



# GEARS KIDS CENTER 2014/2015 PRESCHOOL 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 \_\_\_\_\_

**Non-Refundable Registration Fee: \$40 per family due at time of enrollment**  
**Children must be completely potty trained before starting Preschool**

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 August 2014 - August 2015**

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

10% Discount for additional children (oldest child)

2 weeks vacation

\$150/week per child for members

\$165/week per child for non-members

\_\_\_\_\_ **Part Time (0-3 days)**

1 week vacation

\$125 /week per child for members

\$140/week per child for non-members

\_\_\_\_\_ **Part Time (9 am - 11:30 am)**

\_\_\_\_\_ \$45 2 days for members

\_\_\_\_\_ \$60 2 days for non-members

\_\_\_\_\_ \$65 3 days for members

\_\_\_\_\_ \$80 3 days for non-members

**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.)
- \_\_\_\_\_ I understand that my child must be completely potty trained before starting in GEARS Preschool.

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 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 (all families pay this fee-one fee per family) |
| _____ PERMISSION TO PHOTO <b>MARKED YES OR NO AND TYPE</b>                                | _____ Processed in PA   |
| _____ Physical and Immunizations records or date of health assessment (new families only) |   |

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

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