



Enrollment Form

Begin: _____

End Date: _____

Child's Information

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: () Male () Female

Enrollment Details

Preschool

Infants to 5 years

School Age

6 Years to 12 years

() Monday thru Friday

() Part- Time (based on availability)

() Summer Camp

() Before and after

() Before only

() After only

Name of elementary school attending

() Summer Camp



Medical Information

Allergies or Intolerance(s) _____

Treatment: _____

Current Medications: _____

Special Information (i.e. Does your child wear glasses? Need extra assistance? Etc.) _____

Physician: _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Preferred Hospital Name: _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Medication forms Required

- () Doctor's note required to bring own lunch to school.
- () Doctor's note required to bring Special Milk from home.
- () Food Allergy Action Plan Form
- () MAT forms for inhaler
- () MAT form for Nebulizer
- () Asthma Action Plan Form
- () MAT form for Epi Pen or Epi Pen Jr.
- () Other



Parent/Guardian Information

Mother/Guardian

List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Email: _____

Father/Guardian

List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Email: _____



Billing Information

We offer Various options for your convenience in regard to payments. Your tuition payment is due every Monday. Payments are considered late each Tuesday by 12:00 p.m. if you have not remitted your payment. A late fee of \$25.00 will be added to your account for each late payment. Please indicate your preferred payment method and the necessary information below.

() monthly check () weekly check

() Debit/Credit Card: I will remit payment online through link provided in your invoice statement.

() Debit/Credit Card: Type of credit card: MC / V Account Number: _____
Expiration Date: _____ Security Code: (3 Digits) _____

() Automated check Name of Bank: _____
Routing Number: _____ Account Number: _____

I authorize Kids on the Move Learning Center to charge my account for my monthly preschool charges.

Signature: _____ Date: _____

Discounts to be applied

() Employee Discount

() Military Discount of 5%

() Teacher/fire/police service discount of 5%

() Church Growth Track Discount 5% () Church Dream Team Discount 10%

() Referral Discount Name: _____
Name: _____

() One month Free Promo (1st year only)

***Maximum Discount allowed is 10 %.



Emergency Pick-up

Please complete information below for other persons that are to be contacted and have authority to pick up your child, if you, the parents/guardians, cannot be immediately reached in case of emergency. They will be required to show proof of identification at the time of pick up.

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Relationship to Child _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Relationship to Child _____

Proof of Birth

Parents/Guardians must show ORIGINAL birth certificate or passport; a copy will not be accepted. Director must completely fill out the section below as well as sign and date it.

Child's Name as it appears on Birth Certificate

Date of Birth: _____ Birth certificate/passport Number: _____

Director's signature: _____ Date: _____



Authorization for Emergency Medical Care

I hereby give my consent to Kids on The Move Learning Center to take my child, _____, to a hospital emergency room for medical or surgical care should any emergency arise where such service is indicated. I understand the cost of this care will be paid by me. It is understood that a conscientious effort will be made to notify me before such action is taken if time permits. I understand that Kids on the Move Learning Center will contact me or the names I have designated on the enrollment application form to be called for emergencies if we can be reached as time permits. In order to meet all legal requirements, I hereby authorize an acting representative of the school to give consent for any and for all necessary emergency medical care for my child(ren) named _____ while said child(ren) is (are) in the school's care.

Signature of Parent (s) or Guardian

Please read and Initial

_____ I/We release Kids on the Move Learning Center and its officers, employees, staff, and volunteers from any liability due to accidental injury, illness, or accident while in the care of KOTM and its employees.

_____ I/We understand that I must notify Kids on the Move Learning Center within 24 hours if my child is/was diagnosed with exposure to any communicable diseases.



Inclement Weather Permission Form

All children must have this form on file for inclement weather days. Please complete to advise what plans have been arranged.

