



School Age Registration Form

Child's Full Name _____ Date of Birth _____ Start Date _____

Child's Home Phone _____ Child's Home Address/City/Zip _____

Mother's Name _____ Email: _____

Mother's Home Address/City/Zip: _____

Work Name & Address/City/Zip: _____

Home/Cell Phone _____ Work Phone: _____

Father's Name _____ Email: _____

Father's Home Address/City/Zip: (if different from above) _____

Work Name & Address/City/Zip: _____

Home/Cell Phone _____ Work Phone: _____

Circle one:

Child is: Male / Female **Parent(s) are:** Married / Separated / Divorced / Widowed / Single /
Living together

Emergency Contacts: *(Complete addresses are required by state for emergency contacts. Thank you.)*

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

Address/City/Zip: _____

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

Address/City/Zip: _____

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

Address/City/Zip: _____

Additional persons **permitted** to pick up your child: _____

Persons **NOT permitted** to pick up your child: _____



PLEASE KEEP FOR YOUR RECORDS

My child's schedule will be as follows (B/S-Before School, A/S-After School, B&A/S-Before & After School. Please indicate the times that **you** will drop off at the center, before school & pick up from MES, after school):

Monday: B/S (drop off time:) A/S (pick-up time:) B&A/S
 Tuesday: B/S (drop off time:) A/S (pick-up time:) B&A/S
 Wednesday: B/S (drop off time:) A/S (pick-up time:) B&A/S
 Thursday: B/S (drop off time:) A/S (pick-up time:) B&A/S
 Friday: B/S (drop off time:) A/S (pick-up time:) B&A/S

My child attends _____Elementary School. Grade: _____ Classroom # _____

Teacher's Name: _____School Arrival Time: _____ School Dismissal Time: _____

My child eats breakfast at school: (circle one) Yes No Breakfast starts at: (time)_____

Please notify your child's school that BLLC will be transporting your child to/from school.

Who do we contact if there is a question about transportation on any given day?

Name: _____ Phone: _____

I understand that I need to notify BLLC that morning (or sooner, if possible) if my child will not need to be picked up. Transportation charges will apply if we make a trip to pick up a child that is not there. There may be times when a van is not available for transportation use. We will transport your child in a staff vehicle that meets state regulations and your child will be properly restrained.

My tuition will be (see enclosed rate sheets.) _____.

I would like to pay (circle one) Weekly/Monthly.

You can withdraw it through tuition express: (circle one)
 Every Friday Every Monday Every Two Weeks Monthly (on the 5th)

I understand these rates may change and that I will be given adequate notice of any changes. I have read, understand, and agree to all financial policies as stated in the Blooming Littles policy handbook and as provided with this registration form.

Parent Signature

Date



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Family Authorizations

- My child is in good physical health and receives regular physical examinations and care.
- I / We hereby give consent to Blooming Littles Learning Center to call the local emergency care facilities or our physician _____ at _____ for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to reach me/us.
(physician name) (physician phone number)
- Insurance information: _____

- I give permission for my child to go on field trips, whether by vehicle or by foot, to public parks, the library, pet stores, etc., with proper supervision and to go to out-of-town locations such as the Children’s Museum, the Denver Zoo, etc. with proper supervision and prior notice. Notice of field trips and daily activities are provided on the monthly calendar. Parents may opt their child out of an activity at any time by informing the Program Director or BLLC Administration.
- **Photo Release:** I hereby grant permission of any photographs or digital images taken of my child while in FunCrew to be used in future printed or digital publication or websites. My child will not be identified by name and no compensation will be expected.
- I hereby give consent for Medical Center of the Rockies (2500 Rocky Mountain Ave. Loveland 80538/624-2500) to be my hospital of choice unless I notify Blooming Littles Learning Center otherwise.
- Blooming Littles Learning Center has my permission to use the following on my child:
 - _____ ONLY sunscreen provided by me
 - _____ Any sunscreen provided by me, BLLC or other BLLC families
 - _____ Bug spray (we only use bug spray when we are playing somewhere there are lots of bugs, usually walks near the river, but possibly more often if necessary)

(parent signature) (date) (parent signature) (date)



PLEASE KEEP FOR YOUR RECORDS

Blooming Littles Learning Center's School-Age Financial Policies

Fee Schedule

- Our fee schedule is based on a *planned regular schedule*. This allows us to plan activities and staff accordingly. You will be charged based on the schedule you sign up for.
- School-out camp days are an exception to this. When there is no school, you are not charged unless you sign up separately for our special school-out camp day activities on the clip board or by calling Blooming Littles Learning Center

Payments

- Weekly payments are due on the first day of attendance each week. If your account is not current by the end of the week, a \$20.00 late fee will be assessed.
- Statements are sent out via email each week on Monday. If you are not receiving these statements, you do not understand the statement, or there are incorrect charges on the statement, it is your responsibility to inform the center director so that these issues can be resolved.

