



Kids Club Registration Agreement
Vista del Sur Accelerated Academy (Excluding preschoolers)

Child's Name _____ Birth date _____ Age _____ Grade _____
 Address _____ City _____ Zip _____
 Parent's 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 (5 days each week)	\$40.00	N/A
2. Afternoon Plan (5 days each week)	\$62.00	\$55.80
3. Part time afternoon (3 days each week)	\$48.00	\$43.20
4. Full-Time (before and after school 5 days each week)	\$92.00	\$83.00
5. Drop in minimum use fee (due on the first of the month)	\$25.00 a month	N/A
6. Drop In Before School program (must be pre-paid)	\$15.00 a day	N/A
7. Drop in After School program (must be pre-paid)	\$20.00 a day	N/A
8. Drop in (early school dismissal 12:00 p.m.)(must be pre-paid)	\$25.00 a day	N/A

Remember to
circle your
plan

- ____ (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) I understand that if my child will be assisting any afterschool extracurricular activities I am to notify the Kids Club office in writing with start/end dates and times.

 Parent/Guardian's Signature

 Date

Registration will not be accepted without the following documentation attached:

- Completed registration form with signature Emergency information (blue card)
 Immunization record IEP (if applicable)
 Court papers (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) (no discount on registration fee) **Start Date:** _____
 \$ _____ First week payment Agreement ends May 24, 2023.
 \$ _____ Total due today

Fees can be paid online, or by check and money order in the check box. Cash payments can only be paid at the Kids Club office
 For online payments go to: myprocare.com

For Official Use Only

Paid by: _____

Procare: Information _____ Billing _____, Ledger _____ Billed _____ / _____
 Info _____, office copy _____ site copy sent _____
 DES auth received _____ parent called _____ School emailed _____

Revised 4/14/22