



Kids Klub Registration
M.C. Cash

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

Table with 3 columns: Plans (circle the fee of the plan you are registering for), Fees (weekly), Sibling discount. Rows include Afternoon Plan, Part-Time, One hour, Drop in minimum use fee, Drop in (must pre-paid), and Drop In (early dismissal).

\_\_\_\_ (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 prior to service my child cannot attend, and I will be billed a \$10.00 late payment 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.

\_\_\_\_ 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
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 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 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 ends on May 23, 2018

For online payments go to: https://laveenesd.revtrak.net

Kids Klub office 602-237-7058

For official Use only
Revised 3/31/2017

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

Procure: info \_\_\_\_\_
Billing \_\_\_\_\_, Ledger \_\_\_\_\_ Billed \_\_\_\_\_/\_\_\_\_\_
Info \_\_\_\_\_, office copy \_\_\_\_\_ site copy sent \_\_\_\_\_
DES auth received \_\_\_\_\_, called \_\_\_\_\_ sch emailed \_\_\_\_\_