Child's Name _____ Date: _____

On inclement weather days when school closes early, I will have the following arrangements in place for my child/children:

{ } I will pick up my child by closing time

{ } My child will be going home with _____

Parent(s) Signature: _____ Date _____

Permission to Photograph Child

{ } I give permission for my child _____ to be photographed and/or videotaped by the Director or Teacher(s) of Kids on the Move Learning Center during class and/or special events at KOTM Learning Center for the purposes of advertising, public relations and/or classroom use.

{ } I do not give permission for my child _____ to be photographed and/or videotaped for any reason.

Parent(s) Signature _____ Date _____



Acknowledgement of Family Handbook

Please provide your email address so we may electronically forward our Family Handbook. Please read our Handbook carefully and refer any questions you may have to the Kids on the Move Director or Assistant Director. After you have read this handbook, please complete the acknowledgement and return it to KOTM's Director on or before your child's first day of attendance.

Parent/Guardian: _____

Print Name

Signature

Email Address



Tuition Agreement

Admission Agreement

You and your child have agreed that you will comply with all School Admissions Policies and Procedures. Effectiveness of this Tuition Agreement is subject to final approval of your child's admission in accordance with such policies and procedures, notwithstanding the "acceptance" of this Tuition Agreement reflected by the Director's signature below.

Tuition

You agree to pay tuition fees for your child in accordance with the Fee Schedule and the School Calendar. In addition to the monthly or weekly tuition and fees set forth in the Fee Schedule, you will be responsible for any extra charges, late fees, or additional care fees incurred for activities which are applicable.

Tuition Due/ Late Charges

Tuition and fee payments are due Monday of each week prior to services rendered. Tuition/Payment is considered late Tuesdays at 12:00 p.m. A \$25.00 late fee will be added to your account for each late payment. If you have not made your payment by close of business Tuesday, in order for your child to be able to return to school on Wednesday, payment must be made in full including the late payment fee or you must set up a payment plan agreement with the office. No Cash Payments will be accepted.

Returned Checks

A service charge of \$50.00 will be added to your account for a check returned for any reason. In addition, a late charge will be added unless payment is received to cover the funds within three (3) banking days of notification. If your check is returned two (2) times within a year, then all payments thereafter must be made by money order, cashier's check, credit or debit card.



Tuition Agreement Continued

Registration/Re-Registration Fee

A Registration Fee of \$75.00 is required at time of enrollment. Registration at the school is on a school year basis. A Re-Registration fee will be charged to your account on the first day of school of each school year. Should you dis-enroll your child and opt to re-enroll, you are subject to a \$75.00 Re-Registration fee. Should KOTM dis-enroll you for any reason and an amicable agreement can be reached you will be charged a \$75.00 Re-Registration fee.

School Supply Fee

A School Supply Fee of \$75.00 is required at the time of enrollment. This is an annual fee and will be charged to your account on the first day of school each school year. If your child is enrolling only for the summer, the supply fee is \$37.50.

Key Fob Fee

A \$25.00 Key Fob payment is due at the time of enrollment. This fee entitles you to two (2) key fobs to be used by only the people they are issued to. The key fob is issued to the ones that are on the Key Fob Agreement and is NOT transferrable to anyone besides the ones listed on the Key Fob Agreement. If one is lost or misplaced, you must inform Kids on the Move Learning Center as soon as possible and the fob will be cancelled out in our security system. A replacement fob is \$15.00. (See Handbook for the policy regarding key fob usage).

Withdrawal

You must provide a two-week notice in writing prior to withdrawing your child from Kids on the Move Learning Center. If you return to school after withdrawing your child, space is not guaranteed and you must pay a Re-Registration Fee and School Supply Fee applicable to new enrollees.



Tuition Agreement Continued

Holiday/In-Service Days

Tuition is continuous throughout the year from September through September (taking into account the days the School is closed) and guarantees a reservation for your child at the School for the 9-month period designated on the School Calendar. Holidays are designated on the School Calendar. No credit/refund will be owed if the School must close because of emergency or inclement weather.

Hours/Late Pick-up Fees

The School is open from 6:00 a.m. to 6:30 p.m. For the first fifteen (15) minutes you are late you will be charged \$20.00. For each additional one (1) minute after the first fifteen (15) you will be charged \$1.00 per minute until your child is picked up. Excessive late pick-ups without prior written notification to the Director (to exceed two [2] times per month), may result in disenrollment from our facility.

