

N'FERNO DANCE COMPANY AFTER SCHOOL ENRICHMENT PROGRAM

Enrollment Form

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		Where do you work?	
Parent Work/School Address			
Are there any special custodial needs that we should be aware of (if Yes, please provide court order documents):			
Emergency Contacts <i>(Parents please provide a person other than yourself)</i>			
Name	Number	Relationship to Child	
Child Medical Information			
Name of Physician/ Clinic or Hospital	Telephone #	Child's name	
<i>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.</i>			
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 financially satisfied and/or without proper 2 week notice.			
Bank:	Card No.	CVS _____	Exp. _____ Zip Code _____

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 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
Monday through Friday regular school days, early dismissals, emergency school closings.

Parent Signature

Date

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 initialling below I agree to following fees if my child attends N'Ferno After School Enrichment Program during a school (Full and/or Half Day).

Full Day School Closings \$30 Per Day Per Child (Hours of Operation 8:00a - 6:00pm) **IMPORTANT:**
Parents will be responsible for transportation to N'Ferno on FULL Day school closings

Half Day School Closing \$10 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 & Late Fees

By initialling 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.

I am fully aware and agree to pay \$65.00 per week per child for N'Ferno After School Enrichment Program services.

All children should be picked up no later than 6:05pm. Thereafter there will be a \$1 per minute charge until pick up.

All weekly fees are due the week prior on every Friday end of day. Payment can be made in person and at the frontdesk or on line. There will be an additional \$20 late fee applied Tuesday morning 12:00am to all accounts.

*I am fully aware that I am enrolling my child into N'Ferno Dance Company After School Enrichment Program with the sole purpose to enhance children educational skills from the hours of 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 services. If your child(ren) is absent please provide a 2 hour notice. Failure submit a 2 hour notice - you will incur the \$10 inconvenience fee per child.*

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 \$15.00 return check fee in addition to any late fees that may have accrued. I also understand I will no longer be able to pay with a check for the remainder of the school year.

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 (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:









