



Program Enrollment Packet for School Year 2017 - 2018

The following must be completed and attached for the application to be processed:

- Non-refundable Registration Fee of \$5.00 is required upon submission of this enrollment packet.
- Enrollment Form (page 1)
- Fee Schedule (page 2)
- Behavior Contract (page 3)
- Parent Contract (pages 4 & 5)
- Identification and Emergency Information Cards
- All legal restraining/custody orders

Enrollment packets with the Registration Fee and tuition are due by Wednesday, August 9, 2017. Turn in your completed packet to Kids' Care between 7am – 6pm or to the GVA front office during summer office hours. Enrollment packets received after August 9 will be accepted depending on space available.

Name of child		
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
Grade for 2017/2018 school year	Teacher	
Home address		
Child lives with		
Name:		Relationship to child:

Person responsible for payments		
Relationship to child		
Billing address		
City	State	ZIP code
Email address		
Cell phone number	Home phone number	
How would you like your billing statement?	Emailed <input type="checkbox"/>	Mailed <input type="checkbox"/>

2017/2018 Program Fee Schedule

Child's Name: _____

First through Eighth Grade

- ___ before and after school care (7:00 a.m. to beginning of school day and end of school – 6:00 p.m.) \$270 per month
- ___ before school only (7:00 a.m. to beginning of school day) \$70 per month
- ___ after school only (end of school day – 6:00 p.m.) \$205 per month

Kindergarten

A.M. Session

- ___ before and after school care (7:00 a.m. – 6:00 p.m.) \$270 per month
- ___ before school only (7:00 a.m. to beginning of school day) \$70 per month
- ___ after school only (end of A. M. Session – end of school day for Mon.-Thurs.) \$102 per month
- ___ after school only (end of A. M. Session – 6:00 p.m.) \$260 per month

P.M. Session

- ___ before and after school care (7:00 a.m. – 6:00 p.m.) \$270 per month
- ___ before school only (7:00 a.m. to beginning of school day) \$205 per month
- ___ before school only (8:15 a.m. to beginning of school day for Mon.-Thurs.) \$102 per month
- ___ after school only (end of P. M. Session – 6:00 p.m.) \$205 per month

Personalized Program:

Choose your days and hours needed (\$4.00 per hour) Hours and days must be consecutive throughout the month. Tuition is billed on the hour, only in full hours.

	M	T	W	TH	F	Total Hours	X \$4.00/hr.	X 4 weeks	Total Due
AM Times									
PM Times									
Total Hours									

Prepaid Drop-In Care:

Drop-in care is available depending on space availability at \$5.00 an hour. Tuition is billed on the hour, only in full hours. All care under this program must be prepaid. A \$100.00 deposit is required to cover the first 20 hours of drop-in care. A balance of \$40.00 must remain on your account.

<p>I understand that I am responsible for payment in full for all days requested. Missed days are not credited. I understand that payments are due prior to holidays and weekends. Payment for each month is due in full BEFORE the 1st of each month. Tuition received after the 1st of each month will include a \$20.00 late fee. If the tuition payment is not received by the 10th of the month, care will be suspended until my account is paid in full. If at any time I need to alter my current tuition package, I will provide 14 days written notice.</p>	
Name of Person Responsible for payment (Signature)	Date
Name of Person Responsible for payment (Print Name)	Total Due Monthly
Date Requesting Start of New Schedule	Date Received (Filled in by GVA staff)

Kids' Care 2017/2018 Behavior Contract

We look forward to a fun and positive school year! We work to have caring relationships with all children by treating each child kindly and respectfully. It is our practice at Kids' Care to keep open communication between Kids' Care and the parents/guardians by keeping parents/guardians informed of how the child's day has been. Each child deserves a safe and loving environment. In order to provide each child with a safe environment it is important for the child and the parent to be fully informed about our discipline policy.

