

Physical location:
8824-E Bellhaven Blvd
Charlotte, NC 28214

Mailing address:
6428 Wilkinson Blvd
#143
Belmont, NC 28021



Date of Application: _____
Start Date: _____



kidzrockstaff@hotmail.com
www.kidzrockcdc.com

704-200-9021

Student Registration Information

Summer Day Camp Before & After School Before School After School Breaks only

Name of Child: _____ Birth date: _____ Gender: M F Age: ____ (5-12)
Home Address: _____ City/State: _____ Zipcode: _____
School: _____ Grade: _____ Teacher: _____
Other siblings in our program: _____ Home Phone: _____
Primary payer(s) on account: _____ T-shirt size: _____
Name, Address, Phone (if different from care takers)

Care Taker #1 Name: _____ Relationship to child: _____
Home Address: _____ *No P.O. Box* City/State: _____ Zipcode: _____
Occupation: _____ Work Phone: _____
Name of Employer: _____ **Cell Phone: _____ ** Carrier: _____
Business Address: _____ Work hours: _____
Email address: _____

Care Taker #2 Name: _____ Relationship to child: _____
Home Address: _____ *No P.O. Box* City/State: _____ Zipcode: _____
Occupation: _____ Work Phone: _____
Name of Employer: _____ **Cell Phone: _____ **Carrier: _____
Business Address: _____ Work hours: _____
Email address: _____

**We recommend that all children have their own Charlotte Mecklenburg library card.*

PARTICIPATION CONSENT:

I give consent for my child to be enrolled at *Kidz Rock Child Development Center*, and have been advised of the policies regarding fees, hours of operation, transportation and services provided by the facility/program.

Yes No initial _____

TRANSPORTATION CONSENT:

I give consent for my child, to be transported from the *Kidz Rock Child Development* facility to participate in activities including, but not limited to, neighborhood parks, bowling and field trips on and off the property, which may include transportation in authorized vehicles, for the purpose of participating in offsite events and trips.

Yes No initial _____

PHOTO CONSENT:

I give consent to *Kidz Rock Child Development Center*, without limitation or obligation to use photographs, film footage or tape recordings which may include my child's image or voice for the purpose of promoting or interpreting learning programs. I also release *Kidz Rock Child Development Center* from any claim or liability to that use.

Yes No initial _____

Emergency Contacts

Care Taker #1: _____ Cell Phone #: _____ Work Phone# _____
Care Taker #2: _____ Cell Phone#: _____ Work Phone # _____

(Add individuals other than parent or guardian & who is within a 30 mile radius of facility)

I. **Primary Emergency Contact:** _____ Relationship to Child: _____

*Please indicate best number to be reached during the hours your child is in our care by adding an asterick***

Cell Phone: _____ Home Phone: _____ Work Phone: _____
Full Address: _____ Email Address: _____

II. **Secondary Emergency Contact:** _____ Relationship to Child: _____

*Please indicate which number is best for the hours your child is in our care by adding an asterick***

Cell Phone: _____ Home Phone: _____ Work Phone: _____
Full Address: _____ Email Address: _____

III. **Third Emergency Contact:** _____ Relationship to Child: _____

*Please indicate which number is best for the hours your child is in our care by adding an asterick***

Cell Phone: _____ Home Phone: _____ Work Phone: _____
Full Address: _____ Email Address: _____

Doctor's office: _____ Phone #: _____ Address: _____

Dentist's office: _____ Phone #: _____ Address: _____

Insurance carrier: _____ Policy # _____

Disclosed any problems that may keep child from participating in physical activity: _____

Allergies / Medications / Dietary Restrictions/ Special Needs or Instructions: _____

Agreement

I hereby authorize medical care for my child during the attendance at *Kidz Rock Child Development Center*.

In case of accident or injury, I authorize *Kidz Rock Child Development Center* the right to contact 911 and/or transport my child to the nearest medical facility for any emergency medical, dental and/or surgical care and hospitalization advised by a physician, surgeon or hospital, for the proper health and well being of my child.

