

## Enrollment Agreement



Child's Full Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

### After School Fun Club

Child will attend Kids Connect USA on the following days (Please check)

M\_\_ T\_\_ W\_\_ TH\_\_ F\_\_

Saturday Socialization Classes \_\_\_\_\_ Music Class \_\_\_\_\_

Kids Club \_\_\_\_\_ Teen Class \_\_\_\_\_ Sibling Counseling Classes \_\_\_\_\_

ADL Classes \_\_\_\_\_



## Photo Release Form:

\_\_\_\_\_ I grant Kids Connect USA the right to take photographs of my child.

- I agree that Kids Connect USA may use such photographs of my child for an lawful purpose, including for example such as purposes as publicity, illustration, advertising, Facebook and website content.

\_\_\_\_\_ I do not grant my child's Photo to be taken.

I have read and understand the above:

Signature \_\_\_\_\_

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

Print name of Parent/Guardian: \_\_\_\_\_

Name of Child: \_\_\_\_\_



## Emergency Contact Sheet:

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Person other than Parent/Guardian Picking up:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**When Parent/Guardian can not be reached, Emergency Contact:**

**Name:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

- I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Kids Connect USA to provide medical attention which is needed, such as contacting 911.

**\*Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Policies and Regulations:**

- All children must be picked up on time. Lateness will be subjected to a late fee of \$25.00.
- All returned checks are subject to a \$35.00 fee.
- There are no makeup classes, refunds or credits for missed classes.
- If a child is sick or cannot make it to class the parent/guardian is still responsible to pay for the class.
- Please do not send your child to class if they are not feeling well. We need to respect the health of other children and staff.
- Children will not be allowed to be picked up by anyone who is not on the emergency contact sheet. We have the right to deny the person picking up the child.
- We are closed on the following holidays: New Year's Day, Christmas Day, Thanksgiving Day, Labor Day, Independence Day. Full tuition is due payable for each of these holidays.
- The Center will be opened whenever possible. However, all tuition is due should the center be closed due to severe weather conditions or reasons beyond Kids Connect USA's control.
- Kids Connect USA reserves the right to terminate this agreement if you fail to meet the rules and regulations, term and provision of this agreement.
- If Early bird registration is not paid by due date then full tuition is incurred.
- Payment plans need to follow schedule, all payments are due on due date or late fees will incur.

Child's Name: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

