



Kingdom Christian Academy Enrollment

Non- Refundable Enrollment fee: \$75

Hours of Operation: Mon-Fri 6:30 a.m. – 6:00 p.m.

With the exception of Holidays & Inclement Weather

Date of Application

Due to changes in life at the time of your child's enrollment, and every year thereafter, you will be required to sign a new Enrollment Agreement. Please read, sign and return to the office.

Child's Name _____ Gender: M F
Last First Middle

Child's Birth Date (MM/DD/YYYY): _____ / _____ / _____

Child's Name _____ Gender: M F
Last First Middle

Child's Birth Date (MM/DD/YYYY): _____ / _____ / _____

Child's Name _____ Gender: M F
Last First Middle

Home Address: _____
City State Zip

Ethnicity:

_____ Hispanic or Latino _____ Asian _____ White
_____ African American _____ Hawaiian _____ Pacific Islander
_____ American Indian or Alaskan Native Other: _____

Child's Name _____ **START DATE:** _____

Father's Name: _____ **SSN:** _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ E-Mail: _____

Address if different from child: _____

City State Zip

Mother's Name: _____ **SSN:** _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ E-Mail: _____

Address if different from child: _____

City State Zip

Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Emergency contacts, if parent/guardian cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

TUITION PAYMENT PROCEDURES:

Tuition is to be paid in **advance before services is rendered**, if paying weekly or bi-weekly, payment is due on Monday prior before care and if paying monthly or twice a month, payment is due the 1st day or the 15th of the month according to your contract. Please make all checks payable to: **Kingdom Christian Academy**. Put your child's name and the dates you are paying for on the memo line for proper credit to your account. You may pay by debit/credit card by talking to the director, assistant director or office manager. If you pay in cash, please put cash in an envelope with your child's name and dates you are paying. Your billing will begin with the start date on your child's enrollment or their first day at the center. If payment is not made your child **cannot** come to the center until payment has been made. You will still be billed for those days your child is not here. *Initials:* _____

Child's Name _____ START DATE: _____

DISCOUNT:

Parents with two or more will be given a 7% discount after the first full fee.

HOURS OF OPERATION AND LATE PICK-UP:

We open at 6:30 a.m. and close at 6:00 p.m. Families needing care prior to 6:30 a.m. will need to talk to the Director.

Full time: After closing hours, any staff member who stays with a child does so on their personal time. If a child is left after 6:00 p.m., the fee is **\$1.00 per minute**. After one half hour of trying to contact someone to pick up the child, the police department will be notified that we have an abandoned child. (They will also be fed candy and given a free kitten to take home. ☺)

Parents are required to pay the teacher that stays after hours in **CASH** after each occurrence. Kingdom Christian Academy is not responsible for paying staff for after hour care (6:00 p.m.). **PLEASE** have cash payment with you on picking up your child or make payment arrangements with the staff member upon pickup. **The late fee must be paid before the child will be allowed to return to class.**

NONPAYMENT:

Children may **not** be brought to the Center if account is not up to date. As previously stated, a late fee will be charged for payments past the close of business on the second day of attendance (**\$5.00 per day**). No child in arrears will be admitted until payments are current. If collection action is taken you will be responsible for what is owed, all late fees, and all court cost fees.

INSUFFICIENT FUNDS:

A surcharge of **\$35.00** will be added to your payment for checks returned by the bank. Check writing privileges will be terminated after the 1st returned check. Payment will then be requested in cash or money order. There will be No Exceptions to this policy. **Initials:** _____

VACATION OR ABSENCE:

After your child has been enrolled in Kingdom Christian Academy for one year, you will be charged ½ the week tuition to reserve your child's space at the center to use as you wish for one week per calendar year. **Initials:** _____

Child's Name _____ START DATE: _____

HOLIDAYS:

Kingdom Christian Academy will be closed for the following holidays: New Year's Eve (12 noon), New Year's Day, Martin Luther King Birthday, Good Friday, Every 3rd Monday for Teacher Staff Work Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Eve (12 noon) Thanksgiving Day, Day after Thanksgiving, Christmas Eve (12 noon), and Christmas Day. ***When Christmas falls on a weekend, the facility will close at (12 noon) the Friday prior to Christmas and all day the Monday after Christmas***.