Yes No

I have provided information on my child's special needs (allergies, diet, diabetes, and/or medical condition) to *Kidz Rock Child Development Center*, as may be necessary to assist and facilitate the proper care for my child in case of an emergency. Yes No

Prior to children receiving any medication or any chemically based product while in the care of Kidz Rock, parents must complete an "Authorization to Administer Medication" form and an "Action Plan" form for children with special needs.

Signature of Parent/Guardian: _____ Date: _____

Authorization to Release

I _____, GIVE PERMISSION TO **Kidz Rock Child Development Center**
Parent/Legal Guardian Name
TO RELEASE MY CHILD TO THE FOLLOWING PERSONS LISTED BELOW. I UNDERSTAND THAT I CAN MAKE CHANGES TO THIS LIST AT ANYTIME BY GIVING A WRITTEN NOTICE.

NAME: _____
HOME#: _____
CELL#: _____

RELATIONSHIP: _____
WORK#: _____
OTHER#: _____

NAME: _____
HOME#: _____
CELL#: _____

RELATIONSHIP: _____
WORK#: _____
OTHER#: _____

NAME: _____
HOME#: _____
CELL#: _____

RELATIONSHIP: _____
WORK#: _____
OTHER#: _____

Kid Code: _____ (Secret word between parent & child for identification and pick up)

Children will only be released to parent(s), legal guardians or persons listed above. Every authorized individual must present a photo ID prior to child(ren) being released. Children will not be released to individuals under the age of 18, whether they are listed or not.

In the event a child is being picked up by an adult not listed above, a parent's note or email (including the person's name as it appears on their photo ID) is required and a photo ID must be shown during pick up. If an individual not authorized to pick up attempts to pick up the child(ren), the child(ren) will not be released, which could result in a late fee if the time of pickup falls after 6:35pm.

Communication

Good communication between parents and care providers is imperative. When a new family is accepted into our center, we like to know that we can share openly about any concerns or questions that may arise. We welcome questions, feedback, or discussions of any kind that are beneficial to the well-being of the child(ren). Sensitive issues can be scheduled for private discussion.

Written communication relieves you and our staff of inconsistencies and liability due to misunderstandings. Therefore, we ask that parents provide written communication relating to withdrawal, absences, authorization to release, medication, pick up and drop offs etc. All requests regarding (but not limited to) notices, account balances, letters, etc *must* be in writing, either by email or hard copy and submitted to LaTanya Blackmon.

Please allow up to 10 business days to receive a response to your written request.

Signature of Parent/Guardian: _____ Date: _____

Policy on Child Illness

We strive to limit the spread of communicable disease and viruses at our center and are committed to implementing policies that balance and respect the needs of all the children, families and staff. Parents/Guardians are asked not to bring child to center and to please make alternative arrangements for occasions when a child is ill. Parents, legal guardian, emergency contact or authorization to release will be contacted to **pick up a child who has the following symptoms;**

- Fever of 100 degrees when taken under the arm or 101 degrees when taken orally.
- Fever of 104 degrees or greater in a child of any age (required immediate attention).
- Sudden onset of diarrhea.
- Increased number of bowel movements compared to the child's normal pattern and/or with increased watery stool.
- Two or more episodes of vomiting within a 12 hour period.
- Red or pink eye(s) with white or yellow eye discharge. Child may return to care 24 hours after treatment has begun.
- Mouth sores or skin sores on an exposed area that cannot be covered (unless the child's medical provider or local health department authority states that the child is noninfectious). Child may return to care 24 hours after treatment has begun and a doctor's note has been placed on file.
- Scabies or lice.
- Chicken pox or a rash suggestive of chicken pox. Child may return to care 24 hours after treatment has begun and a doctor's note has been placed on file.
- Tuberculosis. Child may return to care after a health professional states the child is not infectious and a doctor's note has been placed on file.
- Strep throat. A child may return to care 24 hours after treatment has begun and a doctor's note has been place on file
- Pertussis or whooping cough. Child may return to care five days after appropriate antibiotic treatment and a doctor's note has been placed on file.
- Hepatitis A virus infection. Child may return to care one week after onset of illness or jaundice and a doctor's note has been placed on file.
- Ear Infection. Child may return to care 24 hours after treatment has begun and a doctor's note has been place on file.
- Flu-like symptoms. Child may return to care 24 hours after treatment has begun and a doctor's note has been place on file.
- Seizure
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

