



Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  Male  Female  
 Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Email address \_\_\_\_\_ Email address \_\_\_\_\_  
 Bloomfield Hills School District Employee?  Yes  No If yes, then BHSD Employee Location \_\_\_\_\_

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

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

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

	EXAMPLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>TIME IN</b>	7:30					
<b>TIME OUT</b>	4:30					
<b>TOTAL HOURS</b>	9					

----- PLEASE FILL OUT AND SUBMIT THE SUMMER CARE 2019 CALENDAR WITH YOUR REGISTRATION FORM -----

Does your child have any special needs of which the caregivers should be aware?  Yes  No

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

**Payment Terms, Conditions and Acknowledgements:**

(Please read & initial lines 1-15)

1. Registration fee (\$35) is charged once for new enrollees for the summer session. \_\_\_\_\_
2. New enrollees: registration fee and first month's payment are due with initial registration. Fees are non-refundable. \_\_\_\_\_
3. Continuing students: first month's payment will be charged your child's first month. \_\_\_\_\_
4. Payment is due by 5<sup>th</sup> of the month. Payment method is by check or credit card (18/19 or 19/20 EFT form filled out). EFT-Automatic credit card enrollees: June summer fees will be charged June 18, July fees will be charged July 8 and August fees will be charged August 5, and then a receipt will be emailed. \_\_\_\_\_
5. You must register your child for a specific number of hours per day (minimum of four hours/day, two days/week, minimum four consecutive weeks). \_\_\_\_\_
6. Rates are \$7.25/hour (8 hours or less/day) or \$6.50/hour (8½+ hours/day). \_\_\_\_\_
7. 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 (severe weather, power outage, etc.). \_\_\_\_\_
8. Year round students (12 months) are eligible for one week of vacation (consecutive days) at a 50% reduced tuition fee rate (6/17-8/30). Additional time off will require full payment. \_\_\_\_\_
9. We are closed Thursday, July 4, Friday, July 5 and Friday, August 30. A full week's tuition is due for each of these weeks. \_\_\_\_\_
10. Two weeks written notification (10 full school days) is required when terminating services. \_\_\_\_\_
11. **No schedule changes are allowed during the summer.** \_\_\_\_\_
12. If you have more than one child enrolled, each additional child will receive a 10% discount on all tuition fees. \_\_\_\_\_
13. In order to receive a sibling/employee discount you must have your credit card on file (18/19 or 19/20 EFT form filled out). \_\_\_\_\_
14. 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. \_\_\_\_\_
15. 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 received a copy of Child Care Policies and Procedures and agree to comply with them.

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

**PAYMENT**

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

Notes: \_\_\_\_\_  Cal  SS form  SS bottle