



Laveen's Peer Role Models Registration With Kids Klub After Care

Child's Name _____ Birth Date _____ Age _____ Grade _____
 Address _____ City _____ Zip _____
 Parent's Name _____ E-mail _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Registration Fee (non-refundable) \$35.00

PLEASE CIRCLE
PLAN

Plans (Circle the fee of the plan you are registering for.)	Fees (weekly)
1. Peer Role Models 9:00-11:30 a.m. or 12:30-3:00 p.m.	\$50.00
2. Wrap Around Morning Plan 6:30-9:00 a.m. (available Monday, Tuesday, Thursday, and Friday)	\$45.00
3. Wrap Around Afternoon Plan 3:00-6:00 p.m. (available Monday, Tuesday, Thursday, and Friday)	\$45.00

____ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies available online.
 ____ (Initial) I understand payment is due Fridays prior to services.
 ____ (Initial) I understand if my tuition payment is not paid prior to service my child cannot attend, and I will be charged a \$10.00 late fee. **Laveen District Kids Klub and Preschool has the right to stop services for nonpayment.**
 ____ (Initial) **NO CREDIT** will be given for days that are not used. Accounts cannot be placed on hold.
 ____ (Initial) I give permission for my child to be photographed or videotaped in a school-related setting, including at public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to, newsletters, brochures, and school/district websites.
 ____ (Initial) **A TWO WEEK WRITTEN NOTICE IS REQUIRED TO DECREASE OR STOP SERVICES.**

 Parent/Guardian's Signature

 Date

Registration will not be accepted without the following documentation attached:

- | | |
|---|---|
| <input type="checkbox"/> Completed registration form with signature | <input type="checkbox"/> ADHS Emergency information form |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> IEP (if applicable) |
| <input type="checkbox"/> Court papers (if applicable) | <input type="checkbox"/> Confirmation email from the Preschool coordinator. |

DUE AT THE TIME OF REGISTRATION:

\$ _____ Registration fee (non-refundable)
 \$ _____ First week payment
 \$ _____ Total due today

Start date: _____
 Agreement ends on May 22, 2019

Payment can be made by: Check or Money Order and left in drop boxes which are located at Laveen School in the cafeteria and the preschool hall way. For online payments go to: <https://laveenesd.revtrak.net> Cash payments can only be paid in the Kids klub office.

For Official Use Only

Paid by:
 Check # _____ \$ _____
 Money # _____ \$ _____
 Online Payment # _____ \$ _____

Procure: info _____
 Billing _____ Ledger _____ Billed _____ / _____
 Info _____ Office copy _____ Site copy sent _____
 DES auth received _____ Called _____
 Sch emailed _____

Revised 4/18/2018

*Office location: 6855 West Meadows loop East, Laveen, Az, 85339 *602-237-7058 *Kids Klub@laveeneld.org * WWW.Laveeneld.org