It is our desire to encourage and assist each child in developing the ability to make positive behavior choices. Each child is expected to follow the teacher's directions the first time that they are asked to do something. A gentle reminder is given if directions are not followed the first time. Children may be asked to sit out until they feel that they are ready to do the right thing. If the child again chooses to not follow directions, then they will be asked to sit out until the teacher sees that the child is ready to be invited back to the activity or group. When a child repeatedly decides not to make good choices, they will lose their free choice activities and the Kids' Care staff will choose their activities for them.

If an incident is severe (Including; but not limited to violence, threats, or repeated disruptions), it may warrant a suspension. We use a system of progressive suspension.

Progressive Suspension Schedule

1st Incident – The student goes home that day and suspension for the next day.

2nd Incident – The student goes home, followed by two-day suspension.

3rd Incident – The student goes home, followed by three-day suspension.

After the 3rd incident Kids' Care will determine if enrollment in Kids' Care needs to be discontinued.

Kids' Care is a service to families by providing a quality program and safe environment for GVA students. By signing this agreement, the student and parent(s) choose to support the philosophies of this agreement with words and actions, as well as the policies and practices discussed in the Great Valley Academy Student/Parent Handbook.

Student _____ Date _____

Parent/Guardian _____ Date _____

Kids' Care 2017-2018 School Year Parent Contract

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- I understand that my summer tuition account must be paid in full before the 2017/2018 school year care can begin. _____ (initial)
- I understand that, per this Parent Contract, I am responsible for payment in full for all days requested. Missed days are not credited. Payment for each month is due in full BEFORE the 1st of each month. Tuition received after the 1st of the month will include a \$20.00 late fee. _____ (initial)
- I understand that I will be billed on the hour, only in full hours. _____ (initial)
- I understand that payments are due prior to holidays and weekends. Payments may be turned in directly to the Kids' Care tuition drop box located in the Kids' Care activity center. Checks are made payable to GVA. _____ (initial)
- I understand that if the tuition payment is not received by the 10th of the month, care will be suspended until my account is paid in full. _____ (initial)
- To withdraw from the program, I will submit written notice to GVA Kids' Care office 14 days prior to my child's last day of attendance OR I will be held responsible for payment in full for the schedule requested on this form. _____ (initial)
- If at any time I need to alter my current tuition package, I will provide 14 days written notice. If I need to reduce my tuition package, I will be responsible for 2 weeks of my current tuition. If I need to increase my tuition package, any changes will be made as soon as feasible. All changes are subject to space available and are subject to the Director's discretion. _____ (initial)
- I understand there is no grace period after 6:00 p.m. Any child not picked up by 6:00 p.m. will be charged \$3.00 for each minute past 6:00 p.m. An increase of \$4.00 per minute will be charged for the second occurrence. A 3rd occurrence will result in dismissal from the program. _____ (initial)
- I understand that there will be a \$20 charge for non-sufficient funds. If there is a second NSF check against my account, further payments can only be made by cash, money order or cashier check. _____ (initial)
- I understand that if my child remains in GVA Kids' Care after 6:00 p.m. and the staff has not heard from me, the staff will call me first, and then the emergency contacts I have listed on the Emergency Medical Form as authorized to take my child from the facility. GVA Kids' Care staff will stay with my child; however, if after one hour my child has not been picked up, the local child protective services agency or Sheriff will be called. _____ (initial)
- I understand that I, or any person(s) designated on the enrollment form and/or emergency contact form will sign (full signature) my child in and out daily. I understand that my child will not be released to any person(s) not listed on the form. All individuals must provide proper identification. _____ (initial)
- I understand if the GVA Kids' Care staff notifies me, or my designee(s), that my child is ill, I must pick up my child immediately. If my child is absent due to a reportable disease, my child may return only with a physician's note indicating that he or she is no longer contagious. _____ (initial)
- It is my responsibility to report if my child has a serious medical condition that the supervising staff should be aware of. I am aware that GVA Kids' Care does not administer any medication. I am solely responsible to administer any medication my child may need. _____ (initial)
- I understand that GVA Kids' Care reserves the right to terminate child care services if it is determined that placement is unsatisfactory. _____ (initial)
- I understand that unforeseen natural disasters may occur, (i.e. fires, earthquakes) thereby forcing school closures. I understand payment for those days closed are not refunded. If conditions arise during the school day and school is closed, I will pick up my child immediately. _____ (initial)

