

## Kids Kare Financial Terms and Conditions

### Policy Agreement

Please read and Initial next to each of the statements below:

- \_\_\_\_\_ 1. I understand that there is an annual registration fee of \$35.00 per family. This fee is payable at the beginning of each school year.
- \_\_\_\_\_ 2. I understand that fees are based on a weekly rate **only**.

Session	Standard Rate	Sibling Discount Rate
6:00 -8:00 AM Before School	\$35.00 per week	\$30.00
3:00- 6:00 PM After School	\$45.00 per week	\$40.00
Both Morning and Afternoon	\$75.00 per week	\$65.00
6:00 – 10:00 AM Late Start School Session	\$14.00 per session	\$12.00
Early Release Day Session	\$20.00 per session	\$18.00

- \_\_\_\_\_ 3. I understand that I am required to notify the staff of the attendance schedule for my child/children for the upcoming week by Wednesday 6:00 PM the week prior.
- \_\_\_\_\_ 4. I understand there will be an additional \$5.00 per child drop-in fee if my child /children are not scheduled for the day.
- \_\_\_\_\_ 5. I understand that if my child/children doesn't attend on a scheduled day, I will be assessed the full attendance fee.
- \_\_\_\_\_ 6. I understand the attendance fee is due the first of the month in advance.
- \_\_\_\_\_ 7. I understand that if the tuition is delinquent if not paid by 6:00 PM by the fifth day of the month and a late fee of \$25.00 (per family) will be assessed if it is not received on time.
- \_\_\_\_\_ 8. I understand that any time an account becomes delinquent; the child/children on that account will not be allowed to attend Kids Kare until the account (including late fees) is paid in full.
- \_\_\_\_\_ 9. I understand that Kids Kare accepts direct deposits or cash payments.
- \_\_\_\_\_ 10. I have read and understand the Kids Kare Family Handbook and will abide by all terms and conditions. Copies are available at the Kids Kare facility, starting January 2<sup>nd</sup>, 2017.
- \_\_\_\_\_ 11. I understand that Kids Kare closes at 6:00 pm. I will be charged a late fee of \$10.00 for every 15 minutes that I am late per child.
- \_\_\_\_\_ 12. I understand I am responsible for my children's sunscreen.

Children Enrolling Under this Signed Contract \_\_\_\_\_

I, \_\_\_\_\_ certify that I have agreed to all of the financial terms listed above.  
 (Legal Guardian / Parent Full Name)

\_\_\_\_\_  
 (Signature of Legal Guardian / Parent) (Date)

# KIDS KARE CHILD CARE ENROLLMENT

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT(S): MR/MRS/MS \_\_\_\_\_ & \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PARENT'S CELL PHONE # and E-MAIL: \_\_\_\_\_

2<sup>ND</sup> PARENT(S): MR/MRS/MS \_\_\_\_\_ & \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

2<sup>ND</sup> PARENT HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER'S EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ ANY OTHER MEDICAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY NUMBER in case parents/ guardians cannot be reached:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**AUTHORIZED PERSONS – PERSON OTHER THAN PARENTS/ GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD. IF NOT ONE, WRITE "NONE".**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_



***Elmwood United Methodist Church  
After School Program  
2018***

***Kid's Kare Mission Statement:***

***Our mission is to provide a safe, fun, and caring  
environment for our community's children.***

Contact: