

Kid's Place Learning Center After School and Before School 2020- 2021

Child's Name _____ Date of Birth _____ School Child Attends _____
Grade as of 9/1/19 _____ Child's Gender _____ With whom does the child reside _____
Guardian 1 _____ Relationship to child _____ E-mail Address _____
Employer _____ Home Address _____
Daytime Phone _____ Eve phone _____ Cell/ Carrier _____
Guardian 2 _____ Relationship to child _____ E-mail Address _____
Employer _____ Home Address _____
Daytime Phone _____ Eve phone _____ Cell/Carrier _____
Emergency Contact Name (other than parent) _____ Relationship to child _____
Phone Number during center hour's _____

Please list any information you feel may help your child adjust to the program .If your child has special health care needs this must be Discussed with the staff during the enrollment process. Additional medical paperwork may need to be completed. Please let us know if there are any issues such as divorce, separation, foster care, orders of protection etc.) _____

List all persons authorized to pick up child at the end of the day. Include yourself if appropriate. **ONLY THOSE LISTED MAY PICK UP YOUR CHILD! (Please Print)** _____

Payments are due on the first of the month. A late fee of \$30 will be applied to all accounts unpaid after the first of the month. Payments must be made prior to the child's attendance at the program. I understand that any change to my child's schedule, including a reduction of days or withdrawing earlier than June 25, 2021 will result in the loss of my deposit. A one-week deposit as well as a \$80 registration fee is due with this application. ALL FEES ARE NON-REFUNDABLE. NYS OCFS requires all children submit a properly completed medical form to the center before any child may attend the program. No adjustments will be made to monthly fees due to absence for any reason including failure to supply the properly completed medical form, illness, or failure to adjust to the program. I understand that Kid's Place Learning Center Staff, Inc. staff will make every effort to provide a positive experience for my child. However, if my child cannot live within the rules of the center or if her/ his behavior adversely affects the experience of other children, I understand s/ he will be dismissed. The center will not refund any fees. I further understand that as the Parent/ Guardian my behavior may be the cause of dismissal from the center. Kid's Place Learning Center, reserves the right to cancel any activities due to occurrences beyond their control. Kid's Place A Place For Kids To Be II Inc. has my permission to take photos of my child, which can be used in promotions I understand that neither my child nor I will be compensated for these promotions. The Program does not administer medication. The program has my permission to take my child on trips inside or away from the center. I consent to the enrollment of the child listed above and have been advised of the policies regarding administration of medication, program fees, transportation and services provided. I also grant the program permission to seek emergency medical treatment for my child with the understanding I will be notified as soon as possible. I _____ am the custodial Parent or Legal Guardian of the above named child. I acknowledge that I am responsible for providing any and all court documentation in the event there is shared custody or any restrictions for a Parent / Guardian. I have been given a copy of the centers policies. I will discuss these policies with my child. I have read the fee schedules and agree to abide by them.
Signature _____ Date _____ Relationship to child _____

After School Program Hours

2:45pm to 6:30pm

Please check the days your child will attend Mon Tues Wed Thurs Fri

Program fees are based weekly

5 days \$78.00 Four days \$68.00 Three Days \$58.00 Two days \$50.00

Sibling Discount For two or more children in attendance 10 % (if fees are unequal the discount is applied to lowest fee paid)

Early Release/School Delay \$25 per child; School Holiday/Cancellation fee \$35 per child (9am to 2:45p)

Before School Program hours 6:30am To 9:00am

Please check the days your child will attend

1 child weekly fee \$55 2 Siblings \$75 3 Siblings \$95

Drop in rate is \$30 per child, per day, per program

Transportation: Parents are responsible for filing the required transportation request with your child's School District. You must complete the transportation agreement with Kid's Place Learning Center for children attending the Beacon City School District.

Office Use Only _____
Date registered _____ Deposit Check # _____ Amount \$ _____ Name of Siblings _____ Referred by _____