



Kids Club

Sponsored by:
FUSD Community Education
STEAM Prep Academy

Today's Date _____ Start Date _____ School _____

Child Information:

Program: AM PM AM/PM CAMP

Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Birth Date _____ Who does child reside with: _____

Does child have an IEP? Yes ____ No ____ (Documents must be provided prior to admission to program)

Has child been previously enrolled in preschool? Yes ____ No ____ Center Name _____

Has child ever been removed from or disenrolled from a preschool program? Yes ____ No ____

Parent/Guardian:

Name _____ Relationship to Child _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birth Date _____

Employer _____ Employers Address _____

Email Address _____

Spousal Information (if applicable):

Name _____ Relationship to Child _____

Address (if different than child) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birth Date _____

Employer _____

Employer Address _____

Email Address _____

Before/After School Care K-8:

Annual Registration Fee: \$50.00

M-F – AM – 6:00 am – 7:50 am: \$38.00 - Weekly

M-F – PM – 3:15 pm – 6:00 pm: \$67.00 – Weekly

Monday-Friday AM\PM 6:00 am-7:50 am & 3:15 pm-6:00 pm \$95.00 Weekly

Kids Club: Intersession spring, summer, fall and winter break- \$135.00 - Weekly

Field Trips taken are an additional expense, to the \$135.00 weekly rate.

Enrollment Agreement:

I, _____, certify that I am the legal guardian of _____ . I understand that only the legal guardian may make changes to this agreement and that **all change requests must be completed on or before the Wednesday of the week prior to the change taking place and will require a Program Change Request form. Any changes submitted after that day will incur a Program Change Fee of \$15.** I further certify that a Financial Agreement has been completed regarding the payment of this account and that my child may be removed from the program if the terms of the financial agreement are violated.

I agree that my child will be asked to comply with all program rules and expectations. Violations of such rules may result in my child not being allowed to continue attending should the program determine the behavior(s) poses a safety risk to my child, FUSD KIDS CLUB peers, program staff, or if it is determined that the child's behavior cannot be safely managed within the program.

Signature: _____ Date: _____

Optional:

I hereby grant permission for my child's photograph to be taken at FUSD KIDS CLUB for purposes of social media, brochures, newspaper articles and/or news releases. Use of these images will be at the discretion of FUSD KIDS CLUB.

Signature: _____ Date: _____

I hereby grant the program staff permission to administer first aid to my child in the event of injury, and seek medical care and/or emergency transport, as deemed necessary, in an emergency. I understand that parents (or other emergency contacts) will be notified as soon as practical, after the child's needs are addressed.

Signature: _____ Date: _____

Sibling(s) Name: _____

Other Programs: _____

Discount Schedule:

1st child full tuition, 10% Sibling Discount
(If you are under DES, discount does not apply)

Any family removing a child from the program or making a change for the upcoming week must complete and submit a 2 week notice to avoid paying further charges.

Payments are due by EVERY FRIDAY to avoid late fees.

Financial Terms and Conditions Agreement



Legal Guardian Name: _____

Child's Name: _____

Please read and initial beside each item:

Tuition and Monthly Fees:

- ___1. I understand that fees are established based upon a designated daily rate, and that this daily rate is determined by the number of days FUSD KIDS CLUB is in operation during the school year and the number of days per week service is contracted. These fees are not adjusted on a weekly basis, but are prorated into weekly installments.
- ___2. I understand that the tuition is paid in advance for the week and are due each FRIDAY.
- ___3. I understand that the tuition is delinquent **if not paid by 6:00 PM on the 2nd business day following the due date** and a **late fee of \$25** will be included after that time.
- ___4. I understand that the due dates for program fees are listed in the parent handbook and that I will be responsible for payment as stated therein.
- ___5. I understand that there is no refund or credit for unused program days, including camp days or days remaining for the week.
- ___6. I understand that if at any time, the account becomes delinquent, the contract will be terminated and the child removed from the program, without regard to multiple financially responsible parties.
- ___7. I understand that **NO CHECKS or CASH** are accepted. Payment made can be made online or at our business office with money order, cashier's check or credit/debit card.

Additional Fees:

- ___1. I understand that the following applicable fees will be assessed to my account and that I will be held financially responsible for the payment of these fees. **I understand that all fees are non-refundable and nontransferable.**
 - **\$50.00 annual registration fee – assessed per child for each school year (Payable upon registration).**
 - **\$25.00 (per family) Late Payment fee - assessed if tuition is not paid to the COMMUNITY EDUCATION DEPARTMENT by 6:00 PM on the 2nd business day, following the due date.**
 - **\$2.00/minute Late Pick-Up fee – added to the account for any child picked up after contracted program end time. (This is a per child fee)**

Procedure Agreements:

I am responsible for reading the FUSD KIDS CLUB Parent Handbook and abiding by all terms and conditions. The parent handbook is available on-line at www.fusdaz.org. Copies are also available for review at each site. Copies will be provided upon request.

- ___1. I understand that changes to the program contract must be submitted to the business office by the Wednesday prior to the change. FUSD KIDS CLUB **cancellation/program change request form must be received by COMMUNITY EDUCATION no less than 2 days prior to the next billing cycle.** If change is after the Wednesday of the week prior to change, a \$15 program change fee will be assessed to my account.
- ___2. I, _____ certify that I have read, understand and agree to all of the terms and conditions listed above.

(Signature of Financially Responsible Party)

(Date)

