

The 2011 Summer Day Program

July 5th - August 19th

Full-week and part-week enrollment is available and we accept child care vouchers.

Cost: \$34 per day

Registration fee: \$35

Aftercare: For families that cannot pick up their children by 4 p.m., we provide optional extended care until 6 p.m. for a low flat rate of \$5 per day that can be paid weekly as needed.

Discounts:

Full-Week Discount: Register for 5 days/week and receive **one day free!** (\$136/week)

Sibling Discount: 10% discount will be applied to the price of both children.

Pre-Payment Discount: For children enrolling for all 7 weeks, 5 days per week, if payment for the entire summer program is made by June 21st, the cost is \$129 per week – a \$49 savings! (This discount is only in effect until we are full. Those on the waiting list cannot qualify for this discount.)

Payment schedule: Registration fee + two-week deposit due upon registering.
(Deposit will be applied to your child's last two weeks in the summer program.)
Payment for weeks 1-3 is due July 5th.
Payment for weeks 4-5 is due July 25th. (Weeks 6 & 7 are covered by the deposit)

Registration deadline: June 21st

Summer 2011 Registration Form

Please return to: **Kids' Place at NSAG, 77 Kennedy Drive, Malden, MA 02148**

Child's Name: _____ Age: _____ Grade in September: _____

Parent/Guardian's Name: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Date your child will begin the program: _____

Please check the weeks you are enrolling your child (for part-week enrollment indicate days to the right):

- Week 1 July 5 – 8 (closed Monday, July 4th)
- Week 2 July 11 – 15
- Week 3 July 18 – 22
- Week 4 July 25 – 29
- Week 5 August 1 – 5
- Week 6 August 8 – 12
- Week 7 August 15 – 19

Circle T-shirt size:

XS(2/4) **S**(6/8) **M**(10/12) **L**(14/16) **XL**(18/20)

- I have enclosed my \$35 registration fee
- I have enclosed a two-week deposit.

(Please make checks payable to N.S.A.G.)

Kids' Place
Child's Enrollment/Face Sheet

Child's Name: _____ Date of birth: _____

First Last

Date Child will begin program: _____ Age of child when entering program: _____

Home Address: _____
Street Address

City/Town State Zip Code

Home Phone: _____

Description of Child: Child's Height: _____ Weight: _____ Gender: _____
Skin Color: _____ Eye Color: _____ Hair Color: _____
Primary language: _____

Physical limitations: _____

Allergies: _____

School Name and Address: _____

Parent/Guardian Information:

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home address if different from above: Home address if different from above:

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail : _____ E-mail: _____

Work Name & Address: Work Name & Address:

Work Hours: _____ Work Hours: _____

I certify that documentation of physical examination, immunizations, and lead poisoning screening in accordance with public school/public health requirements are on file at my child's school.

Parent/Guardian Signature: _____ Date: _____

Kids' Place
Transportation Plan and Authorized Release Form

Child's Name: _____

Summer Day Program: My child will arrive at the program by:
_____ Parent drop off
_____ Other: _____

My child will depart from the program by:
_____ Parent pick up
_____ Supervised walk (name of adult: _____)
_____ Other: _____

After School Program: My child will arrive at the program by:
_____ Parent drop off
_____ North Shore Assembly of God van/bus
_____ School Bus drop-off
_____ Other: _____

My child will depart from the program by:
_____ Parent pick up
_____ Supervised walk (name of adult: _____)
_____ Other: _____

Kids' Place will not release your child to any unauthorized people ***under any circumstances***.
Please list the people below whom you wish to authorize to pick-up your child. (If no one is authorized,
please indicate below by writing "NO ONE.")

1. Name _____ Relationship to child: _____
Address: _____ Phone: _____

2. Name _____ Relationship to child: _____
Address: _____ Phone: _____

3. Name _____ Relationship to child: _____
Address: _____ Phone: _____

Any other transportation arrangements must be stated in writing and maintained in the child's file or the above plan will be implemented.

I give permission for my child to be released from the program at the end of the day as stated above and I give my permission to the above named people to receive my child at the end of the program day.

Parent/Guardian Signature: _____ Date: _____

**Kids' Place
Parent Agreement Form**

Child's name: _____

(Please initial after reading each item.)

1. I have received a copy of the Parent Handbook; I have read, understood, and agreed to the guidelines stated in it.

_____ initial

2. I will abide by the agreed upon payment plan. I understand that monthly/weekly fees are the same regardless of the number of days in the week or my child's absences and I understand that unpaid tuition balances will be subject to a \$5 per week late fee.

_____ initial

3. I understand that if a scheduled payment is two weeks late, my child will not be allowed to return to the program on the Monday of the third week until the full amount owed is submitted.

_____ initial

4. I understand that in the event that I am late in picking up my child, a \$5 fee will be charged at the time of pick-up for every 15-minute interval after the designated pick-up time.

_____ initial

5. I understand that Kids' Place must be given two weeks notice in writing for any changes in enrollment (number of days per week, etc.) or withdrawal from the program. Without such notice, parents will be responsible for the scheduled payment.

_____ initial

6. I, being the parent or legal guardian of the above named child, consent and agree that he/she may attend Kids' Place school age child care program sponsored by North Shore Assembly of God. I hereby release North Shore Assembly of God, and its agents, assigns, employees and volunteer assistants from any liability whatsoever arising from injury, sickness or damage that may be sustained by my child during the program.

_____ initial

7. I understand that, while the above named child participates in any program activities, he/she is responsible to abide by the rules set forth by Kids' Place, the sponsoring organization (North Shore Assembly of God), its leaders and supervisory personnel. Any serious infraction of rules by the above named child can result in dismissal from the program. In the event that my child is dismissed from the program, I also agree to forfeit any possible refund.

_____ initial

8. I give Kids' Place permission to take photos/video of my child for the Kids' Place end-of-the-year slide/video presentation and DVD, for Kids' Place promotional purposes (our newsletter, flyer and brochure) and to be posted on the Kids' Place website, and the Kids' Place Facebook and Twitter Pages.

_____ initial

I have read and agree to the above statements.

Signature of Parent or Guardian

Date

Signature of Kids' Place Director

Date