount

2. Per-diem care is offered in the morning only at the rate of \$35.00 per day. My child will be attending the morning per diem program. ☐ Yes (A signed enrollment form is required to attend on a per diem basis.)
3. 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 school and by the 5<sup>th</sup> of the month thereafter.
4. Along with my first payment, I agree to pay a deposit equal to one month of service. The deposit will be applied to my invoice for my child's final month of attendance.
5. I agree to adjustments to the deposit if my child's schedule changes.
6. I understand when enrolling my child, I am reserving time, space, staffing, and provisions for my child whether 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*.
7. 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 potential for a child to 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 days per child per school year. If I qualify for the afternoon per diem exception, I agree to pay \$45 per day for each day of Kids Club (afternoon) per diem attendance.
8. Sunrisers program families may purchase additional Sunrisers per diem days at the lower daily rate they are paying.
9. I agree to pay a one-time \$35.00 enrollment fee the first time my child is enrolled.
10. 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 \$35.00 for payments received by *All American Kids Club* after the due date.
11. I understand if I am assessed five or more late payment fees, my child will be dismissed from the program for habitual late payment.
12. 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*.
13. I agree to pay interest on any past due balance at a rate of 1.5% per month (approximately .05% per day).
14. I agree to pay the cost to collect any of my debt to *All American Kids Club* which is past due.
15. 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 \$18.00 for every 5 minutes late or fraction thereof. These fees will be billed separately. I understand if I am assessed five or more late pick up fees, my child will be dismissed from the program for habitual late pick-ups.

16. I acknowledge I have or will read when provided, the following four documents, and I agree to comply with the provisions therein.
- This enrollment form.
  - All American Kids Club, Inc.* Parent Packet which includes the following documents:
    - NJ State Information to Parents Statement and Expulsion Policy
    - Release of Children Policy
    - Positive Guidance and Discipline Policy
    - Parental Notification Policy
    - Communicable Disease Management Policy
    - Use of Technology and Social Media Policy
  - All American Kids Club, Inc.* Program Handbook for the current school year
  - All American Kids Club, Inc.* First Day Guidance Document
17. 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 strictly confidential.

Suzanne Forbes (Program Director) and Sherry Hodapp (Site Director) of *All American Kids Club* 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

18. The school requires the parent/guardian to notify the teacher regarding *All American Kids Club* attendance. I agree to send a note to my child's teacher notifying them of my child's *All American Kids Club* schedule or any schedule changes. A \$35 fee will be assessed for each schedule change beyond the second schedule change.
19. I understand I can communicate with *All American Kids Club* site staff by calling or texting **(908) 217-8347**.
20. I agree to notify *All American Kids Club* site staff regarding any schedule changes by calling or texting **(908) 217-8347**.
21. I certify my child is in good health and has my permission to participate in all activities offered by *All American Kids Club*. In the event of an emergency, I authorize *All American Kids Club* to contact emergency services (911) and release my child to them. If I, an emergency contact, or the physician listed below cannot be reached immediately, I further authorize *All American Kids Club* to select a physician and that physician is authorized to secure appropriate treatment for my child including hospitalization, injections, anesthesia, or surgery, etc. for my child.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

22. My child has the following special needs (if any) \_\_\_\_\_

23. Other information that may be helpful to us in caring for your child: \_\_\_\_\_

24. 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.

25. I would like my child to complete homework as follows: ☐ At the program ☐ At home ☐ Child's preference

Note: Pursuant to NJ State 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 or 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](mailto:howard.forbes@allamericankidsclub.com)

For questions or additional information please call (908) 975-9383 or email [info@allamericankidsclub.com](mailto:info@allamericankidsclub.com)