Initials: _____

PARENTAL PERMISSION:

I, the undersigned, give permission for my child to:

Initials _____

Ride in KCA Center's van while in care.

Be included in pictures taken in connection with KCA.

3. Use all play equipment and participate in all activities.

4. To receive any emergency care or first aid required.

5. Receive medications brought or authorized by parent.

6. Go on field trips with a signed permission slip.

Some of the ways we may use photos: hang in the child's classroom, on bulletin boards in the hall, to give to parents of the child, to give to families in which your child may be in the background, for our website, social media or advertising purposes (no names)

I give permission for my child to be **photographed**: YES NO

I give permission for center staff to apply the following **topical products** on my child, as needed:

- Yes No sunscreen (parent provided only)
- Yes No diaper rash ointment (parent provided only)
- Yes No lotion (parent provided or center provided)
- Yes No chap stick (parent provided or center provided-is applied with Q-tip)

NOTE:

For toddlers, these items will be kept in their diaper cubbies, out of their reach. For Preschool age, these items will be kept in the teachers locking cabinet. For items that you provide, please put them in a zip-lock bag clearly marked with the child's first and last name.

Child's Name _____ START DATE: _____

ENROLLMENT FEE:

Due to the time, effort, and process you and I go through in finding a suitable care for our children, there will be a **\$75.00 enrollment fee for the first child and \$60.00 enrollment fee** for each additional child. Fees must be paid at the time of enrollment.

Enrollment fees are **Non-Refundable** Initials: _____

My Child Is Currently:

- _____ 12 months (and walking)
- _____ 18 months – 2 ½ years old
- _____ 2 ½ - 3 years old
- _____ 4 - 5 years
- _____ School Age >> School child attends: _____

| | |
|--|------------------|
| <u>Fees:</u> | |
| _____ 12-months (walking) | \$ 180.00 weekly |
| _____ 18-months & Non-Potty Trained | \$ 170.00 weekly |
| _____ Potty Trained | \$ 160.00 weekly |
| _____ Drop-In | \$ 8.00 per hour |
| (Must be Toilet Trained): can verbally say or go consistently without assistance | |
| Rates are calculated for a nine (9) hour work day. Any hours over will be an additional charge average from \$3.50 - \$4.00 hour. | |

| | |
|--|-------------------|
| <u>School Age Fees:</u> | |
| _____ Before AND After Care (Leavenworth) | \$110.00 per week |
| _____ Before OR After (Leavenworth) | \$ 55.00 per week |
| _____ Before AND After Care (Lansing) | \$130.00 per week |
| _____ Before OR After (Lansing) | \$ 65.00 per week |
| _____ Full Week (held slot only when school is in session) | \$125.00 per week |
| _____ Full Week (held slot only when school is in session Lansing) | \$125.00 per week |
| _____ Full Day (Non-school days, in-service, conferences, etc.) | \$ 45.00 per day |
| _____ School Ages held slot | \$115.00 per week |
| _____ Transportation _____ To _____ From | \$ 5.00 each way |

Child's Name _____ START DATE: _____

SCHOOL AGE HELD SLOTS:

You will be charged a flat rate for a held slot, if your child is school age, and attends the center when school is not in session such as, Christmas break, winter break, spring break, teacher work days, parent teacher conferences, early release and school holidays, with the exception of summer break, which will be billed at fulltime hours according to your contract.

