



GEARS KIDS CENTER 2015 SUMMER AGREEMENT

Mailing address: 600 E. High Street
Elizabethtown, Pa 17022
367-0119 or 367-9804
kidscenter@getintogears.org

Name of Child: _____
 Birth Date: _____
 Current Grade: _____
 Township in which you reside: _____
 Email Address: _____

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.

Non-Refundable Registration fee: Due at time of enrollment - Early Bird fee of \$25 / \$40 after March 31, 2015

Payment is due on Monday of each week throughout the entire summer.

Initial the contract plan you choose for the 2014 summer program.

<p><input type="checkbox"/> Full-time contract (4-5 days) \$150/week per child for members \$165/week per child for non-members 2 field trips 2 week's vacation 10% disc. For additional children</p>	<p><input type="checkbox"/> Part-time contract (0-3 days) \$125/week per child for members \$140/week per child for non-members 2 field trips 1 week vacation</p>
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FULL TIME (If your child is attending four days, please indicate which days)
 PART TIME (Please indicate which three days your child will attend)
 Monday Tuesday Wednesday Thursday Friday

Services to be provided as part of the day care fee:
 * Child care * Morning and afternoon snacks * Field Trips (2)
 * Responsive/Creative Curriculum

Extra services to be provided at an additional fee, if applicable:
 Eat out days, optional trips such as bowling, swimming and roller-skating

Child's arrival time: _____ Child's departure time: _____
 (These are just estimated times)

I, the Parent/Guardian agree to the following policies: Please Initial

- _____ I agree to pay the contracted amount on Monday of each week.
- _____ I understand that a LATE FEE of \$1.00 will be CHARGED FOR EVERY MINUTE LATE AFTER 6 PM.
- _____ If I am late more than 5 times within a contract, the fee will double to \$2 for EVERY MINUTE LATE AFTER 6 PM.
- _____ 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 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 a 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.
- _____ GEARS Kids Center reserves the right to change the contract at any time.
- _____ I have read and understand GEARS Kids Center Policies & Procedures found at GetintoGEARS.org. All updates will be given to me in memo form through the site mail. (If you would like a hard copy, please contact the office.)
- _____ I understand that my child's enrollment is not complete until I receive a written confirmation letter.
- Do we have permission to photograph your child? Please initial
 _____ 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)
- 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.

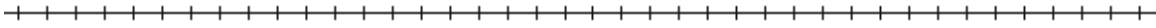
All GEARS Kids Center sites participate in quality improvement through the KEYSTONE STARS PROGRAM.

 • Signature-Parent/Guardian Date

 Signature-Director Date

Date of child's admission: _____

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



OFFICE USE ONLY

Registration Checklist:

Processed in PA: _____

- _____ Emergency Contact form (new families only)
- _____ Emergency Contact changes (current families)
- _____ SIGNED AGREEMENT
- _____ REGISTRATION FEE (all families pay this fee-one fee per family)
- _____ Physical and Immunizations records or date of health assessment (new families only)
- _____ PERMISSION TO PHOTO MARKED YES OR NO AND TYPE

Date: _____ Ck#: _____ Amt: _____

Rec'd by: _____