A parent, legal guardian, emergency contact or authorization **may or may not** be asked to pick up a child with the following symptoms;

- Stomach ache
- Toothache
- Mild headache
- Common cold
- Wheezing
- Shortness of breath

Signature of Parent/Guardian: _____

Date: _____

Travel and Activity Authorization

Blanket permission for ALL activities

Children will attend various field trips and participate in physical activity. By signing this form, you give authorization for staff of Kidz Rock to transport your child(ren) via van, bus or personal vehicles.

I, _____ parent/guardian of _____ hereby give permission for him/her to participate in activities arranged by *Kidz Rock Child Development Center* and its staff. I give consent for my child to participate in zumba, martial arts, spanish, field play or any child appropriate physical activities.

I understand that my child MUST be fully toilet trained and in the case of an accident, children are required to change themselves and safely dispose of their own clothing. Staff will not change children nor dispose soiled clothing.

I give consent for my child to be transported from the *Kidz Rock Child Development Center* facility to participate in activities including, but not limited to; outdoor play, neighborhood parks, walks, swimming, bowling and field trips on and off the property, which may include transportation in authorized vehicles, for the purpose of participating in events and trips.

I understand that the staff will use the appropriate child restraint devices and abide by all the safety rules when my child is transported by vehicle, if applicable. If my child needs a car seat, I (parent) will be sure to provide the proper seat to the administrative office.

I understand that *Kidz Rock* strives to take children on field trips that are at no cost or low cost to parents. Parents are responsible for purchasing a mandatory Carowinds season pass for their child(ren). All field trip payments must be made with weekly tuition by money order, check or online; either with the weekly tuition or any day prior to the field trip.

I understand that my child(ren) is responsible for handling their own spending money for field trips and that spending money *must not* be added to field trip payments. *Kidz Rock* staff will not be responsible for my child(ren)'s money.

I understand that a copy of the activity calendar will be made available to me. I understand that *Kidz Rock* has the right to cancel or postpone due to unforeseen circumstances or due to misbehavior of the children and the cost of the trip will not be reimbursed. I also understand that if my child(ren) misbehaves while at the facility or while on field trips, he/she **MAY NOT BE ALLOWED** to attend the next trip, unless accompanied by a parent.

I understand that there may be no staff remaining at the facility for children not attending field trips. Parents are required to find alternate care for their child if child is unable to attend field trip for any reason. If I choose not to allow my child to attend the field trip, I have the right not to bring my child to the program on that specific day and will pay the same full week's tuition.

We ask that children *do not* bring nail polish, perfume based products, cell phones, tablets, laptops, any electronics, blankets, pillows, toys, etc. to *Kidz Rock*. *Kidz Rock* and its staff are not responsible for lost, stolen or broken items. Please keep inventory of your child(ren)'s items.

During summer day camp, my child will wear his/her camp t-shirt on all field trips; pants or shorts and tennis shoes (**NO SANDALS or FLIP FLOPS, except on swim days**) on all field trips and each day during the summer. Children should always wear weather appropriate attire. Children are required to have a water bottle each day during full day programs and the water bottle must be supplied by parents.

I hereby voluntarily release liability, forever discharge, agree to defend, indemnify and hold harmless *Kidz Rock Child Development Center* and its staff from any and all claims, suits, demands, or causes of action for personal injury, which are in any way connected, caused by or on behalf of the third party and/or my child's participation or negligence in activities associated with third parties' equipment, supplies or facilities; including any such claims which allege negligent acts or omissions of *Kidz Rock*, while on field trips.

