



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 BHS D Employee Location _____

DAYS AND TIMES YOU ARE REGISTERING FOR: BP-Fox Hills BP-Lone Pine

Infant (6wks-18mos) Toddler (18mos-30mos) Full Time Part Time (9a-1p) Mon-Fri Mon/Wed/Fri Tues/Thur

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.

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

----- 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 1-13)

1. Registration fee (\$35) is charged once for new enrollees for the summer session. _____
2. New enrollees: first week's payment is due with initial registration. Last week's tuition is due one month prior to your child's start date. _____
3. Continuing Infants/Toddlers: first week's payment will be charged your child's first week. _____
4. Rates are based on a maximum of 9.5 hours/day. Any scheduled day above that will be charged \$5.00 additional each day. _____
5. 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.). _____
6. Year round students (12 months) are eligible for one week of vacation at a 50% reduced tuition fee rate (6/17-8/30). Additional time off will require full payment. _____
7. A full weeks tuition is due when we close unless we are closed an entire week (i.e. winter break). 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. _____
8. Two full weeks written notification (10 full school days) is required when terminating services. _____
9. No schedule changes are allowed during the summer. _____
10. If you have more than one child enrolled, each additional child will receive a 10% discount on all tuition fees. _____
11. 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). _____
12. 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. _____
13. 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 Infant/Toddler 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 Infant/Toddler 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