

ST. MATTHEW LUTHERAN SCHOOL, 2040 S. Commerce Rd, Walled Lake, MI 48390 (248)624-7677
2016 - 2017 Kids Care Registration Preschool – Grade 8

(PLEASE PRINT and fill out form COMPLETELY)

Child's Name _____ Birthdate _____ Male ___ Female ___

Child's Name _____ Birthdate _____ Male ___ Female ___

Child's Name _____ Birthdate _____ Male ___ Female ___

Child's Name _____ Birthdate _____ Male ___ Female ___

Mother's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Work Phone _____

Father's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Work Phone _____

START DATE _____ (please see financial agreement on reverse side of this form)

SCHEDULE: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

MORNING _____ **7-8 a.m. only**

AFTERNOON _____ 3:30-4:30 p.m. or _____ 3:30-5:30 p.m.

Or _____ 3:30-6:00 p.m.

Names of persons other than parent to whom child may be released:

Notes:

HEALTH STATEMENT

Does your child have any special needs of which the care givers should be aware?

Please explain: _____

Is your child on medication during Kids Care? _____ (If yes, please complete Medicine Authorization form prior to child participation in program.)

Pricing and Payment Terms and Conditions:

Registration fee (\$25) is charged once per family and is due with initial registration. Fee is non-refundable. Please attach registration fee (check payable to St. Matthew Lutheran School) along with this form.

Additional Charges:

A. Fee is \$5 per hour/1 child; \$3 for each additional child per hour. For the additional half hour from 5:30-6:00 p.m., the additional cost is \$2.50 and \$1.50 for each additional child.

B. Billing will take place on Tuesday and payment is due on Friday. A late Payment Charge - \$10 when payment is received after Friday.

C. A late pickup charge - Charged \$1.00 per minute/per child, commencing at 6:01 p.m. (Please note: if your child/children are signed up for 4:30 or 5:30 pickup and you are late, you will pay the additional fees listed in A. above).

D. Due to State mandated ratios, parents must check with the Kids Care Director 24 hours ahead of time if they need to extend their pickup time from 4:30 p.m. to 5:30 p.m. or 6:00 p.m. for a particular day.

E. Reserving a spot in our Kids Care program guarantees that your child will have a place in Kids Care every day. To reserve a spot, payment is necessary for everyday that Kids Care is available whether your child is here or not.

F. Payment is required even if student is sick or absent from school.

G. There will be no Kids Care services available on snow days and/or half days of school. The Kids Care program will run according to the school calendar beginning on **Tuesday, August 30, 2016** and concluding on **Thursday, June 8, 2017**.

H. Please provide 1 week notice if you will be dropping from the program.

I. You will receive credit for school cancellation days the following week.

J. Consistently late or unpaid payments will result in removal from Kids Care services as determined by School Administrator.

FINANCIAL AGREEMENT

I have registered my child/children for the day session(s) listed above. I understand that I am responsible for this schedule.

PARENT SIGNATURE _____

DATE _____

ADDITIONAL SIGNATURE REQUIRED

I have read items b and c above. I understand that I will be responsible for the late payment charge if payment is received after Friday. I also understand that an additional late pickup charge will be incurred if I am late picking up my child.

PARENT SIGNATURE _____

DATE _____