



GEARS KIDS CENTER 2015/2016 KC 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 _____

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.

**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

Initial the contract plan you choose for the 2015/2016 Elizabethtown Area School District's School Year.

Full Time (4-5 days)

10% Discount for additional children (oldest child)

2 weeks vacation

Wrap Around \$150/week for members

\$165/week for non-members

____ East High & Mill Road

(6 -12, 3:30 - 6 pm)

____ Rheems(6 - 12, 3:30 - 6 pm)

Half Day \$145/week for members

\$160/week for non-members

____ East High & Mill Road

(6-12 pm)

____ Rheems(6 -12 pm)

Part Time (0-3 days)

1 week vacation

No discount for additional children

Wrap Around \$125/week for members

\$135/week for non-members

____ East High & Mill Road

(6-12, 3:30 -6pm)

____ Rheems(6 -12, 3:30 - 6 pm)

Half Day \$120/week for members

\$135/week for non-members

____ East High & Mill Road

(6 - 12 pm)

____ Rheems (6 - 12 pm)

Please check the days your child will be attending:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Please check the school your child will be attending:

____ East High ____ Mill Road ____ Rheems

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 (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

_____ Media (newspaper articles/GEARS booklet)

_____ Facebook (Child's name will never be used)

_____ 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

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

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 (all families pay this fee-one fee per family)

_____ PERMISSION TO PHOTO MARKED YES OR NO AND TYPE

_____ Processed in PA

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

Date: _____ Ck#: _____ Amt: _____

Rec'd by: _____