- I understand that I need to provide my child (kindergarten only) with a snack for A.M. care, a lunch and a snack for P.M. care for each day listed on this form. _____ (initial)
- Kids' Care is not able to microwave or refrigerate food. _____ (initial)
- I understand that my child may not bring toys from home to Kids' Care. _____ (initial)
- Minimum Day Care is included in most program plans, the following programs are excluded and will incur additional fees: Before School Only (\$70 plan), After School Only (\$102 plan), Before School Only (\$102 plan), Personalized Program and Prepaid Drop-In Care. _____ (initial)
- I understand that Kids' Care is a convenient service provided by GVA while my child attends school. GVA Kids' Care program operates according to the school system calendar. Holiday Care is a separate service that is available during selected times that GVA is closed (i.e., Fall Break, Winter Vacation, and Spring Break and Teacher In Service days) Holiday Care rate is \$30 a day per child. _____ (initial)
- The dates Kids' Care is closed are listed below:

September 4, 2017
 November 10, 22, 23 & 24, 2017
 December 25 & 26, 2017
 January 1, 2 & 15, 2018
 February 19, 2018
 March 30, 2018
 May 28, 2018

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms, policies and fee schedules outlined within the enrollment agreement and the GVA Parent Handbook. I understand it is my responsibility to contact GVA with any questions I have about the information contained in the Student/Parent Handbook or any document relating to enrollment policies, procedures, fees, or fee schedules. I give my permission for my child to participate in all daily activities while attending Kids' Care. I believe that the necessary precautions and plans for the care and supervision of my child during the day will be taken. I will not hold GVA Kids' Care or those supervising responsible.

_____/_____/_____
Signature of Person Responsible for Payment **Date**

 Print name Relationship to Child

Authorization for Medical Care

If it becomes necessary for my child to have medical care while participating in GVA Summer Kids' Care, I hereby give school personnel permission to use their judgement in obtaining medical care for the child, and I give permission to the physician selected by the school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accident insurance in an amount limited to \$50,000 (applies in excess of family health insurance if applicable).

_____/_____/_____
Print Name **Authorized Signature of Parent/Legal Guardian** **Date**

Great Valley Academy 209-576-2286 (Kids' Care)
 3200 Tully Road 209-576-2283 (GVA office phone)
 Modesto, CA 95350 209-576-2838 (Fax)

For GVA Office use only
 Date received ____/____/____ Processed by _____ Start Date _____

Amount _____ Cash or Check # _____

PARENT COPY

The following pages are for you to keep for your records.

PARENT COPY - Kids' Care 2017-2018 School Year Parent Contract

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Student _____ Date _____

Parent/Guardian _____ Date _____



Dear Friend,

Hello! My name is Mrs. Bond and I want to welcome you to Kids' Care. The Kids' Care staff is looking forward to meeting you. We are devoted to creating a fun and positive program in which children can grow. We will have a great year learning and laughing, and you will have fun with the new friends you will make.

Parents: Kids' Care has an ample assortment of toys, so please have children leave all toys at home. Kindergarten students who stay for rest time may bring one small blanket that will fit in their blanket box.

Please provide two nutritious snacks and a healthy lunch if your child is with us during the morning, lunch and afternoon. For children staying past 3:30pm, please pack a snack for afterschool. Kids' Care is not able to microwave food or refrigerate food.

We look forward to a fun and exciting year!

Thank you,

Mrs. Bond

Kids' Care Director