



# GEARS KIDS CENTER 2016/2017 BEFORE & AFTER SCHOOL AGREEMENT

Mailing address: 600 E. High Street, Elizabethtown, PA 17022

Phone: 367-0119 E-mail: [kidscenter@GetintoGEARS.org](mailto:kidscenter@GetintoGEARS.org)

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Township in which child resides \_\_\_\_\_ Enrolling Parent \_\_\_\_\_

Current Grade: \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Non-Refundable Registration Fee: \$40 per family due at time of enrollment**

Residents in Elizabethtown Borough, Mt. Joy Township & West Donegal Township are GEARS members and will be charged the GEARS member rate. All others will be charged the GEARS non-member rate.

*\*State Licensed Quality Child care*

*\*Keystone STARS participant*

*\*Snack*

*\*Class Trips*

*\* Emergent Curriculum*

*\*Bus Transportation*

*\*Early Dismissals & No School Days*

### Services to be provided in addition to individual contract services

Select the Kids Center site you want your child to attend:

\_\_\_\_\_ Bear Creek

\_\_\_\_\_ East High

\_\_\_\_\_ Mill Road

\_\_\_\_\_ Rheems

Initial the contract plan you choose for August 2016 - June 2017

\_\_\_\_\_ **Full Time (4-5 days)**

6-10 sessions /week

\$95/week per child for members

\$110/week per child for non-members

10% disc for additional children

**No additional fees for Early**

**Dismissal, late start or No School day**

\_\_\_\_\_ **Part Time**

2-5 sessions/week

\$75/week per child for members

\$90/week per child for non-members

No disc for additional children

**Additional Fees:**

\$5 Early Dismissal fee/Late start

\$10 No School day

\_\_\_\_\_ **Single Session**

0-1 session/week

\$30 per child for members

\$45 per child for non-members

No disc for additional children

**Additional Fees:**

\$5 Early Dismissal/Late start

\$10 No School day

\_\_\_\_\_ Full Time (If your child is attending four days, please indicate which days)

\_\_\_\_\_ Part Time (Please indicate which days your child will attend)

Please check the days your child will be attending:

\_\_\_ Monday

\_\_\_ Tuesday

\_\_\_ Wednesday

\_\_\_ Thursday

\_\_\_ Friday

Child's arrival time: \_\_\_\_\_ Child's departure time: \_\_\_\_\_

(These are just estimated times)

Date you wish your Child to begin attending: \_\_\_\_\_

Would you like to set up a meeting with your child's leader regarding their development needs in the program?

\_\_\_ YES

\_\_\_ NO

**3270.19 DPW regulation:** An operator or a staff person who has reason to believe that a child enrolled in the facility has been abused is required to report suspected child abuse to Child Line as mandated by the CPSL.

I, the Parent/Guardian agree, in addition to the other terms, to the following policies: Please Initial

- \_\_\_\_\_ I agree to pay the contracted amount on Monday of each week. In the event of non-payment I understand my contract can be turned over to collections.
- \_\_\_\_\_ I understand I am responsible for any charges if my account has to be turned over for collection and I understand that my child may not return to the Kids Center until my balance is cleared.
- \_\_\_\_\_ I understand that a LATE FEE OF \$5 CHARGED FOR EVERY 1-15 MINUTES LATE AFTER 6PM. \$10 for 16-30 minutes, and \$20 for 31 to 60 minutes.
- \_\_\_\_\_ If I am late more than 5 times within a contract, the fee will double to \$10 for the first 15 minutes, \$15 for 16-30 minutes, and \$25 for 31 to 60 minutes. If the parent is late more than 10 times within a contract, the fee will be \$15 for the first 15 minutes, \$20 for 16-30, and \$30 for 31-60 minutes.
- \_\_\_\_\_ I understand if I am a GEARS Non-Member, I am responsible to pay the GEARS non-member rate.
- \_\_\_\_\_ I agree to update all the emergency contact information as soon as it changes, and to update and sign it at least every 6 months.
- \_\_\_\_\_ I agree that a parent or release person must pick up my child within 1 hour of a phone call from a staff member.
- \_\_\_\_\_ I agree to submit a Health assessment and Immunization records within 30 days of my child's starting date. Copies of both documents are required for 6 and 12 years of age or when immunizations are given and updated.
- \_\_\_\_\_ I agree to submit a current copy of an IEP or IFSP so we can work together to ensure that guidelines are put into practice. You do not have to submit this information if you do not wish to do so.
- \_\_\_\_\_ I agree to give a two-week notice if I decide to withdrawal my child from the program either in a written note or by phone call directly to the GEARS Kids Center office. If I withdraw from the program before my child's start date, the registration fee is non-refundable and I will pay one week's tuition.
- \_\_\_\_\_ I have reviewed the parent handbook available at [GetintoGEARS.org](http://GetintoGEARS.org) (hard copies available upon request). The terms of the parent handbook are hereby incorporated by reference.
- \_\_\_\_\_ GEARS Kids Center reserves the right to change the contract at any time.
- \_\_\_\_\_ I understand that my child's enrollment is not completed until I receive a written confirmation letter.
- \_\_\_\_\_ I understand I need to provide a nutritious bagged lunch for my child.(microwave available.)

Do we have permission to photograph your child?

\_\_\_\_\_ Center/Classroom Purpose

\_\_\_\_\_ Facebook (Child's name will never be used)

\_\_\_\_\_ Media (newspaper articles/GEARS booklet)

\_\_\_\_\_ GEARS Website (Child's name will never be used)

The terms of this contract are agreed to on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_  
Signature-Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Guardian

\_\_\_\_\_  
Date

Receipt of this contract is acknowledged by:

\_\_\_\_\_  
Signature-Director

\_\_\_\_\_  
Date

Please return this to the office at 70 S. Poplar Street or  
Mail to: GEARS Kids Center, 600 E. High Street, Elizabethtown, PA 17022  
Any questions call: 367-0119 or e-mail: [kidscenter@GetintoGEARS.org](mailto:kidscenter@GetintoGEARS.org)

**6 Month Update:**

I have received an observation of my child \_\_\_\_\_

\_\_\_\_\_  
Signature-Parent/Guardian

\_\_\_\_\_  
Date



**OFFICE USE ONLY**

Registration Checklist:

\_\_\_\_\_ Emergency Contact form (new families only)

\_\_\_\_\_ Emergency Contact changes (current families)

\_\_\_\_\_ SIGNED AGREEMENT

\_\_\_\_\_ REGISTRATION FEE (one fee per family)

\_\_\_\_\_ PERMISSION TO PHOTO **MARKED YES OR NO AND TYPE**

\_\_\_\_\_ Processed in DCW

\_\_\_\_\_ Physical and Immunizations records or date of health assessment (new families only)

Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Amt: \_\_\_\_\_

Rec'd by: \_\_\_\_\_