Child‘s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_ Child’s Gender \_\_\_\_ T-shirt size\_\_\_\_\_\_\_\_

Guardian 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ With whom does the child reside\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eve Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_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 to be seen by a therapist or consultant while in our care, you must list 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. 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 fee of $35 is applied to your account on the 5th of the 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 I will forfeit my deposit if payments are not made according to the fee schedule. A NON-REFUNDABLE ONE-WEEK DEPOSIT AND A $100.00 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 weeks notice when withdrawing from the program. Failure to provide three weeks' notice will forfeit your deposit. Once a month has started, you are responsible for the entire monthly fees.** 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. 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 trial basis of four weeks. 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 has my permission to take photos of my child, which can be used in promotions. I understand that neither my child nor myself 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.

 **The fees below represent the 3% Discount Discounts: *All fees paid in full by the first of each month will be as follows per week:***

**All Program fees are based on weekly Charge.**

*Infant Program Fees*

 ***Program Weekly Fees***: Five days Three days

***Commuter Hours 6:30 am-6:30 pm* $350.00\_\_\_ $275.00\_\_\_**

Business Hours 7:30 am to 5:30 pm **$325.00 \_\_\_ $250.00\_\_\_**

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*Toddler Program Fees*

***Program Weekly Fees:***  Five days Four days Three Days Two Days

***Commuter Hours 6:30am-6:30pm* $310.00\_\_\_ $275.00\_\_\_ $220.00\_\_\_ $170.00 \_\_**

Business Hours 7:30am to 5:30pm $**285.00 \_\_\_ $260.00\_\_\_ $200.00\_\_\_ $165.00\_\_\_**

***Banker Hours 9am - 3pm*  $255.00\_\_\_ $230.00\_\_\_ $190.00\_\_\_ $150.00\_\_\_**

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

***Preschool Program Fees***

***Program Weekly Fees***: Five days Four days, Three days Two days

***Commuter Hours 6:30am-6:30pm* $290.00\_\_\_ $260.00\_\_\_ $205.00\_\_\_ $155.00 \_\_\_**

 Business Hours 7:30am to 5:30pm **$275.00 \_\_\_ $245.00\_\_\_ $195.00\_\_\_ $145.00\_\_\_**

***Banker Hours 9am - 3pm* $240.00\_\_\_ $210.00\_\_\_ $180.00\_\_\_ $130.00\_\_\_**

***Nursery School 9am - 12 pm* $150.00\_\_ $120.00\_\_\_ $95.00\_\_\_ $75.00\_\_\_**

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

***After School Program Hours* -2:30 pm to 6:30 pm**

**Please check the days your child will attend \_\_Mon \_\_Tues \_\_Wed \_\_Thurs \_\_Fri**

**Five days $80.00\_\_ Four days $70.00\_\_ Three Days $60.00\_\_ Two days $55.00\_\_**

***Before School Program Hours*** -6:30 am To 9:00 am

This is a weekly fee.

**Weekly fee $60 \_\_**

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

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 up to of 3%