

(PLEASE PRINT and fill out form COMPLETELY)

Child's Name _____ Birth date _____ Male Female
 Your child will receive their tee in September or after (on their first day).
 Future Elementary School _____ If registering for Child Care only: T-Shirt: XS (4) S (6-8)
 Parent/Guardian Name _____ Parent/Guardian Name _____
 Email address _____ Email address _____
 Bloomfield Hills School District Employee? Yes No If yes, then BHSD Location _____

DAYS & TIMES YOU ARE REGISTERING FOR: SCHOOL YEAR (Sept -June) YEAR ROUND (Sept-Aug)

FIRST DAY OF ATTENDANCE (9/3/19 or later): _____ Child's age on 1st day of attendance: 2½yrs 3yrs 4yrs

Please list times in ½ hour increments only, on the hour and half hour; i.e. 7:00a, 8:30a, 4:30p or 5:00p.

	EXAMPLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival at BP Fox Hills	7:30					
Departure from BP Fox Hills	4:30					
# of hours in building	9 hrs					
Class times (if in a class)	9:00-12:00					
Total class hours	3					
TOTAL # hours per	6					

If care is needed in September, registration must be completed by June 28. No exceptions can be made. Child Care Registration form MUST be submitted with your Preschool Registration form – changes or cancellation can be made through August 9. After the deadlines, your child will be added to our waitlist. We will add your child to our Child Care program if/when we can accommodate.

Class TEACHER _____ DAYS of Class _____ HOURS of Class _____

Does your child have any special needs of which the caregivers should be aware? _____
 Please explain: _____

Payment Terms, Conditions and Acknowledgements: (Please read & initial lines 1-10)

- You must register your child for a specific number of hours per day (minimum of two hours). _____
- Rates are \$7.25/hour (8 hours or less/day) or \$6.50 hour (8½+hours/day). _____
- Monthly fee payment is due by 5th of the month. Payment method is by check or credit card (2019-20 EFT form filled out). EFT-Automatic credit card enrollees will be charged the 5th of each month for that month and then a receipt will be emailed. (*If the 5th falls on a Saturday or Sunday, credit cards will be processed on the Friday before.) _____
- Monthly 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). A full month's fee is due when we close, unless we are closed an entire scheduled week off (i.e. winter break). _____
- Two full weeks written notification (10 school days) is required when terminating services in the Child Care program. _____
- One permanent schedule change allowed per semester, provided we can accommodate the change. _____
- If you have more than one child enrolled at Bloomin' Preschool, each additional child will receive a 10% discount on tuition fees. _____
- In order to receive a sibling/employee discount you must have your credit card on file (2019/20 EFT form filled out). _____
- 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. _____
- 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 Child Care hours listed above. I understand that I am responsible for these charges whether my child uses them or not. I have read the Child Care Policies & Procedures (listed on back) and agree to comply with them.

Signature: _____ Date: _____

PAYMENT
 Amount _____ Cash Check # _____ (payable to Bloomfield Hills Schools) VISA MasterCard EFT
 Notes: _____ Health Form Exp Date: _____