



## Re- Enrollment Packet

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

Child’s Name: \_\_\_\_\_

Thank you for choosing Growing Kids Learning Center.



# Tuition Agreement

<b>Programs Available</b> (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. <b>Prior sign-up required.</b>		

For the Program Selected,  
Your Weekly Tuition Rate Is:

\$ \_\_\_\_\_ If Paid In FULL on  
Monday **with AutoPay**  
**Discount**

\$ \_\_\_\_\_ Regular Tuition Rate  
(no AutoPay 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 payments.

Non-Payment of Tuition can terminate enrollment.

Forms of payment accepted: Debit Cards, Checks, Visa / MasterCard, ACH from Bank Account (checking or savings).

**Parent(s) signing below are responsible for paying any balance due, including any balances remaining after payments from childcare voucher, 3<sup>rd</sup> 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 4<sup>th</sup>
- 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. Your tuition can change with 30 day notice.

To qualify for the AutoPay Discount, your balance must be paid in full by Monday of each week, through our AutoPay program.

Your tuition is due in full each week regardless of illness or other absence. 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. Growing Kids reserves the right to modify or cancel the terms of this agreement with 30 days notice.

Child: \_\_\_\_\_

Parents' \_\_\_\_\_

Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

Director: \_\_\_\_\_



**Student Information**

Name: \_\_\_\_\_  
 Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
 Lives With: \_\_\_ Mother \_\_\_ Father  
 \_\_\_ Other: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_  
 Start of Care: \_\_\_/\_\_\_/\_\_\_  
 Gender: \_\_\_ Boy \_\_\_ Girl  
 Parents are: \_\_\_ Married \_\_\_ Single  
 \_\_\_ Other: \_\_\_\_\_

Indicate below the normal **days and hours** your child is in care, and the **meals received** while in care.

	Monday	Tuesday	Wednesday	Thursday	Friday
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 regulations §226.15(e)(2)&(3) for each enrolled child and must be updated **annually**.

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

**Parent (Guardian) Information**

	<b>First Parent</b>	<b>Second Parent</b>
Relationship:	___ Mother ___ Father	___ Mother ___ Father
Name:	_____	_____
Home Address:	_____	_____
City/State/Zip Code:	_____	_____
Home Phone:	_____	_____
Email Address:	_____	_____
Cell Phone:	_____	_____
Cell Phone Carrier:	_____	_____
Employer Name:	_____	_____
Employer Phone:	_____	_____
Employer Address:	_____	_____
Work Hours:	_____	_____
Soc. Sec. Last 4 Digits:	XXX-XX-_____	XXX-XX-_____



**Authorization, Consent, and Waiver and Release of Liability**

I am the parent or legal guardian of \_\_\_\_\_, a minor child, and I agree to the following on behalf of myself and my child: (Child's Name)

Please Initial

\_\_\_\_\_ **Authorization for Medical Treatment of a Minor** – I authorize Growing Kids Learning Center to transport my minor child and to consent to any necessary medical examination, diagnosis, and care, including but not limited to surgery or other form of treatment, for my minor child, under the general supervision and on the advice of any physician licensed to practice in Indiana. This authorization is for emergency purposes only, and I understand and agree that Growing Kids Learning Center will have the sole discretion to decide whether an emergency exists for purposes of this authorization.

\_\_\_\_\_ **Photo and Video Release** – I authorize Growing Kids Learning Center and its owners, employees, or agents to photograph and record (video and audio) my child and use any photographs, video and audio recordings for any lawful purpose related to Growing Kids Learning Center's business, including advertising and publicity. I understand that Growing Kids Learning Center will not associate the photographs or video or audio recordings with my child's full name unless I first give written consent.

\_\_\_\_\_ **Authorized Pick Up** - Growing Kids Learning Center will only release my child to me or to a person that I name, using the check in and check out process provided by the center. Both I and any person whom I have named are responsible to inform a member of the Growing Kids Learning Center staff of my child's arrival and departure. I will not share access codes, computer passwords, or other security measures with anyone unless I have written authorization from Growing Kids Learning Center in advance.

\_\_\_\_\_ **Non-Solicitation** – While I am using the services of Growing Kids Learning Center and for six (6) months thereafter, I agree not to solicit or retain any Growing Kids Learning Center employee to provide services for me or any member of my family that are the same as or similar to the services that Growing Kids Learning Center provides.

\_\_\_\_\_ **Receipt of Growing Kids Parent Handbook** – I have received, read, and understand the Growing Kids Learning Center Parent Handbook that was made available to me upon enrollment.

\_\_\_\_\_ **Acknowledgements and Assumptions of Risks Related to COVID-19** – The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms but still spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. I understand that Growing Kids Learning Centers cannot prevent me or my child from becoming exposed to, contracting, or spreading COVID-19 while using the company's services or premises. It is not possible to prevent the presence of the disease with absolute certainty. Therefore, if I choose for myself or my child to enter Growing Kids Learning Center's premises or to use Growing Kids Learning Center's services, I may be exposing myself and my child to COVID-19 and increasing our risk of contracting or spreading COVID-19. On behalf of myself and my child, I **KNOWINGLY AND VOLUNTARILY** choose to accept and assume the risk of contracting COVID-19 in order to utilize Growing Kids Learning Center's services.



\_\_\_\_\_ **Waiver and Release of Liability** – To the fullest extent permitted by applicable law, and on behalf of myself, my child, and my other family members, heirs, next of kin, assignees, executors, successors, and administrators of my estate, I fully, finally, and forever release, discharge, hold harmless, and covenant not to sue Growing Kids Learning Center and its officers, directors, agents, employees, shareholders, insurers, attorneys, and representatives (collectively referred to as the “Released Parties”), individually and collectively, as to any all claims for personal injury or death, property damage, medical expenses, economic loss, claims, other damages, expenses, costs, fees, and other liabilities of any kind or nature, including without limitations attorneys’ fees and court costs, arising out of or related to any or all of the following: (a) the business use or publication of photographs or video or audio recordings containing my child’s image, likeness, or depiction, including but not limited to claims arising out of or related to invasion of privacy, appropriation of name, likeness, or image, public disclosure of private facts, false light, intrusion, defamation, infliction of emotional distress, rights of publicity, negligence, or copyrights, or any claim for compensation of any kind for the use or publication of the photographs or video or audio recordings; (b) services performed by Growing Kids Learning Center employee whom I retain directly, and not through Growing Kids Learning Center, to provide childcare services at a location other than a Growing Kids Learning Center facility; and (c) the actual or potential exposure to, infection with, or spread of any disease, **including but not limited to COVID-19**. This release applies to any and all claims, demands, causes of action, suits at law or equity or otherwise, whether known or unknown, and liability of any kind or nature whatsoever, including, but not limited to, liability for damages arising from or related to the negligence of any Released Party, any customer, my child, or myself, that are described above and that I am permitted to release pursuant to applicable law. **I HAVE READ THIS RELEASE, AND I KNOWINGLY AND VOLUNTARILY AGREE TO ITS TERMS.**

\_\_\_\_\_ **Agreement to Pay Tuition** – I have read and signed a Tuition Agreement that specifies the tuition amount and the frequency of payments to Growing Kids Learning Centers for services rendered. I agree to pay all amounts owed according to the terms and conditions of my Tuition Agreement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You for Choosing Growing Kids Learning Center**

We are dedicated to providing the highest quality childcare. 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 drop off and 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: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact  
Order

	Name	Address	Relation	Phone Number	Pick Up Only
1	Mother or Father			Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
2	Mother or Father			Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
3				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
4				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
5				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
6				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>

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.**