



Cheatham/ MC Cash/ Trailside Point Kids Club Registration 2024-25

Agreement Start and End Dates: August 05, 2024 to May 21, 2025

Student Information

Child's Name: _____ Birth Date: ____/____/____ Home School: _____ Grade: _____
Address: _____ City _____ Zip code _____

Parent/Guardian Information

Parent #1 Name: _____ Contact Phone Number: _____ Email: _____

Parent #2 Name: _____ Contact Phone Number: _____ Email: _____

Plans and Fees

Non-Refundable \$35.00 Registration Fee (Due Yearly)

Check the box for the plan(s) for which you are registering:

- Afternoon Plan (up to 5 days each week) Weekly Fee: \$65.00
- Part-Time Afternoon Plan (up to 3 days each week): Weekly Fee: \$49.00
- Drop In Minimum Usage Fee (due on the 1st of each month) Monthly Fee: \$25.00
- Drop In Aftercare (must be prepaid) Daily Fee: \$20.00
- Drop In Early Release Day (Early Dismissal 1:00 p.m. Must be prepaid): Daily Fee: \$25.00

Read and Initial Each Statement Below:

- _____ I have read, understand, and agree to adhere to the parent handbook and payment policies.
- _____ I understand payment is due on Friday before services.
- _____ I understand if my tuition payment is not paid on Friday before 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.
- _____ I understand **NO CREDIT** will be given for days that are not used. Accounts cannot be placed in hold.
- _____ I understand a **TWO-WEEK WRITTEN NOTICE IS REQUIRED TO STOP OR DECREASE SERVICES**.
- _____ I understand Kids Club does not offer one-on-one services and my child needs to be able to participate in a group setting, this includes group activities
- _____ I understand that if my child will be attending any after-school extracurricular activities I am to notify the Kids Club office in writing with start/end dates and times. This includes after school tutoring.
- _____ I give permission for my child to be photographed or videotaped in a child care 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 website

Parent /Guardian's Signature

Date

DES Authorized Services

- _____ I understand if my DES services stop, I am subject to the same fees as cash paying participants.
- _____ 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.
- _____ I understand I am responsible to pay any charges DES does not cover including weekly fees.

Registration will not be accepted without the following documentation attached:

- Completed registration form with signature
- ADHS Emergency information form
- 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 the effective date at the Kids Club office located at Desert Meadows School.

New registration form submitted on: _____ Change effective date: _____
\$20 fee will be assessed on the 3rd registration change.

I am currently employed for the Laveen School District 2024-2025 school year.

- _____ Must submit current pay stub or contract to confirm proof of Laveen District employment
- _____ If you resign from the Laveen District, you must notify the Kids Club Office in writing of your departure.
- _____ I understand if I fail to notify the Kids Club Office of my departure from the Laveen District, I will be responsible to pay the difference between the employee discount and private pay tuition.

Due at Time of Registration:

- \$_____ Registration Fee (Non-Refundable)
- \$_____ First week Tuition Payment
- \$_____ Total Due today

Fees can be paid online or by check, money order in the designated check boxes. Cash payments can only be made at the Kids Club office.

Start Date: _____

For Office Use Only

ProCare Information: Parent/ Guardian	Office Copy
Billing	Site Copy
Ledger/Tracking	DES Authorization Received
Billed Registration/Supply / 1 st Week	School Emailed on:
Information: Rosters	Processed By: _____