



Kids Klub Registration

Cheatham

Trailside Point

Paseo Pointe

(Excluding preschoolers)

Child's Name _____ Birth date _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Parents Name _____ E-mail _____
Home Phone _____ Cell Phone _____ Work Phone _____

Registration Fee (Non-Refundable) \$35.00

Plans (circle the fee of the plan you are registering for)	Fees (weekly)	Sibling Discount
1. Afternoon Plan (up to 5 days each week)	\$59.00	\$53.10
2. Part-Time (up to 3 days each week)	\$42.50	\$38.25
3. One hour (2:30-3:30) (early release day 11:30-3:30)	\$35.00 a week	N/A
4. Drop in minimum use fee (due on the first of the month)	\$20.00 a month	N/A
5. Drop in (must be pre-paid)	\$15.00 a day	N/A
6. Drop In (early dismissal 11:30 a.m.) (must be pre-paid)	\$20.00 a day	N/A

____ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies.
 ____ (Initial) I understand if my tuition payment is not paid on Friday's prior to service my child cannot attend, and I will be charged \$10.00 late fee.
 ____ (Initial) **NO CREDIT** will be given for days that are not used. Accounts cannot be placed on hold.
 ____ (Initial) I understand that if my child is registered for the one hour program and she/he stays past 3:30 I will be charged the drop in rate of \$15.00 for that day.
 ____ (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 KLUB REQUIRES A TWO WEEK WRITTEN NOTICE TO STOP SERVICES, OR DECREASE SERVICES.**

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)
- ADHS Emergency information form
- 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 Klub Office located at Desert Meadows School.

New Registration form submitted on: ___\$20.00 fee on 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 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 child
 \$ _____ Total due today

Start day: _____
 This agreement end May 24, 2018

For online payment go to: <https://laveenesd.revtrak.net>

Kids Klub office 602-237-7058

For Official Use Only

Revised 4/7/2017

Paid by:
 Check # _____ \$ _____
 Money # _____ \$ _____
 Online Payment # _____ \$ _____

Procure: info _____
 Billing _____, Ledger _____ Billed _____/_____
 Info _____, office copy _____ site copy sent _____
 DES auth received _____, called _____ Sch emailed _____