



GEARS KIDS CENTER 2015/2016 BEFORE & AFTER SCHOOL AGREEMENT

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

Phone: 367-0119 E-mail: kidscenter@GetintoGEARS.org

Name of Child: _____ Birth Date: _____

Township in which child resides _____ Enrolling Parent _____

Current Grade: _____ Email Address _____

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.

Services to be provided in addition to individual contract services

**State Licensed Quality Child care*

**Keystone STARS participant*

**Snack*

**Class Trips*

** Emergent Curriculum*

**Bus Transportation*

**Early Dismissals & No School Days*

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 September 2015 - June 2016

_____ Full Time (4-5 days)

6-10 sessions /week

\$90/week per child for members

\$105/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

\$70/week per child for members

\$85/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.

