



Laveen's Peer Role Models Registration With Kids Klub After Care

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

Registration Fee (non-refundable) \$30.00

PLEASE CIRCLE
PLAN

Plans (Circle the fee of the plan you are registering for.)	Fees (weekly)
1. Peer Role Models 9:00-11:30 a.m. or 12:30-3:00 p.m.	\$50.00
2. Wrap Around Morning Plan 6:30-9:00 a.m.(available Monday, Tuesday, Thursday, and Friday)	\$45.00
3. Wrap Around Afternoon Plan 3:00-6:00 p.m.(available Monday, Tuesday, Thursday, and Friday)	\$45.00
4. Afternoon Plan 12:30-6:00 p.m. Only available for peer role models	\$85.00

___ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies available online.
 ___ (Initial) I understand payment is due Fridays prior to the week of services.
 ___ (Initial) I understand if my tuition payment is not paid prior to service my child cannot attend, and I will be charged a \$10.00 late fee. Laveen District Kids Klub/Preschool has the right to stop services for nonpayment.
 ___ (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 at 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) **A TWO WEEK WRITTEN NOTICE IS REQUIRED TO STOP OR DECREASE SERVICES.**

Parent/Guardian's Signature Date

Registration will not be accepted without the following documentation attached:

- | | |
|---|---|
| <input type="checkbox"/> Completed registration form with signature | <input type="checkbox"/> Emergency information (blue card) |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> IEP (if applicable) |
| <input type="checkbox"/> Court papers (if applicable) | <input type="checkbox"/> Confirmation email from the Preschool coordinator. |

DUE AT THE TIME OF REGISTRATION:

\$ _____ Registration fee (non-refundable)
 \$ _____ First week payment
 \$ _____ Total due today

Start date: _____
 This agreement ends on May 23, 2018

Payment can be made by: Check or Money Order and left in drop boxes which are located at Laveen School in the cafeteria and the preschool hall way.

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

For Official Use Only

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

Procure: info _____
 Billing _____ Ledger _____ Billed _____ / _____
 Info _____ Office copy _____ Site copy sent _____
 DES auth received _____ Called _____
 Sch emailed _____