

S.E.E.D.S. Enrollment Form

Parents' Name (Father) _____
(Mother) _____

Address _____
Full Street Address

City State Zip Code

Home Phone # _____

Father's Employer _____ Phone # _____
TDL# _____ Cell or Pager # _____

Mother's Employer _____ Phone # _____
TDL# _____ Cell or Pager # _____

May we publish your home address, telephone #, and email in a class directory? ___ yes ___ no
(check one)

May we publish your child's picture to be used in media Publications (i.e. web-site, brochures,
newspaper & magazine reports, posters promoting S.E.E.D.S.)? ___ yes ___ no (check one)

Email address: _____ (we can send you weekly reminders of events)

Primary Language spoken at home _____

Authorization to Pick up

Parents may always pick up children at any time. Please list the names of other responsible adults to pick up child if ill.

Name Phone # Cell #
Relationship

Name Phone # Cell # Relationship

Parent's Marital Status (circle one) Married Single Divorced Widowed Other _____

Custody: (circle one) Both Parents Mother Father Other _____

Address Mail to: _____
(i.e. Mr. & Mrs. Smith, Ms. Lisa Jones, John Smith & Lisa Jones, etc.)

Student's Name _____ Date of Birth ____/____/____
Male / Female (Please circle one) Month Day Year

Session enrolling for (days & times) _____ Age on Sept. 1st _____

Sibling(s) in S.E.E.D.S. Name _____ Age _____
Sibling(s) at SEASCS Name(s) _____ Age(s) _____

Allergy / Illness

Present medical or chronic conditions (asthma, epilepsy, allergies, injuries, etc)- If none exists, write "none".

Special Circumstances (speech delay, occupational therapy, etc.)

Emergency Medical Information

Family Doctor _____ Phone # _____

Hospital or Medical Facility _____ Phone # _____

Medical Insurance Company _____ Phone # _____

Insurance Policy/ Group # _____

Consent Form for Medical Treatment

Parent Release: In case of an emergency and neither I nor any of the listed names on this emergency form can be reached, I give permission for a member of the S.E.E.D.S. staff to transport my child with them to a licensed physician or emergency room facility. Please accept this as my authorization to provide any necessary medical treatment for my child at such facility.

Parent or Guardian Signature _____ Date _____

Subscribed and sworn to me before this ____ day of _____ year _____.

Notary Public _____

Fee Schedule

Class placement is determined by the child's age on Sept. 1st. Please check all sessions that apply to this child.

Registration Fees: ____ Toddlers (18-23 mos.) & Twos - \$115 ____ Pre K Three & Four - \$125

All 4 yr olds will have a Vision/Hearing Screening Fee of \$20 due at registration.

All families will participate in the mandatory fundraiser by selling \$100 worth of raffle tickets. ____ (Please initial)

Tuition Rates

<u>Pre K 3 & 4 classes</u>	<u>Monthly Rate</u>	<u>Before school care</u>	<u>7:30am-9am</u>
____ Mon/Wed/Fri 9-noon	\$ 225.	____ 2 days/wk \$30/mo.	____ 3 days/wk \$45/mo. ____ 5 days/wk \$75/mo.
____ Mon/Wed 9-2 & Fri 9-noon	\$ 310.		
____ Tues/Thurs 9-2	\$ 230.	<u>After school care</u>	<u>2:00pm-3:00pm</u>
____ Tues/Thurs 9-2 & Fri 9-noon	\$ 310.	____ 2 days/wk \$20/mo.	____ 2 days/wk \$20/mo.
(Dual language Friday)		____ Fridays noon – 3:00	\$30/mo.
____ Mon – Fri 9-noon	\$ 375.		
<u>Toddlers & Twos classes</u>	<u>Monthly Rate</u>	<u>Before school care</u>	<u>6:30am -9am</u>
____ Mon/Wed 9-noon	\$ 155	____ 2 days/wk \$45/mo.	____ 3 days/wk \$65/mo. ____ 5 days/wk \$105/mo.
____ Mon/Wed/Fri 9-noon	\$ 235		
____ Mon/Wed 9-2 & Fri 9-noon	\$ 320	<u>After school care</u>	<u>2:00pm-3:00pm</u>
____ Tues/Thurs 9-2	\$ 240	____ 2 days/wk \$20/mo.	____ 4 days/wk \$40/mo.
____ Mon – Thurs 9-2	\$ 485	____ Fridays noon-3	\$ 30/mo.
____ Mon – Fri 9-noon	\$ 400	<u>After school care</u>	<u>2:00pm – 6:00pm</u>
____ Mon-Thurs 9-2 & Fri 9-noon	\$ 515	____ 2 days/wk \$85/mo.	____ 3 days/wk \$130/mo. ____ 4 days/wk \$170/mo.
		____ Fridays noon-6	\$ 60/mo.

Sibling discount applied to oldest child. See office for amounts.

Any changes made after Sept. 1st will incur a \$20 change fee. ____ (Please initial)

Account Agreement

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

- A Security Deposit, equal in amount to your child's tuition, is due within 60 days of your child's registration. This deposit insures that your child is placed on a class list. This deposit will be applied towards your last month's tuition. A written notice must be received in the S.E.E.D.S. office at least two weeks prior to the first of the month if withdrawing a child from the program. For example, if you are planning to drop for the month of November, then notification must be received by Oct. 15. Failure to do so will result in forfeiture of the Security Deposit.
- S.E.E.D.S. has a Mandatory Fundraiser and all families must sell \$100 worth of Raffle tickets, or be subject to \$100 being added to your account.
- Tuition is due the 1st day of each month. A \$25 late fee is added after the 10th of the month.
- According to your session choice, a late pick up fee begins accruing if the child is not picked up on time. You will be charged \$1 per minute after the scheduled pick up time.
- If a check is returned, there is a \$25 charge. After two returned checks, the remaining tuitions, fees, or other monies must be paid with money orders or cash. (Please refer to the Parent Handbook for more info.)
- The customer (parent or guardian), agrees to pay, in the event the account is turned over to an agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs, or court costs.

Your monthly tuition obligation is \$ _____.

I understand these financial Obligations and agree to abide by them.

Parent's Signature _____ Date _____

For Office Use Only:

Reg. Amt. _____
 Check # _____ Cash _____
 Hearing/Vision _____

Security Deposit _____
 Check # _____ Cash _____
 Age/Session _____

Disc. _____