



Kids Klub Registration Agreement

Cheatham Trailside Point

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 Program (2:30-3:30) (early release day 11:30-3:30)	\$35.00	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 payment is due on Fridays, prior to services.
 ____ (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 DECREASE OR 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 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 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) (registration fee is not discounted)
 \$ _____ First week payment (10% off second sibling)
 \$ _____ Total due today

Start day: _____
 Agreement ends May 22, 2019.

Fees can be paid online, or by check and money order in the check box. Cash payment can only be paid at the Kids Klub office
 For online payment go to: <https://laveenesd.revtrak.net>

For Official Use Only

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

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