



SCHOOL AGE ENROLLMENT FORM 2017-2018

CHILD INFORMATION			
Name of Child #1 (Last, First, Middle Initial)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ___ / ___ / ___
Currently Attending school / program(s)		Allergies/Food Restrictions	Chronic Illness/Condition
Name of Child #2 (Last, First, Middle Initial)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ___ / ___ / ___
Currently Attending school / program(s)		Allergies/Food Restrictions	Chronic Illness/Condition
Street Address	City	State	Zip Code
Times to Attend: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM		Days to Attend: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	
*Note: Any changes to times after enrollment will require a new form to be completed and a \$15 administrative fee.			

PARENT/GUARDIAN INFORMATION	
Parent/Guardian #1	Relationship to Child
Home Phone Number	Cell Phone Number
Home Address (if different from Child)	Email Address
Employer	Work Phone Number
Parent/Guardian #2	Relationship to Child
Home Phone Number	Cell Phone Number
Home Address (if different from Child)	Email Address
Employer	Work Phone Number

Office Use Only

Enrollment Date: _____ Start Date: _____ Termination Date: _____ Reason: _____

Program: AM PM AM & PM Drop In

Tuition: \$ _____ Paid: Weekly Bi-Weekly

Enrollment Fee: \$ _____ Security Deposit: \$ _____

Material Fee: \$ _____

Identity Verification: Place of Birth _____ Date of Birth _____

Other Form of Proof _____ Staff Signature _____



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EMERGENCY CONTACT AND RELEASE PERSONS

The names listed below will be contacted and are authorized to pick up my child if there is a medical or other emergency and the parent/guardian cannot be reached.

Please notify the school if one of the Emergency Release Persons will pick up a child on a given day. For the safety of the child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

(Please list ONLY persons who have not already been listed in the Parent/Guardian Information section.)

Name #1: _____ Relationship to Child: _____

Phone #: _____

Address: _____

Name #2: _____ Relationship to Child: _____

Phone #: _____

Address: _____

Name #3: _____ Relationship to Child: _____

Phone #: _____

Address: _____

EMERGENCY CARE AUTHORIZATION

The parent/guardian authorizes Kiddie College of Fairfax, LLC to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. Once the parent/guardian of the child in the emergency situation has been contacted, the center staff will adhere to the care instructions of the parent/guardian. The parent/guardian agrees to indemnify and hold harmless Kiddie College of Fairfax, LLC and its staff against any claim, demand, debt, obligation, liability, cost, expense, right of action, or cause of action based on, arising out of such emergency.

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Staff Signature: _____



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INSURANCE INFORMATION		
Name of Subscriber	Relationship to Child	Insurance Company Name
Insurance Company Address		Insurance Company Phone #
ID Number	Group Number	Effective Date

ENROLLMENT AGREEMENT

Please initial each section below, then sign and date the last page. Child #1 Name: _____
Child #2 Name: _____

SECTION 1: TUITION AND FEES

_____ **TUITION:** Tuition in the amount of \$ _____ is due weekly. I agree to pay on or before the Monday of every scheduled weekly time period. I agree to pay the agreed tuition fee and understand that the tuition fee will not be reduced and that there are no credits or makeup days for holidays, vacations, absences, or closings due to weather or unforeseen circumstances.

_____ **LATE OR UNPAID TUITION:** If payment in full is not paid when due, I agree to pay the late payment fee in the amount of \$10 each week. Accounts two weeks in arrears may result in immediate termination of service until the account can be made current. The center cannot guarantee a child's spot will be available if withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **LATE PICK UP FEES:** A late pickup fee of \$1 per minute per child will be assessed when a child is left beyond the agreed upon program schedule. Dropping a child off later than the agreed time does NOT allow picking up the child late. Chronic late pick-ups may be grounds for termination of service.

_____ **MODIFICATION OF SCHEDULE:** I understand that I am required to give a 2-week notice for any decrease in hours and/or days in my child's schedule or a 48-hour written notice for any increase in hours and/or days in my child's schedule. There is a \$15 charge for each modification of a child's schedule in a 3 month time frame.

_____ **TUITION RATES:** Tuition rates and fees are subject to change with reasonable notice. I understand I will be given at least one month notice of any changes and that I am responsible to pay the current rates and fees.

_____ **RETURNED CHECKS:** I understand that a processing fee of \$35 will be charged to my account for all checks which are returned for any reason.

SECTION 2: DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I understand that I am required to enter the school to drop off (when applicable) and pick up my child. I understand that I must escort my child to and from the designated classroom and staff member each day. I further understand that I must sign my child in and out every day on the daily sign-in/sign-out sheet.

_____ **ILLNESS:** I will be notified if my child becomes ill during the day and I will make immediate arrangements to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I will notify the school.



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_____ **MEDIA / PHOTOS:** I have been informed that my child may be photographed while participating in normal child care activities and events. These images may be displayed on the center’s website or displayed in their classrooms. However, I understand I will be notified if any photos/videos taken by staff members are to be used for public relation purposes, such as brochures, flyers, etc.; and, I understand that I have the right to refuse permission for such use.

SECTION 3: OTHER INFORMATION

_____ **VACATION ALLOWANCE:** Each family is entitled to **one week of free vacation** time between September and June of each school year with **two-week advance written notice**, and the tuition will be waived for that week. One week’s tuition will be waived for the vacation week. The scheduled vacation days have to be taken successively in one single week, and any extra vacation days that are added at the end of the scheduled vacation week will be subject to **50% of weekly charges**. Any other vacation times that are taken separately thereafter will incur **full tuition charges**.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) weeks written notice of withdrawal from the program. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable registration fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (tuition, registration or activity) are non-refundable.

_____ **COMMUNICABLE DISEASES:** I acknowledge that parents or guardians are required to inform the school within 24 hours or by the next school day after the child or a member of the immediate household has developed a communicable disease.

These policies have been reviewed with me by a staff member of Kiddie College of Fairfax. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all other previous documents.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature : _____

Date: _____

Administrator Signature: _____

Date: _____