Illnesses

Except for cases of long-term illnesses, you will be charged for absences due to illness or unexpected days off. Even though your child is absent, our costs remain the same. In the event of a long-term illness, and provided a one week's written notice is given, you will not be charged beyond the first week and your child's spot will be saved for up to 2 more weeks.

Registration Fee

There is a \$95 Annual Registration Fee per child due at the time of registration. This fee is reduced to \$50 for clients who attended our summer camp programs.

Tuition Payments

Weekly payments are due on the first day of attendance each week. If your account is not current by the end of the week, you will be charged a \$20 late fee and your child may not be allowed to return until your account is current or you have a signed payment plan on file and are current with that payment plan.

Change of Schedule

A one-week's **written** notice is required prior to any permanent schedule change other than withdrawal (see withdrawal notice below.) Schedule changes will be approved based on availability. Any schedule changes not of a permanent nature are not allowed; however, you are able to add unscheduled days if there is space in the program that day.

Withdrawal Notice

A minimum two-week **written** notice is necessary before withdrawing your child from Young People's Learning Center. You will be charged for two weeks after the written notice is given.

Return Check Charge

There will be a \$20.00 charge for all returned checks or denied credit/debit card payments.

CCAP Clients

If you are receiving assistance from CCAP, you will receive an additional policy sheet which covers your responsibilities under their rules and policies. You must go over this sheet in person with a director and sign it in order to be eligible for this assistance with our program.

Thank you. We appreciate your business and hope you understand the necessity of these policies.

Child's Name: _____

Parent's Printed Name: _____

Parent Signature

Date

PLEASE SIGN AND RETURN



PLEASE KEEP FOR YOUR RECORDS

Kindergarten & School Age Rates

School	Milliken Elementary (MES)	Pioneer Ridge Elementary (PRE)	Letford Elementary (LET)	Knowledge Quest Academy (KQA)
Grade	Daily Rates			
	Before School Care	Before School Care	Before School Care	Before School Care
K-6	\$15	\$16 (Incl Trans)	\$16 (Incl Trans)	\$16 (Incl Trans)
	After School Care	After School Care	After School Care	After School Care
	\$28	\$33 (Incl Trans)	\$33 (Incl Trans)	\$33 (Incl Trans)
K-6	Weekly Rates			
	Before School Care	Before School Care	Before School Care	Before School Care
	\$66	\$68 (incl trans)	\$68 (incl trans)	\$68 (incl trans)
	After School Care	After School Care	After School Care	After School Care
	\$123	\$146 (incl trans)	\$146 (incl trans)	\$146 (incl trans)
	Before AND After School Care	Before AND After School Care	Before AND After School Care	Before AND After School Care
\$163	\$208 (Incl Trans)	\$208 (Incl Trans)	\$208 (Incl Trans)	

- These rates are based on a regular schedule. The scheduled is based on your child’s school calendar. Thus, if you have a five day per week schedule and your elementary school is only open for 3 days, you pay the 3 day rate for that week.
- There is a \$95 Annual Registration Fee per child due at the time of registration. This fee is reduced to \$50 for clients who attended our summer camp programs.
- We will offer a program on all School-Out days, including Christmas Break, Spring Break and the entire summer. Besides weekends, the only days we will not offer programs are: Labor Day, **Columbus Day**, Thanksgiving Day, Christmas Day, New Year’s Day, Memorial Day, and July 4th.
- School-Out day programs must be registered for by signing up ahead of time on the clip-board notice or by calling the Blooming Littles Learning Center to get on the list.
- We do accept reduced fees paid through the Child Care Assistance Program. However, these spaces are limited and you must speak with a director and meet all requirements before being able to enroll using this assistance.
- A \$20.00 late fee is added each week to all accounts which are not current by the end of each week.
- WE CLOSE AT 6:00! Late pick-ups will be charged at \$1.00/minute and added to your account.
- All Blooming Littles Learning Center clients are required to pay by cash or check or credit Monday through Thursday, but all accounts not current by Friday of each week will be automatically charged the late fee. We will accept special payment arrangements made with a director in writing.
- Statements are sent out each week on Monday. If you are not receiving these statements, you do not understand the statement, or there are incorrect charges on the statement, it is your responsibility to inform the center director so that these issues can be resolved.
- If you need to pay by credit card, please call (970) 587-7722 to arrange payment.



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