

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_

Future Elementary School \_\_\_\_\_

Male  Female

Age as of Sept 1:  2½yrs  3yrs  4yrs

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Bloomfield Hills School District Employee?  Yes  No

If yes, then BHSD Location \_\_\_\_\_

**DAYS & TIMES YOU ARE REGISTERING FOR:**

**Care schedule must match Preschool Schedule!**

FIRST DAY OF ATTENDANCE: \_\_\_\_\_

Before Care

After Care

For staffing purposes, it is helpful to provide times in ½ hour increments, on the hour and half hour; i.e. 7:00a, 8:30a, 4:30p or 5:00p.

Provide exact times:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Time In					
Time Out					

**If care is needed in September, registration must be completed by June 28. No exceptions can be made.**

Before/After Care Registration form **MUST** be submitted with your Preschool Registration form – changes or cancellation can be made through August 9.

After the deadline, your child will be added to our waitlist. We will add your child to our Before/After Care program if/when we can accommodate.

Does your child have any special needs of which the caregivers should be aware? \_\_\_\_\_

Please explain: \_\_\_\_\_

**Prices listed below are per installment.**

**BEFORE CARE (6:30-9:15a):**  Tuesday/Thursday \$140 (\$700 sem)  Monday/Wednesday/Friday \$165 (\$825 sem)  Monday-Friday \$185 (\$925 sem)

**AFTER CARE (3:15-6:00p):**  Monday/Wednesday/Friday \$165 (\$825 sem)  Monday-Friday \$185 (\$925 sem)

**BEFORE & AFTER CARE (6:30-9:15a & 3:15-6:00p):**  Monday/Wednesday/Friday \$297 (\$1485 sem)  Monday-Friday \$300 (\$1500 sem)

**Payment Terms, Conditions and Acknowledgements:**

- PLEASE READ CAREFULLY! -

(Please initial lines 1-11)

1. You must register your child for specific times per day. Your Care schedule **MUST** match your Preschool Class schedule. \_\_\_\_\_
2. Before/After Care contract runs Tuesday, September 3, 2019 through Friday, June 12, 2020. Two full weeks written notification (10 school days) is required when terminating services in the Before/After Care program. \_\_\_\_\_
3. Installment plan [annual tuition rate divided into ten installments] available for EFT-Automatic credit card enrollees only (2019-20 EFT form filled out). Otherwise, your payment is due in full for each semester. Semester payment method is by check or credit card, due July 15 and Dec 13. \_\_\_\_\_
4. EFT-Automatic credit card enrollees will be charged in ten installments: first installment is charged July 15, the next nine payments are charged the 15<sup>th</sup> of each month\*, August through April. \*If the 15<sup>th</sup> falls on Saturday/Sunday, fees will be charged on the Friday before. Credit cards will be processed on July 15, August 15, September 13, October 15, November 15, December 13, January 15, February 14, March 13, April 15. \_\_\_\_\_
5. Semester fees are determined based on the program calendar and the effects of district breaks and holidays have been figured into the rates. No additional adjustments apply based on days school is closed: including emergency closings (snow days, severe weather, power outage, etc.). \_\_\_\_\_
6. Written requests for changes must be submitted for approval two full weeks (10 school days) in advance. \_\_\_\_\_
7. Waitlists are available. \_\_\_\_\_
8. If you have more than one child enrolled at Bloomin' Preschool, each additional child will receive a 10% discount on all tuition fees. \_\_\_\_\_
9. In order to receive a sibling/employee discount you must have your credit card on file (2019/20 EFT form filled out). \_\_\_\_\_
10. BP Family Handbook is available online at Bloomfield.org (printed copy available upon request). The licensing notebook is available in the office 6:30a-6:00p. \_\_\_\_\_
11. I agree to provide formula, milk and/or lunch as it pertains to my child. Bloomin' Preschools will provide AM/PM snacks beginning at 16 months of age. \_\_\_\_\_

**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.

**FINANCIAL AGREEMENT**

I have registered my child for the Before/After Care hours listed above. I understand that I am responsible for these charges whether my child uses them or not. I have read the terms and conditions listed above and agree to comply with them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT**

Amount \_\_\_\_\_  Cash  Check # \_\_\_\_\_ (payable to Bloomfield Hills Schools)  VISA  MasterCard  EFT

Notes: \_\_\_\_\_