_____ (*initials*) I will allow my child to participate indoor and outdoor play, walks & offsite trips, etc.

This authorization is valid until I provide a change by written notice. I have the right not to sign and locate other child care.

Signature of Parent/Guardian: _____ Date: _____

Tuition & Rates: *No discounts with part-time rates*

	1st Child	2nd Child	3rd Child	4th Child
Enrollment Fee	\$0	\$0	\$0	\$0
Deposit due with registration <i>(money order only)</i>	\$15	\$15	\$15	\$15
T-shirt (summer camp) <i>(due at registration)</i>	\$15	\$15	\$15	\$15
Before School Part-time rate <i>(2 days or less only)</i>	\$30 \$8 per day	\$25 \$8 per day	\$25 \$8 per day	\$25 \$8 per day
After School Part-time rate <i>(2 days or less only)</i>	\$50 \$13 per day	\$45 \$13 per day	\$45 \$13 per day	\$45 \$13 per day
Before & After School Part-time rate <i>(2 days or less only)</i>	\$70 \$15 per day	\$60 \$15 per day	\$60 \$15 per day	\$60 \$15 per day
Summer Day Camp & Holiday Breaks Part-time rate <i>(for students who are 2 days or less only)</i>	\$90 \$30 per day	\$80 \$30 per day	\$70 \$30 per day	\$60 \$30 per day
Teacher Workdays	\$5 Additional each day added to weekly rate	\$5 Additional each day added to weekly rate	\$5 Additional each day added to weekly rate	\$5 Additional each day added to weekly rate
Hold Fee per week <i>(absent from program)</i>	\$25	\$25	\$25	\$25
Pick up Late Fee	\$10 after 6:35pm \$1/minute thereafter	\$10 after 6:35pm \$1/minute thereafter	\$10 after 6:35pm \$1/minute thereafter	\$10 after 6:35pm \$1/minute thereafter
Staggered School Days <i>(pre-k & kindergarten)</i>	See Administration	See Administration	See Administration	See Administration
Payment Late Fee <i>(per family account)</i>	\$15 after Monday	\$0	\$0	\$0
One Day Service <i>(parents stay)</i> —After School One (1) day trial only *(non-enrollees only)	\$15 Per day	\$15 Per day	\$15 Per day	\$15 Per day
One Day Service <i>(parents stay)</i> —Summer Camp —Teacher Workday —Holiday Break One (1) day trail only *(non-enrollees only)	\$30 Per day	\$30 Per day	\$30 Per day	\$30 Per day

Weekly Tuition is due whether child is present or absent.

Closings:

- January 1 – New Year’s Day
- January (3rd Monday) – MLK Day
- Good Friday
- May (4th Monday) – Memorial Day
- July 4 – Independence Day
- September (1st Monday) – Labor Day
- November (4th Thursday & Friday) – Thanksgiving Day & Day After
- November 11 - Veterans Day
- December 24 & 25 – Christmas Eve & Christmas Day
- December 31 – New Year’s Eve
- Snow Days *(per CMS schedule)*

Days/Hours of Operation:

Monday – Friday 7am – 6:30pm

Signature of Parent/Guardian: _____

Date: _____

Financial Policies

Tuition Payment: Weekly tuition is always due on Monday the current week of service, whether child is present or absent (including short weeks due to holiday, no school or snow days). No tuition proration will be given. Continuously late payments and students who withdraw, leaving a balance may be required to make all future payments by automatic draft. **NO REFUNDS and NO CREDITS WILL BE DISTRIBUTED**

Ways to make a payment: Online by credit card or debit card at www.myprocare.com; In office at the payment station, set up automatic draft, by check or money order and made payable to Kidz Rock Child Development Center; Add child's full name in memo section. **NO CASH ACCEPTED**

Payments must be made by **6:30pm** in order to be processed the same day. Payments made after 6:30pm will be processed on the next business day and may incur a late fee or withdrawal from the program.

