

Registration Payment \_\_\_\_\_  
Date received \_\_\_\_\_  
Check Number \_\_\_\_\_

### FLS Kids Club School Age Child Care Contract

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_

Parent/Guardian with whom child lives: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Days (please mark) \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**Hours:** Monday-Friday 3:00pm-6:00pm      **Registration Fee** \$30.00/family, non-refundable

**Cost:** \$6:00 per afternoon, children picked up prior to 3:30pm will be charged \$2.00 for that afternoon, children picked-up past 5:30 will be charged \$8.00 for the day.

**Early Dismissal:** See school calendar for applicable days, 1:00pm-6:00pm \$12.00/day

**School Holidays:** MEA, Martin Luther King and President's Day, 8:00am-6:00pm (must have 5 children signed up to be open) \$30.00/day

**Late Pick-up Fee:** For every five minutes past 6:00pm \$5.00

Children must be registered for the program to attend.

1. I understand that I am responsible for full payment of childcare according to my bill based on the number of days per week that my child/children attended. Payments must be made by the due date or a \$5.00 fee will be assessed. Kid's Club reserves the right to regretfully discontinue care if full payment is not made by due date.
2. I will make payment by check, payable to FLS Kid's Club. A \$30.00 charge will be assessed and billed at the end of the month for returned checks (NSF).
3. I understand that I am responsible for calling the Kid's Club office if my child is ill or will not be attending on scheduled days.
4. I will update my child's file information immediately with any changes in phone numbers, address and emergency contacts, etc.
5. I give my consent to have pictures taken of my children by the News Media and Kid's Club staff.

Person Responsible for Payments \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_