



Re- Enrollment Packet

- Enrollment Forms – Please complete these forms annually so that we can keep your child’s file accurate.
 - Tuition Agreement
 - Enrollment Form
 - Authorized Pick Up List & Emergency Contacts
 - USDA/CACFP Food Program (for all families)

Child’s Name: _____

Thank you for choosing Growing Kids Learning Center.



Tuition Agreement

Programs Available (Please circle one. Ask the Director if more options are needed.)			
Infant Care (6 weeks – Walking)	5 Full Days (7:00 am - 6:00 pm)		
Toddler Care (Walking - 24 Months)	5 Full Days		
Young Preschool (24mo. - 3 years)	5 Full Days	5 Half Days	3 Full Days
Preschool (3 yrs & Potty Trained - 5 years)	5 Full Days	5 Half Days	3 Full Days
Kindergarten (5 yrs. by September 1)	5 Full Days	5 Half Days	
After School Care (Elem. Grades)	5 Days	Additional charges apply for extra ½ and full days.	
Evening Care (2 yrs and older)	Care available until 11:30 p.m. weekly or as needed. Prior sign-up required.		

For the Program Selected,
Your Weekly Tuition Rate Is:

\$_____ If Paid In FULL on
Monday with **PrePay**
Discount

\$_____ Regular Tuition Rate
(no PrePay Discount)

This amount can change if
your child's program changes.

Payments and Due Dates

All Payments are due in advance weekly on Mon. morning.
Advanced payments are accepted.
All payments are non-refundable.
The annual registration fee of \$50 is charged upon enrollment and every August thereafter.
A Service fee of \$25 is charged for all returned checks.
Non-Payment of Tuition can terminate enrollment.
Forms of payment accepted: Debit Cards, Checks, Visa / MasterCard, AutoPay from Checking.

Parent(s) signing below are responsible for paying any balance due, including any balances remaining after payments from childcare voucher, 3rd party reimbursement, or other outside source.

Late Pick Up Fees

A fee of \$5 is charged for every 15 minutes a child is picked up after the scheduled pick-up time. Payment is due immediately. See the Parent Handbook for more info.

Holiday Schedule

The center will be closed on the following holidays (or closest weekday). The regular tuition is still due these weeks. Evening Care schedule may be adjusted as well.

- New Year's Day - Memorial Day - July 4th
- Labor Day - Thanksgiving - Christmas Day

Schedule or Program Changes

If your child's schedule or program changes, your tuition will change accordingly. To request a schedule change, please notify the director in writing.

To qualify for the PrePayment Discount, your balance must be paid in full by Monday of each week.

Your tuition is due in full each week regardless of illness or other absence. The center does provide 2 weeks "Vacation" per calendar year where tuition is waived when your child does not attend. Vacation requests should be in writing -- Please see the Parent Handbook for details. Overdue accounts will be charged a service fee. The parent understands that he/she assumes all responsibility for interest charges, collection agency, legal or court fees associated with the collection of this account, if that becomes necessary. Parents electing to withdraw their child must provide two weeks written notice to the center. Any issue under this agreement or relating to the service provided shall be subject to mediation and, if not resolved by mediation, arbitration under the rules of the American Arbitration Association.

Child: _____

Parents' Signatures: _____

Date: _____

Director: _____

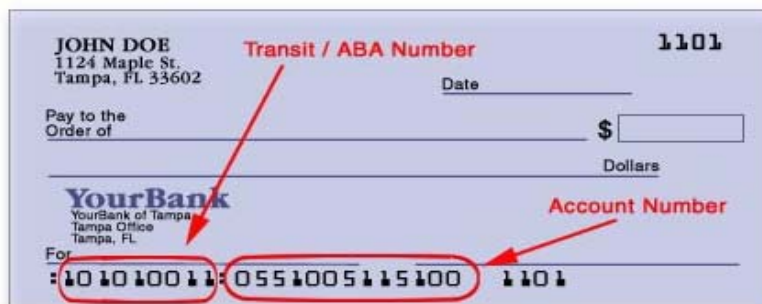
Thank you for agreeing to pay your bill using Automatic Payment. Electronic payment is a time saver for us and I trust you will find the convenience equally as satisfying. Banking rules require that you give your approval to pay your bill in this way. The approval is active until you notify us that you want to stop using Automatic Payment.

Automatic Payment is safe, efficient, and consumer friendly. Banking law protects consumers from ever having to worry about someone taking money from their account using Automatic Payment in an unauthorized manner.

Please complete this form and return it to us so we can get you set up for Automatic Payment.