Late Payments: Tuition is delinquent if not paid by the end of day on Monday (same week of service). A late fee of \$15.00 will be added to your account each week there is a past due balance. Accounts not paid in full by Wednesday at 12noon may result in your child(ren) being withdrawn from the program until the entire balance is paid in full. **Full tuition MUST be made by Wednesday at 12noon. Checks will not be accepted for late payment (after Monday).**

Automatic Draft: A form can be completed & submitted into the office. Cancellation & revision of automatic draft must be made in writing at least 10 days prior to expected date of cancellation or revision.

Deposit: A deposit of \$15 is required at registration, in order to hold your child's space. A deposit is not an enrollment fee however, will go toward the first week of tuition. Deposits are non-refundable and non-transferable if child does not attend that program. This payment must be in the form of a money order only.

Attendance/Absentee Policy: Kidz Rock Child Development Center Staff Members will be ready to accommodate all enrolled children during regularly established operating hours, therefore, no credits, no refunds, allowances or decreases in fees will be given for children not attending their regularly enrolled program. Credits will not be given for company holidays, weather related closings, nor extended absences for any reason. We ask that parents provide written notice for all absences.

Hold Fee: Due to our current waiting list, a hold fee of \$25 per week/per child is required for children absent for a full week. If a hold fee is not paid by Monday, we reserve the right to charge a late fee and/or offer space to another child. A written notice is required (at least 1 week/7 days) for pre-scheduled absences. If part-time student's tuition is less than the amount of the hold fee, full tuition remains due.

T-shirt Fee: A \$15 non-refundable fee is due at time of summer registration. Students are required to wear their t-shirt on all field trips. Parents are responsible for a clean t-shirt on field trip day. If a paid t-shirt is unclaimed after 30 days, it will either be donated or resold.

Late Pick-Up Fees: At Kidz Rock CDC, we understand that unforeseen circumstances may happen. We are allowing the first five (5) minutes of grace time. Students not picked up by 6:35 p.m. will be charged a fee of \$10.00, and \$1.00 per minute thereafter.

Return Payment Fee: A service charge of \$35.00 will be assessed for insufficient checks or electronic payments returned by the bank. Two (2) insufficient/returned payments will require all future payments and fees, be paid by money order or by placing bank account information on file. Due to non-payment, you will also incur a late fee of \$15.00.

Outstanding Accounts: Accounts not settled within 30 days of last date of attendance will be turned over to collections regardless of amount owed and incur a \$20.00 collections fee. In order to return to our program, full payment must be made and a 2 week's reserve may be required to re-enroll.

End of year financial statements: Available upon written request. Information in the request should include, tax year being requested, child's full name, name of parent(s) to receive statement and signature of person requesting statement. Please allow up to ten (10) business days to receive your statement.

I have received a copy of the **Tuition, Rates and Financial Policies** and have read the conditions of this policy. I understand and accept all conditions of Kidz Rock Child Development Center's policy for payment and fees.

Signature of Parent/Guardian: _____ Date _____

Discipline & Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent and understanding interactions from adults and others, they develop good, self-concepts, problem solving abilities and self-discipline. Based on this belief of how children learn and develop values, our program will use counting & timeouts as well as practice the following discipline and behavior management policy.

We:

1. Do praise, reward and encourage the children.
2. Do reason with and set limits for children.
3. Do model appropriate behavior for children.
4. Do modify classroom environment to attempt to prevent problems before they occur.
5. Do listen to the children.
6. Do provide alternatives for inappropriate behavior to the children.
7. Do provide the children with natural and logical consequences of their behavior.
8. Do treat the children as people and respect their needs, desire and feelings.
9. Do redirect minor behaviors.
10. Do communicate to explain things to children, on their level.
11. Do use periods of time-out.
12. Do remain consistent in our behavior management program.
13. Do assist parents with positive ways to redirect their children.

