

ENROLLMENT FORM

Kidz Academy // 4790 S Hanauer Street, Murray, UT 84107 // (801) 293-0941

(Please print legibly)

DATE OF ENROLLMENT [FOR OFFICE USE ONLY]:

CHILD & PARENT INFORMATION				
Child's Full Name	<input type="checkbox"/> Male	Date of Birth	Age	
	<input type="checkbox"/> Female	/ /		
(SCHOOL-AGE CHILDREN) School & District Attending:				
MOTHER/Legal Guardian	Home Address City/State/Zip	Mailing Address City/State/Zip	Work Address City/State/Zip	Is this person the Primary/Secondary contact? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
EMAIL				
PHONE NUMBER				
EMPLOYER				
WORK PHONE NUMBER				
FATHER/ Legal Guardian	Home Address City/State/Zip	Mailing Address City/State/Zip	Work Address City/State/Zip	Is this person the Primary/Secondary contact? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
EMAIL				
PHONE NUMBER				
EMPLOYER				
WORK PHONE NUMBER				
Parent assuming financial responsibility:		Last four digits SSN:		

GENERAL AGREEMENT

I understand that I will be paying flat monthly fees, including holidays and sick days. A \$25.00 late fee will be charged on all payments made after the due date or past the 15th of the month. Failure to pay tuition and/or fees when due, will result in a late fee of \$2.00 per day until account is brought current. All tuition fees are due before services are provided. I further understand and agree that I am responsible for interest at the rate of 1.5 (18%) per year until the balance is paid in full. Kidz Academy requires a 30-day written notice of withdrawal and I am responsible for minimum of two-weeks tuition in the event I stop bringing my child(ren) to Kidz Academy without a prior notice. In the event a check is returned unpaid, payment in cash will be required from then forward; all service fees shall be paid in addition. In the event I default on paying for child care services, I agree to pay legal interest on all past-due debt, together with such collection agency cost, attorney's fees, court costs, and other fees as may be required to effectively collect on this debt (as per Utah code 12-1-11). I further acknowledge that Kidz Academy is not an insurer against injury and offers services at cost which reflects that Kidz Academy will not and cannot be monetarily responsible for personal injuries which might occur to anyone accompanying the child and/or anyone else while under the care of Kidz Academy staff or any other person while at Kidz Academy. I authorize Kidz Academy to transport children ages 5+ to and from school, and on field trips during summer camp activities; I understand I will be made aware of all transportation decisions prior to the school year or start of summer. I authorize Kidz Academy employees to transport my child in case of emergency evacuation. I agree to the Kidz Academy late-pick-up policy of \$3/min per child past closing time.

TERMINATION

If for any reason this agreement is no longer suitable for either party, after parent/provider conference, this contract may be terminated upon mutual consent. Upon termination, all remaining balances and fees are due immediately. This contract may also be terminated by giving a 30-day written notice. I understand that Kidz Academy reserves the right to expel any child who fails to comply with the established rules, regulations and discipline, or whose financial obligation remains unpaid after the due date. If this occurs, refer to financial agreement.

MEDICAL RELEASE

I, _____ parent of _____, do hereby give my consent for Kidz Academy staff, in an emergency situation, to call for emergency transport to medical care, where the child's condition presents a serious or imminent threat to his/her life, health, or well-being. I understand that a serious effort will be made to notify me prior to such action, and that expenses, if any, will be borne by me, the parent.

Persons authorized to pick up child if parents are unavailable	Relationship to child	Address	Home/cell # Work#
Persons authorized to pick up child if parents are unavailable	Relationship to child	Address	Home/cell # Work#
Out-of-state/ out-of-area Contact	Relationship to child	Address	Home/cell # Work#

Parent Signature _____ Date: _____

Director Signature _____ Date: _____