

PHILLY KIDZ AFTER AFTER SCHOOL REGISTRATION

Name of CHILD	
Birth date and age of CHILD	
Address	
MOTHER'S FULL NAME, ADDRESS AND TELEPHONE	
FATHER'S FULL NAME, ADDRESS AND TELEPHONE	
MOTHER'S EMAIL	
FATHER'S EMAIL	
SCHOOL ATTENDING	
GRADE AND ROOM NUMBER	
STARTING DATE	
IS YOUR CHILD ATTENDING 5 DAYS PER WEEK	
IS YOUR CHILD ATTENDING 4 DAYS PER WEEK	
WILL YOU BE ATTENDING EARLY DISMISSAL DAYS?	NO YES
DO YOU NEED EARLY MORNING CARE? (\$5 extra fee per day)	NO YES
DO YOU HAVE CCIS (circle on choice please)	NO YES

EMERGENCY CONTACT INFORMATION FORM

CHILD'S NAME

Address

Mother's Name/ Legal Guardian

Mother's Work Address

Mother's Work Phone

Mother's Cell Phone

Home Phone

Father's Name/ Legal Guardian

Father's Work Address

Father's Work Phone

Father's Cell Phone

Father's Home Phone

**NAMES, ADDRESS AND TELEPHONE NUMBERS OF
EMERGENCY CONTACTS OTHER THAN GUARDIANS**

NAME, ADDRESS AND PHONE NUMBER OF YOUR CHILD'S DOCTOR	
HEALTH INSURANCE COVERAGE FOR CHILD	
SPECIAL DISABILITIES (IF ANY)	
ALLERGIES	
MEDICAL OR DIETARY INFORMATION NECESSARY IN EMERGENCY SITUATION	
MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS	
Obtaining Emergency Medical Care	Parent sign
Administering of Minor First Aid Procedures	Parent sign
Walks and Trips	Parent sign
Transportation by the Facility	Parent sign
GUARDIAN'S SIGNATURE _____ DATE	
PERIODIC REVIEW	
GUARDIAN'S SIGNATURE _____ DATE	

PARENTAL AGREEMENT FORM

I am

I understand that the program costs \$13 per day tuition and the services provided by Philly KidZ Initiative After School will include: Homework Assistance, Twilight Meals, Science/Math/Reading/Chess, Music, Visual Arts, Drama and Sports Enrichment activities. These Enrichment Activities are available in participating schools only, and may vary according to the School Administration/ Teachers Preference. The teachers will dictate the Curriculum for Enrichment according to the individual needs of each School. I understand and support the Philly KiDZ Initiative in their ideal of "Academics Above All", their support of "Read By Four" PSD Initiative, and the "100 Book Challenge", as well as other Academically Enriched Activities that will further my child's reading and comprehension skills. I understand and support the Philly KiDZ Initiative Math Enrichment through School Based needs, and participate in these activities willingly. The total price for attending the After School Program is \$2,340.00 for the Academic Year. I understand that, Philly KiDZ Initiative After School offers a 5 day per week and 4 day per week attendance only.

Should I have any questions regarding the After School Program, I will contact Mark Ingerman @2153789700, or Alla Sherman @2678088518.

I understand that the monthly tuition payment will reflect the total number of available attendance days each month, and that my payments will fluctuate monthly based on the total number of days available each month. I understand that a payment schedule by month will be available on the Philly KiDZ Initiative Website where I can reference payment amounts due by month along with due dates. I understand that I will need to pay my tuition in full by the first of every month, with the first payment due by August 30th for September tuition or my child will be dismissed from the program, and I will have to re-register pending space availability.

GUARDIAN INITIALS

I understand that there are a DETERMINED AMOUNT OF Early Dismissal Days during the Academic Year. I understand that on these selected days, my child will be dismissed from school at 11:45 AM, and remain with the Philly KIDZ After School Program from 11:45 AM to 6:00 PM. I understand that there will be no extra charge for the Planned School District Early Dismissal Days.

GUARDIAN INITIALS

I understand that Philly KiDZ Initiative After School Program also offers Early Morning Care (before school) Monday - Friday, at an additional cost of \$5 per day. Should I choose to participate in the Early Morning Care option, I will need to indicate which days I will need the care, and Philly KiDZ Initiative will adjust the monthly tuition to reflect the appropriate cost.Available only at

Decatur, Greenberg, Loesche and Fox Chase Locations

GUARDIAN INITIALS

***** I understand that Philly KiDZ After School has a strict NO-REFUND Policy that extends itself to Early Facilities Closings due to inclement weather such as early dismissals due to snow days, heat advisory days, etc... When buildings are set to close prior to the start of the program that day. I understand that I will not receive a Refund due to my child missing the After School program due to illnesses, or family vacations. I understand that Refunds will not be extended or offered, reasons not mentioned and Philly KiDZ reserves the right to keep all monies provided to them for services, and I will not hold Philly KiDZ and it's contractors and employees liable in any way.**

*****I understand that the Program operates until 6:00 PM, Mondays - Fridays. I understand that there will be a late charge of \$1.00 per minute, should I be late to pick up my child/children on any given day. The late fee will begin accrual promptly after 6:00 PM. And I will pay that amount at pick up time to the on-site coordinator as I collect my child/children on that same day. A "PARENTAL RULE BOOK" describing all the operational procedures of the Philly KiDZ Initiative After School Program has been provided and explained to me at the time of signing of this contract. A Calendar Schedule of all NON OPERATING DAYS will be provided to me a month in advance to me by the Philly KiDZ Initiative After School Program.*****

GUARDIAN INITIALS

*****I understand that a "Late Payment Policy" does not exist through the Philly KiDZ initiative After School Program, and if I do not forward payment in full by the first (1st) of every month, for the month in advance of attendance, Philly KiDZ Initiative has the sole right to terminate my child/children's attendance at that time, and I will need to re-register for the coming month. Should that occur, I understand that my child/children will be able to return to the Philly KiDZ Initiative After School Program pending space availability.*****

GUARDIAN INITIALS

*****I have received complete written Program Information at the time of enrollment (3270.121, 3280.121, 3290.212) I agree to update my Emergency Contact/Parental Consent Form Information whenever a change occurs, or every 6 months at a minimum (3270.124, 3280.124, 3290.124) I agree to forward payment by the 1st of every month my child is enrolled in the Philly KiDZ Initiative Program.*****

GUARDIAN INITIALS

OPERATOR'S SIGNATURE _____ DATE

GUARDIAN'S SIGNATURE _____ DATE

DATE OF ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW: GUARDIAN'S SIGNATURE _____ DATE

CHILD PICK UP AUTHORIZATION FORM

I am,

and I authorize Northeast Conservatory Philly KiDZ Initiative After School Program to release my child(ren) to the person(s) designated in this form. This is in consonance with the Northeast Conservatory Emergency Plan.

Child's Name

Designated Custodian Information

Address

Home Phone Number

Work Phone Number

Cell Phone Number

GUARDIAN'S SIGNATURE _____ DATE

PLEASE BE SURE TO PICK UP THE MEDICAL FORM AT THE SCHOOL OFFICE OR PRINT IT OUT ON OUR WEBSITE AND HAVE IT FILLED OUT BY THE CHILD'S DOCTOR.

ALL INOCULATION HISTORY SHOULD BE ATTACHED. WE WILL NOT ADMIT ANY CHILD INTO THE PROGRAM WITHOUT A RECENT PHYSICAL AND A COMPLETED MEDICAL FORM FROM THEIR DOCTOR.