We:

1. Do Not spank, shake, bite, pinch, push, slap or otherwise physically punish the children.
2. Do Not make fun, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Do Not shame or punish the children if bathroom accidents occur.
4. Do Not deny food or rest as punishment.
5. Do Not relate discipline to eating, resting or sleeping.
6. Do Not leave children alone, unattended or without supervision.
7. Do Not place children in locked rooms, closets or boxes as punishment.
8. Do Not allow minor children to discipline other minor children.
9. Do Not criticize, make fun of, or otherwise belittle children, their parents, families or ethnic groups.

There shall be no:

- Fighting
- Acts of Violence
- Verbal threats or belittling of any kind
- Stealing
- Vandalism
- Profanity
- Insubordination to staff
- Disrespect to staff or peers
- Physical endangerment
- Weapons (actual or counterfeit)
- Intimidation
- Inappropriate touching
- Inappropriate body movement
- Inappropriate photos or web surfing

Corrective Action:

- Verbal warning/timeout
- Privileges revoked
- Written Assignment
- Conference with parent(s)
- Dismissal from field trips
- Dismissal from the program (Temporary or Permanent)

We ask that parents not request our staff members to assign consequences to their children for not following the rules at home. If your child is not submitting to the rules at home, please give the consequences at home. It's difficult for our staff to monitor various consequences for several students. We will assign consequences to students, based on the rules not followed while in our care.

I, _____ have read, received a copy and discussed with my child(ren) the facility's discipline and behavior management policy. A representative of *Kidz Rock Child Development Center* is available to discuss with me and my child any concerns regarding the behavior management policy.

Signature of Parent/Guardian: _____

Date: _____

Withdrawal Policy

We reserve the right to withdraw a child for the following reasons (but not limited to):

- Failure to pay tuition on time
- Frequently late picking up your child(ren)
- Failure to complete the required forms
- Lack of parental cooperation
- Child or parent physical or verbal abuse of any person or property
- Our inability to meet the child's needs
- Child not fully toilet trained
- Child's inability to remain with the group
- Lack of compliance with company regulations
- Serious contagious illness of child
- Child's illness unmanageable by staff
- Child's noncompliant and unruly behavior

We appreciate as much advance notice as possible from parent when withdrawing a child. If parent chooses to withdraw the child, delinquent balance and fees remain due. Space cannot be guaranteed upon return and a new registration deposit may be charged. ***A minimum of two (2) week's written advance notice is required for all withdrawals.*** If a notice is not provided, you *will* be charged full tuition or a minimum of \$25 hold fee each week. After 2 weeks absence (whether a withdrawal notice is provided or not) your child's space may or may not be available upon return, as the space may be given to another child in order to maintain full enrollment.

Kidz Rock and its staff reserve the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the provider or other children in the program. If provider provides 2 weeks notice of withdrawal, full tuition remains due for the time period child remains enrolled, whether or not the child is in attendance.

Anyone who withdraws services and has a balance that is outstanding will need to have the account settled within 30 days after last date of attendance. All accounts not settled within 30 days will be turned over to a collection's agency or submitted to clerk of courts regardless of the amount owed. Parents are responsible for all collections and court costs.

Signature of Parent/Guardian: _____

Date: _____

Transportation Agreement Before/After School Programs

We provide transportation services to and from school or to and from shuttle stops. This service is for students registered in our programs and attending the following schools: (This list is subject to change at our discretion)

Allen Brooke Elementary
Coulwood Middle School
Hornets Nest
Kennedy Charter (shuttle stop)
Lincoln Charter (shuttle stop)
Long Creek Elementary
Morehead Academy (shuttle stop)
Mountain Island Elementary
Mountain Island Charter
Northwest School of the Arts (alternative stop)
Oakdale Elementary
Oaklawn Language Elementary (alternative stop)
Paw Creek Elementary
Piedmont IB Middle School (shuttle stop)
River Oaks Academy
Sugar Creek Charter (shuttle stop)
Thomasboro Academy Elementary & Middle School
Tuckaseegee Elementary
University Park Creative Arts Elementary (alternative stop)
White Water Academy Elem & Middle

To register your child to be picked up and dropped off at our facility, by CMS transportation, please complete an "Alternative Stop Request Form" on the Charlotte-Mecklenburg School website at:

<http://www.cms.k12.nc.us/CMSDEPARTMENTS/TRANSPORTATION/Pages/default.aspx> or
<https://ei.synovia.com/public/cms/forms/LoginForm.aspx?return=alternate&nyr=1>

Special request transportation; please speak to Director of Kidz Rock Child Development Center.

