



2019 SUMMER BEFORE/AFTER CARE REGISTRATION

(PLEASE PRINT and fill out form COMPLETELY)

Child's Name _____ Birth date _____ Male Female

Parent/Guardian Name _____ Parent/Guardian Name _____

Bloomfield Hills School District Employee? Yes No If yes, then BHSD Location _____

DAYS & TIMES YOU ARE REGISTERING FOR:

Before Care After Care

SESSION ONE <input type="checkbox"/> June 17-28	SESSION TWO <input type="checkbox"/> July 1-12* No school 7/3 & 7/4	SESSION THREE <input type="checkbox"/> July 15-26	SESSION FOUR <input type="checkbox"/> July 29-Aug 9	SESSION FIVE <input type="checkbox"/> Aug 12-29* *No school 8/30
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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.

<i>Provide exact times:</i>	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>
<i>Time In</i>					
<i>Time Out</i>					

Does your child have any special needs of which the care givers should be aware? _____

Please explain: _____

Payment Terms, Conditions and Acknowledgements:

(Please read & initial lines 1-8)

1. You must register your child for specific times per day. _____
2. New enrollees: first session payment is due with initial registration. Continuing students: payment will be charged the first Monday of each session. _____
3. Two full weeks written notification (10 full school days) is required when terminating services. _____
4. Because our staff is hired based on the number of children registered, we are unable to give credit for absences due to illness, vacation, etc. _____
5. If you have more than one child enrolled at Bloomin' Preschools, each additional child will receive a 10% discount on all tuition fees. _____
6. In order to receive a sibling/employee discount you must have your credit card on file (2018/19 or 2019/20 EFT form filled out). _____
7. BP Family Handbook is available online at Bloomfield.org (printed copy available upon request). The licensing notebook is available in the office 7:00a-6:00p. _____
8. 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 _____