Suspension/Dismissal

We reserve the right to suspend or dismiss a child for unsatisfactory or inappropriate behavior, if we do not have adequate expertise or resources for the child's educational, medical or other needs (subject to any applicable regulatory requirements), for violations of our policies, or if for any reason we determine it to be in the best interests of the school. Suspension or dismissal may be with or without notice.

Student Illness/Emergency

We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to the school a child who is ill (determined at our discretion). Children may not return to school until symptom-free for 24 hours or a doctor's release stating non-contagious status. We will notify you if your child becomes ill, and you must pick him/her up within one hour of notification. You authorize us to obtain urgent medical care if a medical emergency occurs when you cannot be located immediately. Such care may be from a physician other than your child's physician. If, in our judgment, there is insufficient time to contact your child's physician, you then authorize us to make the decision as to when an emergency occurs.



Tuition Agreement Continued

Authorization

You must sign your child in and out of the school each day by dropping them off directly with their teacher. You will not hold Kids on the Move Learning Center responsible for any liability for allowing anyone authorized by you to pick up your child. Your written authorization will remain effective until you notify us in writing of its termination. You must notify Kids on the Move Learning Center in writing if you wish to add a new person to be authorized to pick up your child. If circumstances prevent you from delivering an authorization in person, we may rely on an authorization provided to us by fax or email. 100% ID check will be mandatory for anyone picking up children who are not the parent of the child.

Use of Photograph, Etc.

We may, for the purpose of advertising, use your child's photograph or appearance for Kids on the Move Learning Center. If you would prefer for us not to take your child's picture, you may opt-out of by signing the section "Permission to Photograph Child" of the Enrollment Form.

Tuition Discount

We will offer a 10% discount off each tuition for having two or more children enrolled in our center. If the parent/guardian of the child(ren) enrolled is current active duty, reserve and/or retired military, we will offer a 5% discount off of the total tuition portion of the bill. The 5% discount also may be applied to those accounts in which the parent/guardian is employed by Prince William County (i.e. government, police, teacher, fire) There is a MAX of 10% discount per family.

Vacation

If you are planning a vacation where your child will not be in our care for 5 consecutive days you may use a vacation credit. You receive three vacation credits per year, which run from the first day of school to the last day of summer camp. These vacation credits allow you to pay half of your normal tuition. They are use or lose credits and cannot be carried over from year to year.



Tuition Agreement Continued

Tuition Increase

We reserve the right to increase our tuition rates by giving you at least one month's prior notice.

Responsibility

You agree that you will be responsible for any loss, damage, or destruction by your child of any property of the school and for any damages for which the school becomes liable or chargeable because of your child's actions.

Cost of Collection/Student Records

If we refer your account for collection, you will pay all our costs of collection, including (but not limited to) attorneys' fees.

I agree to the above terms and conditions, including the obligation to pay to the school all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

Name of Student: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____

Parent/Guardian Signature: _____ Print Name: _____

ACCEPTED

Director Signature

Print Name

Date



Key Fob Agreement

Parent/Guardian Printed Name _____

CHECK OUT DATE _____

RETURN DATE _____

KEY FOB # _____

PHONE # _____

EMAIL _____

This key fob is issued to the above guest and is NOT transferable and is for his/her personal use using this facility and under the following conditions:

1. I understand the key fob is not to be lent out, transferred or misused in any way. I will report the loss or theft or malfunction of the key fob immediately to the main office.
2. I understand if I lose this key fob I will contact the office as soon as possible to have my key fob disabled and I will be charged a \$25.00 replacement fee.
3. I understand I will let the office know of my departure date so that my key fob can be deactivated.
4. I understand that failure to abide by the aforementioned Key Fob conditions may result in disenrollment of my child(ren) from Kids on the Move Learning Center.

Signature _____

Date: _____

Signature _____

Date: _____