



# Middle School Kidz Zone Registration Form

# 2019/20

(PLEASE PRINT and fill out form COMPLETELY - DO NOT FAX FORM)

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female

Parent/Guardian Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Secondary Phone# \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Third Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
 Address (if different) \_\_\_\_\_ Secondary Phone# \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Third Phone # \_\_\_\_\_

Email#1: \_\_\_\_\_ Email#2: \_\_\_\_\_

Are you registering for Elementary School Latchkey, too?  Yes  No Bloomfield Hills School District Employee?  Yes  No If yes, then Location \_\_\_\_\_

BHMS  EHMS  WHMS

SCHEDULED KIDZ ZONE  DEBIT VISIT CARDS ONLY

**SCHEDULE** my child for these days: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

**MORNING** scheduled Kidz Zone       
**AFTERNOON** scheduled Kidz Zone

**START DATE** \_\_\_\_\_ (please see financial agreement statement below for conditions)

**Notes:** \_\_\_\_\_  
 Your schedule is reoccurring. We will schedule your child for these days/sessions until you put in a schedule change. When you put in schedule change, then that schedule is reoccurring until you put in a new schedule change.

### HEALTH STATEMENT

I certify that my child is in good health and there are no restrictions unless listed below.  
 RESTRICTIONS: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
 Is your child on medication during Kidz Zone? \_\_\_\_\_ (If yes, please complete *District Authorization for Prescription Medication form* and supply medication to Kidz Zone, prior to child participation.)

### Pricing, Payment Terms and Conditions:

Registration fee (\$40) is charged annually (September-June) per family, and is due with initial registration. **Fee is non-refundable.**  
 Only one registration fee is due per family whether you are registering for ELEMENTARY School Latchkey and/or MIDDLE School Kidz Zone.  
 Additional Charges:  
 A. Return Check Charge - \$25 B. Late Payment Fee - \$20 C. Late Charge - Charged at \$1.00 per minute, commencing 6 minutes after scheduled class ending time.

**Payment Terms, Conditions and Acknowledgements**  
 I registered for the days/sessions listed above. I understand that I am responsible for this schedule unless I put in a schedule change by the 15<sup>th</sup> of the month before the change will occur (\*January changes are due by December 12). I received a copy of the Latchkey regulations and agree to comply with them. I understand that if I need Latchkey September 3-13, I MUST register by August 16 - no exceptions will be made. If I am registering September 16-June 12, I will complete my paperwork at least three full school days before I wish to begin. I will not fax/email this form. Because our staff is hired based on the number of children scheduled, we are unable to give credit for absences due to illness, vacations, etc. Credit is not given for days school is closed due to power outages, severe weather, etc. Only children registered for the Snow Day Insurance Pass program will receive credit when school is closed due to severe weather (if your child was scheduled for Latchkey/Kidz Zone that day). Please visit our website, [Bloomfield.org](http://Bloomfield.org) to view our *Family Handbook*; which includes our philosophy, daily routines, building information, and policies & procedures. Printed copies are available upon request. Our *Licensing Notebook*; which includes all licensing reports is available at each Latchkey/Kidz Zone Site during hours of operation. [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)  
 PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PAYMENT

Annual Family Registration Fee **\$ 40.00**  
 First Month's Fee \$ \_\_\_\_\_ list month: [ \_\_\_\_\_ ]  Check # \_\_\_\_\_  Cash  VISA  MasterCard  EFT  
 Debit Visit Cards (\$50/ea) \$ \_\_\_\_\_ how many cards: [ \_\_\_\_\_ ] (payable: Bloomfield Hills Schools) (auto pmt form filled out)  
 Activity Day (\$40/ea if 5 school days prior) \$ \_\_\_\_\_ list dates: [ \_\_\_\_\_ ] (TOTAL AMT PD \$ \_\_\_\_\_)  
 Snow Day Pass (\$100/child by 12/1/19) \$ \_\_\_\_\_  
**TOTAL AMOUNT DUE** \$ \_\_\_\_\_  
 Rec'd by: \_\_\_\_\_ date \_\_\_\_\_  
 NOTES \_\_\_\_\_  
 TURNED IN:  EC  EFT