Initials: _____

HOURS / DAYS YOUR CHILD WILL ATTEND THE ACADEMY:

MON _____ AM _____ PM TUE _____ AM _____ PM

WED _____ AM _____ PM THUR _____ AM _____ PM

FRI _____ AM _____ PM

Initials: _____

BASIC RATES AND PAYMENT SCHEDULE:

You will be charged _____ per Hour. *Initials:* _____

You will be charged _____ hours per Day. *Initials:* _____

You will be charged _____ hours per Week. *Initials:* _____

You will be charged a Daily rate of _____. *Initials:* _____

Discount: _____ % _____ *per hr* _____ *daily rate* _____

The payment fee shall be \$ _____ per Week due on 1st day of week *Initials:* _____

The payment fee shall be \$ _____ twice a month due on _____ & _____ *Initials:* _____

The payment fee shall be \$ _____ Monthly due on 1st day of month *Initials:* _____

The payment fee shall be \$ _____ Bi-weekly due on 1st day of payment week *Initials:* _____

Child's Name _____ START DATE: _____

***** These are the days and hours you will be charged for, if you go over the hours stated in your contract, you will be billed for any excess time. You will be charged for the slot regardless if the child is here or not.** Initials: _____

******If your work schedule changes, a schedule must be given Friday prior to the week of care you are requesting the change to your normal work hours. Kingdom Christian Academy requests this in order to properly schedule staff to accommodate your needs. ****** Initials: _____

FEES:

1. You are responsible for paying for all hours your child is in center and according to your contract hours. A monthly statement is provided on the 1st day of the month showing the hours and amount you are charged for the month for childcare. Any extra fees such as late fees, extra hours over your normal scheduled hours or enrollment fees are billed separately. Your statement is a cumulative total by month of all charges and payments during the year. A final statement will be provided by January 31st of the following year for childcare tax credit.

Initials: _____

2. If you receive assistance, any fee you are responsible for that is not covered by assistance is due by the 5th day of the month, unless weekly or bi-weekly payment arrangements were agreed upon when enrolling your child.

Initials: _____

3. If fees are not paid by the 5th, and payment arrangements have not been made, you cannot bring your child to the center until paid. You will still be charged for those days your child is not in the center.

Initials: _____

4. You are charged for child care according to your contract hours stated on the contract, you are charged whether your child attends the center or not. **Your child is in a held slot.**

Initials: _____

5. You have 30 days to pay balances owed. Once past 30 days, your child will be terminated from the center, if payment arrangements have not been made or payment arrangements are not paid per agreement. You are still responsible for paying a two week termination fee, per your contract amount of hours per week.

Initials: _____

6. If child care balances are not paid within 30 days after termination and account is turned over to an Attorney for collection, you will be charged for all Attorney fees, court costs and collection fees. A \$1.00 a day late fee will apply until account is paid in full.

Initials: _____

7. If you are late picking up your child and prior arrangements have not been made, overtime will be charged at the rate of **(\$5.00)** for every (5) minutes after your regular scheduled pick up time.

Initials: _____

Child's Name _____ START DATE: _____

8. All Late Pickup Fees are due immediately upon pick-up of your child or your child cannot come back to the center until paid. You will still be charged for those days your child is not in the center.

Initials: _____

NOTICE OF WITHDRAWAL:

We ask that you give a two week notice prior to withdrawal for children in care or a full two-week's tuition will be charged. Should the director of the Kingdom Christian Academy, along with staff determine for any reason that a child should be suspended, parents will be given as much advance notice as possible.

Default: Should a parent withdraw their student with a balance and it is not paid within 30 days after withdrawal, legal action will take place. The parent will be responsible for any attorney and court fees.

(We will give a one (1) day grace period, after grace period we will suspend care until payment is made.)

_____ I will pay the difference owed after SRS, DCF, or KVC have paid the amount allotted to me.

MEMBERSHIP

Are you a member of FCCI? Yes _____ / No _____ Date: _____
(If yes, please give date when you became a member)

I have read the regulations regarding tuition payments and agree to abide by them. I understand that failure to pay for my child's care will result in loss of services and possible legal action.

Parent/Guardian Signature: _____

Date: _____

Center Director: _____

Date: _____

***monthly rate may vary due to 5 week month**

July 2015 Board of Directors