



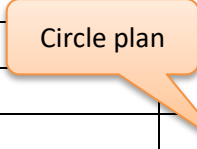
Kids Club Registration Agreement

Laveen Elementary

Child's Name _____ Birth date _____ Age _____ Grade _____
 Address _____ City _____ Zip _____
 Parent Name _____ E-mail (required) _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Registration Fee (non-refundable) \$35.00 yearly

Plans (Circle the fee of the plan you are registering for.)	Fees (weekly)	Sibling discount
1. *Morning Plan (up to 5 days each week) <small>Temporarily not offered</small>	\$35.00	N/A
2. Afternoon Plan (up to 5 days each week)	\$46.50	\$41.85
3. *Full time (before and after school) <small>Temporarily not offered</small>	\$72.00	Already discounted
3. Part time afternoon (up to 3 days each week)	\$36.50	\$32.85
4. *Drop in minimum use fee (due on the first of each month) <small>Temporarily not offered</small>	\$25.00 a month	N/A
5. *Drop In, before School(must pre-paid) <small>Temporarily not offered</small>	\$10.00 a day	N/A
6. *Drop In, after school (must pre-paid) <small>Temporarily not offered</small>	\$15.00 a day	N/A
7. *Drop in (early school dismissal 12:30 p.m.) (must pre-paid) <small>Temporarily not offered</small>	\$25.00 a day	N/A



____ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies.
 ____ (Initial) I understand payment is due on Fridays, prior to services.
 ____ (Initial) I understand if my tuition payment is not paid on Friday prior to service my child cannot attend and will be sent to the school office for immediate pick up. In addition, I will be charged a \$10.00 late fee.
 ____ (Initial) **NO CREDIT** will be given for days that are not used. Accounts cannot be placed on hold.
 ____ (Initial) I give permission for my child to be photographed or videotaped in a school-related setting, including public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to, newsletters, brochures, and school/district websites.
 ____ (Initial) **KIDS CLUB REQUIRES A TWO-WEEK WRITTEN NOTICE TO DECREASE OR STOP SERVICES.**
 ____ (Initial) I understand my child can't attend unless he/she is in good health, and has no fever and no current health issues that make it unsafe for my child to participate in Kids Club.
 ____ (Initial) This agreement is subject to change in order to meet the needs of Laveen School District due to COVID 19.
 ____ (Initial) I am aware the aboved named student will be bused to attend the Kids Club program at Cheatham School.

Parent/Guardian's Signature

Date

Registration will not be accepted without the following documentation attached:

- Completed registration form with signature
- Immunization record
- Court papers (if applicable)
- Emergency information
- IEP (if applicable)

If you wish to change your original registration you must complete a new registration form. All changes must be done in person two weeks prior to effective date at the Kids Club Office located at Desert Meadows School.

New Registration form submitted on: _____ \$20.00 fee on the 3rd registration change. _____ Change effective date: _____

DES Authorized Services

____ (Initial) I understand if my DES services stop I am subject to the same fees as cash paying participants.
 ____ (Initial) I understand copays are based on the Registration Agreement not the number of days the child attends.
 ____ (initial) I understand if I fail to follow DES rules regarding times and signatures on the attendance sheet I will be responsible for that day's tuition fees.

DUE AT THE TIME OF REGISTRATION:

\$ _____ Registration fee (non-refundable) (Registration fee is not discounted)
 \$ _____ First week payment (10% off second sibling)
 \$ _____ Total due today

Start date:

Agreement ends on May 18, 2022

Fees can be paid online or by check and money orders in the check box. Cash payment can only be paid at the Kids Club office

For online payment go to myprocare.com

*Temporarily some services have been stopped or moved to another campus.

Procare: info _____ Billing _____, Ledger _____ Billed _____/_____
 Info _____, office copy _____ site copy sent _____