

Kid's Place Learning Center Enrollment Form 2026/2027

Child's Name _____ Date of Birth _____ Child's Gender _____
Guardian 1 _____ Relationship to child _____ Employer _____
E-mail Address _____ Employer _____
Home Address _____ Zip Code _____
With whom does the child reside _____
Daytime Phone _____ Cell/carrier _____ Eve Phone _____
Guardian 2 _____ Relationship to child _____ Employer _____
E-mail Address _____ Employer _____
Home Address _____ Zip Code _____
Daytime Phone _____ Cell/carrier _____ Eve Phone _____
Emergency Contact Name (other than parent) _____
Relationship to child _____ Phone Number during center hours _____
List all persons authorized to pick up the child at the end of the day. Include yourself if appropriate. **ONLY THOSE LISTED
MAY PICK UP YOUR CHILD (Please Print)** _____

Please list any information you feel may help your child adjust to the program. If your child has special health care needs or will require seeing a therapist or consultant while in our care, you must list the details below. This includes ADD/ ADHD, Asthma, Allergies, Seizures, Early Intervention Services, or comments your pediatrician has written on your child's medical form. This information must be provided for the safety of your child. The Office of Children and Family Services requires additional medical records to be completed prior to having a Therapist/ Social Worker work with your child in care. Omitting medical information or failing to discuss particulars of your child with staff during the time of enrollment is cause for termination of childcare. _____

Payment is required on the first of each month. Late payments forfeit all discounts. A \$35 fee is applied to your account on the 5th of each month. Kid's Place relies on your monthly fees for our daily operations. We require that all participants have their fees paid before attendance. I understand that I will forfeit my deposit if payments are not made in accordance with the fee schedule. A NON-REFUNDABLE ONE-WEEK DEPOSIT AND A \$150.00 REGISTRATION FEE ARE DUE WITH THIS APPLICATION. The registration fee will be automatically charged to your account each June for the following school year. If your family is not continuing past June, you must provide written notice by May 1. The one-week deposit will be applied to your last week of care. We require a three-week notice when withdrawing from the program. Failure to provide three weeks' notice will result in forfeiture of your deposit. Once the month begins, you are responsible for the full monthly fee. This program is licensed by the Office of Children and Family Services. This agency requires all children to submit a properly completed medical form to the center before they may attend the program. Kid's Place Learning center will in an emergency situation provide non child specific Anaphylaxis medication. No adjustments will be made to fees due to absence, including failure to supply the properly completed medical form, illness, or inability to adjust to the program. No make-up days are permitted due to illness, holidays, or weather closure. I understand that Kid's Place Learning Center staff will make every effort to provide a positive experience for my child. Children are accepted to the center on a four-week trial basis. If, at that time, we cannot assist your child in adjusting to the classroom, their needs are beyond what the staff can provide without one-to-one attention, and you will be notified that we cannot continue care. There will be no extension on this time frame. I understand that if my child cannot live within the center's rules, or their behavior or the parent's behavior adversely affects the other children's experience, they will be dismissed. No refunds will be provided if the program terminates your childcare. Kid's Place Learning Center reserves the right to cancel any activities due to occurrences beyond its control. Kid's Place Learning Center is authorized to take photos of my child for promotional use. I understand that neither my child nor I will be compensated for these promotions. I grant the program permission to seek emergency medical treatment for my child, knowing I will be notified as soon as possible. I _____ am the Custodial Parent or Legal Guardian of the above-named child. I have been advised of the program's policies, including medication administration, fee schedules, and services, and I agree to abide by them.

Print Name _____ Signature _____
Date _____

The fees below represent the **10% Discount**. All fees paid in full by the first of each month will be as follows per week: All Program fees are based on a weekly Charge.

Infant Program Fees (6 weeks - 18 months)

<u>Program Weekly Fees:</u>	Five days	Three days
Commuter Hours 6:30 am-6:30 pm	\$365.00___	\$290.00___
Business Hours 7:30 am to 5:30 pm	\$345.00___	\$265.00___
	Mon___ Tues___ Wed___ Thurs___ Fri___	

Toddler Program Fees (18 months - 36 months)

<u>Program Weekly Fees:</u>	Five days	Four days	Three Days	Two Days
Commuter Hours 6:30am-6:30pm	\$330.00___	\$290.00___	\$235.00___	\$200.00___
Business Hours 7:30am to 5:30pm	\$300.00___	\$275.00___	\$215.00___	\$180.00___
Banker Hours 9am - 3pm	\$275.00___	\$250.00___	\$200.00___	\$165.00___
	Mon___ Tues___ Wed___ Thurs___ Fri___			

Preschool Program Fees (Three years thru five years not enrolled in Kindergarten)

<u>Program Weekly Fees:</u>	Five days	Four days	Three days	Two days
Commuter Hours 6:30am-6:30pm	\$325.00___	\$275.00___	\$220.00___	\$185.00___
Business Hours 7:30am to 5:30pm	\$290.00___	\$260.00___	\$210.00___	\$165.00___
Banker Hours 9am - 3pm	\$260.00___	\$230.00___	\$200.00___	\$150.00___
	Mon___ Tues___ Wed___ Thurs___ Fri___			

Before School Program Hours (grades K - 5) 6:30 am to 9:00 am

This is a weekly fee (Monday -Friday)

Weekly fee \$70 ___

After School Program Hours (grades K - 5) 3:00 pm to 6:30 pm

Five days \$90.00___ Four days \$80.00___ Three Days \$70.00___ Two days \$60.00___

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

Sibling Discount: For two or more children in attendance, 10 % (if fees are unequal, the discount is applied to the lowest fee paid). Early Release/School Delay \$35 per child; School Holiday/Cancellation fee \$45 per child (9 am to 2:45 pm). Payments may be made by check, cash, money order, or credit card. All credit card payments will be charged a convenience fee by the processing company ProCare of up to of 3%

Print Name _____ Signature _____

Date _____