DIRECT PAYMENT AUTHORIZATION			
I hereby authorize _____ to initiate entries to my checking or savings account at the financial institution listed below. This authority will remain in effect until five days after I provide written notice to cancel it.			
_____ Your Name <i>(please print)</i>		_____ Bank or Credit Union Name	
_____ Your Address		_____ Bank or Credit Union Address	
_____ City	_____ State	_____ Zip	_____ City
_____ Account Number <i>(see sample below)</i>		_____ Transit / ABA Number <i>(see sample below)</i>	
_____ Your Signature		_____ Today's Date	
<i>(Please attach a copy of or a void check- deposit slips don't work)</i>			

Sample Check



For Office Use Only	
Center:	Child's Name:
Tuition:	ReliaFund Start Date:



Student Information

Name: _____
 Birthdate: ___/___/___ Age: _____
 Child Lives With: ___ Mother ___ Father
 ___ Other: _____

Today's Date: ___/___/_____

Start of Care: ___/___/_____

Gender: ___ Boy ___ Girl

Parents are: ___ Married ___ Single

___ Other _____

In the chart below, please indicate the normal **days and hours** your child is in care, and the **meals received** while in care.

	MON	TUE	WED	THUR	FRI
Please enter the normal hours your child is in care (e.g. 7:30 – 5:30pm)					
Please check (✓) the meals your child normally receives while in care	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack

This information is required by CACFP federal regulations at §226.15(e)(2) and (3) for each enrolled child and must be updated **annually**.

- Check if your child's schedule may vary
- Check if your school aged child might attend before/after school care and school holidays during the school year.

Parent (Guardian) Information

	First Parent	Second Parent
Relationship	___ Mother ___ Father	___ Mother ___ Father
Name:	_____	_____
Home Address:	_____	_____
City/State/Zip Code:	_____	_____
Home Phone:	_____	_____
Employer Name:	_____	_____
Employer Address:	_____	_____
City/State/Zip Code:	_____	_____
Employer Phone:	_____	_____
Work Hours:	_____	_____
Soc.Sec.# / D.L.:	_____	_____
Email Address:	_____	_____



Authorization and Consent

I/We state that we are the legal parent/guardian of the minor child listed below.

Please Initial

_____ **Authorization for Medical Treatment of a Minor** – I authorize, for emergency purposes only, Growing Kids Learning Center to consent to any necessary examination, medical diagnosis, surgery or treatment, and / or hospital care to be rendered to the minor child listed below, under the general or special supervision and on the advice of any physician licensed to practice in the state of Indiana.

_____ **Liability Release for Services Provided Outside of Growing Kids Learning Center** – I release and hold harmless Growing Kids Learning Center, its owners, and its employees from any liability or accident that may occur should I retain the services of any Growing Kids employee for services **outside** the learning center. I also agree not to solicit Growing Kids employees away from the learning center for alternate employment opportunities.

_____ **Photo Release** – Growing Kids, its affiliates and agents, may use photographs, reproductions, images, and sound recordings of my child for advertising, publicity, or other lawful use.

_____ **Authorized Pick Up** - Children will be released only to a parent or a person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child’s arrival and departure. Parents shall sign the child in and out by name and time of arrival and departure. Parents cannot share access codes, computer passwords, and other security measures with unauthorized people.

_____ **Receipt of Growing Kids Parent Handbook** – I have read and understand the Growing Kids Parent Handbook that was given to me upon enrollment.

_____ **Agreement to Pay Tuition** – I have read and signed a Tuition Agreement form that specifies the tuition amount and the frequency of payments to Growing Kids for services rendered.

Name of Child: _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Thank You for Choosing Growing Kids Learning Center

We are dedicated to providing the highest quality child care. Please feel free to speak with your child’s teacher or the center director regarding any question or concern you may have. We welcome your comments and involvement in the center.

Office Use Only –	Center:
Enrollment Offer Date:	Expected Start Date:
Enrollment Offered by:	Offer Expiration Date:
Classroom / Schedule:	



Authorized Pick Up List & Emergency Contact List

This form designates what adults are able to pick-up your child from the Growing Kids Learning Center and what adults to contact in the event of an emergency. Please list the adults in the order you would like us to contact them in the event of an emergency or, more likely, a student illness.

Student Name: _____

Computer Password: _____

Home Address: _____

Contact Order	Name	Relationship	Phone Number		
1	Mother or Father		Home: _____	Work: _____	Cell: _____
2	Mother or Father		Home: _____	Work: _____	Cell: _____
3			Home: _____	Work: _____	Cell: _____
4			Home: _____	Work: _____	Cell: _____
5			Home: _____	Work: _____	Cell: _____
6			Home: _____	Work: _____	Cell: _____

Child's Doctor: _____ Phone: _____
Address: _____

Child's Dentist: _____ Phone: _____
Address: _____

Allergies or Other Restrictions: _____

Pick Up Restrictions (legal documentation generally required): _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

A copy of this form to accompany the child on all field trips.