We operate on a regular schedule during CMS early release days. Students currently enrolled in our after-care program and listed on our transportation roster are eligible for transportation pick-up.

We operate on a regular schedule during CMS morning bell delays. Students currently enrolled in our before-care program and listed on our transportation roster are eligible for transportation drop-off.

Parent(s) agree to email at kidzrockstaff@hotmail.com (preferred) or call at 704-200-9021 (office) or 980-406-4981 (mobile), if your child does not need before school drop off and/or after school pick up. Repeated failures to communicate this information can result in your child being dismissed from the drop off and/or pick up roster. You may also incur a \$5 fee per child, which may be charged to your account for each failure to communicate.

Signature of Parent/Guardian: _____

Date: _____



Child's First & Last Name: _____

Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account. Payments will be deducted from your account each Monday.

ELECTRONIC FUNDS TRANSFER FOR **BANK ACCOUNT** AUTHORIZATION

I _____ hereby authorize Kidz Rock Child Development Center to initiate debit entries to my Checking or Savings account indicated below. To properly affect the cancellation of this agreement, I (we) are required to provide a 10 day written notice to the Administrative office. I understand that if I have an unpaid balance, the company may submit for final payment.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name Phone #

Your Address City State Zip

Bank or Credit Union Name Checking Savings

Bank or Credit Union Address City State Zip

Routing Transit Number (see sample below) Account Number (see sample below)

Your Signature Date

For Official Use Only

Date Received

Employee Signature

Child(ren):

Account Holder's Next Pay Date (from today)

Pay Cycle (weekly, bi-weekly, etc)

ATTACH COPY OF CHECK OR DEPOSIT SLIP HERE





Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card or debit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **CARD** AUTHORIZATION

I _____ hereby authorize Kidz Rock Child Development Center to initiate recurring card charges to the below referenced account. To properly affect the cancellation of this agreement, I understand that I am required to provide a 10 day written notice to the Administration Office.

 Cardholder Name (as if appears on card) Phone #

 Cardholder Address City State Zip

 Name of Bank

 Card Number Expiration Date CVV

 Cardholder Signature Date

 Account Holder's Next Pay Date (*from today*)

 Pay Cycle (*weekly, bi-weekly, etc*)



Cancellation & revisions of automatic draft must be made in writing at least 10 days prior to expected date of cancellation or revision, either by email at kidzrockstaff@hotmail.com or in office.

<p>For Official Use Only</p> <p>_____</p> <p>Date Received</p> <p>_____</p> <p>Employee Signature</p> <p>_____</p> <p>Child(ren):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Parent Acknowledgement Checklist

I have received and read a copy of the forms listed below. I also understand if I should have any questions or concerns, I should address them prior to signing.

Please check that you have fully completed & signed the following forms:

1. _____ Student Registration Form
2. _____ Emergency Contact Form
3. _____ Authorization to Release Form
4. _____ Policy on Child illness
5. _____ Travel and Activity Authorization Form
6. _____ Weekly Rates
7. _____ Financial Policies
8. _____ Discipline and Behavioral Management Policy
9. _____ Withdrawal Policy
10. _____ Transportation Agreement
11. _____ Automatic Processing Forms (optional)
12. _____ T-shirt Fee (money order & summer program only)
13. _____ Deposit for Registration(money order only)

How did you hear about us (who, where)? _____

****All requests must be in writing (related to attendance, homework, medication, tax forms, payments, etc).***

****We ask parents to refrain from using cell phone during your child's pick up and drop off.***

Signature of Parent/Guardian _____ Date _____