



Child's Name Used: _____

Mother's Name Used: _____

Father's Name Used: _____

Registration Form

Child's Full Name _____ Birthday _____ Start Date _____

Mother's Name _____ Home Phone: _____

Mother's Home Address/City/Zip: _____

Place of Business & Address/City/Zip: _____

Work Phone _____ Other Phone _____ E-mail address _____

Father's Name _____ Home Phone: _____

Father's Home Address/City/Zip: (if different from above) _____

Place of Business & Address/City/Zip: _____

Work Phone _____ Other Phone _____ E-mail address _____

Circle one:

Child is: Male / Female **Parent(s) are:** Married / Separated / Divorced / Widowed / Single / Living together

Emergency Contacts: *(Complete addresses are required by state for emergency contacts. Thank you.)*

1. Name: _____ Phone: _____

Relationship to child: _____ Address/City/Zip: _____

2. Name: _____ Phone: _____

Relationship to child: _____ Address/City/Zip: _____

3. Name: _____ Phone: _____

Relationship to child: _____ Address/City/Zip: _____

Additional persons **permitted** to pick up your child _____

Persons **NOT permitted** to pick up your child _____

We need complete addresses for physician and the dentist. State requires that you have a dentist listed as well. Please do not leave any spaces blank.

Child's Physician: _____ Address/City/Zip: _____ Phone _____

Child's Dentist: _____ Address/City/Zip: _____ Phone _____

Please list any chronic or disabling conditions your child has (i.e. asthma) as well as any special dietary needs: _____

Please list any allergies your child has (Include FOOD, MEDICATION, BEE STINGS, etc.): _____

Please circle all illnesses child has had: Chicken pox/Measles/Mumps/Scarlet Fever/Other _____

*****How did you hear about us?*****

_____ Phone Book _____ Recommended by another parent: Name _____

_____ Advertising: Where? _____



____ I am registering for school-out camp days only. I understand I need to contact the main office (482-1212 or yplcbutterfly@aol.com) in order to register for each individual day.

OR ____ I am registering for before and after school care according to the schedule below (circle the days your child will attend our program)*:

Monday:	Before Only	After Only	Before and After
Tuesday:	Before Only	After Only	Before and After
Wednesday:	Before Only	After Only	Before and After
Thursday:	Before Only	After Only	Before and After
Friday:	Before Only	After Only	Before and After

My child attends _____ elementary school.

Please check this box if you would like your child to complete their homework before participating in our other activities.

My tuition will be \$_____ per week (Please see rate sheet or ask a director to determine this amount).

OR: I am receiving payment assistance from Larimer County Social Services and my parent fee is \$_____

I understand these rates may change and that I will be given adequate notice of any changes. I have read, understand, and agree to all financial policies as stated on this registration form.

Parent Signature

Date

Parent Signature

Date

Parents Authorizations

- My child is in good physical health and receives regular physical examinations and care.
- I / We hereby give consent to Young People’s Learning Center to call the local emergency care facilities or our physician _____ at _____ for medical or surgical care for my child should an (physician name) (physician phone number) emergency arise. It is understood that a conscientious effort will be made to reach me/us.
- I give permission for my child to go on field trips, whether by vehicle or by foot, to public parks, the library, pet stores, etc., with proper supervision and to go to out-of-town locations such as the Children’s Museum, the Denver Zoo, etc. with proper supervision and prior notice.
- I hereby give consent for Poudre Valley Hospital (1024 S. Lemay Ave. Ft. Collins 80524/495-7000) to be my hospital of choice unless I notify Young People’s Learning Center otherwise.
- Photo Release: I hereby grant permission of any photographs or digital images taken of my child while in Fun Zone to be used in future printed or digital publication or websites. My child will not be identified by name and no compensation will be expected.

(parent signature) (date)

(parent signature) (date)



If your child does NOT attend O'Dea Elementary

*Rates are weekly and include transportation & field trips

Days Per Week	<i>1/2 Day Kindergarten</i>	Before & After	<i>Before Only</i>	After Only
5	\$175	\$121	\$69	\$97
4	\$152	\$104	\$56	\$78
3	\$112	\$86	\$46	\$66
2	\$82	\$62	\$32	\$46
1	\$45	\$30	\$21	\$25
Drop In	\$48	\$33	\$24	\$28

These rates apply
February 2011 – February 2012

If your child ATTENDS O'Dea Elementary

*Rates are weekly and include field trips

Days Per Week	<i>1/2 Day Kindergarten</i>	Before & After	<i>Before Only</i>	After Only
5	\$173	\$103	\$59	\$79
4	\$148	\$84	\$52	\$69
3	\$110	\$69	\$43	\$55
2	\$79	\$45	\$33	\$40
1	\$44	\$26	\$19	\$23
Drop In	\$47	\$29	\$22	\$26

These rates apply
August 2011 – June 2012

These rates are based on a regular schedule. The scheduled is based on the PSD Calendar. Thus, if you have a five day per week schedule and your elementary school is only open for 3 days, you pay the 3 day weekly rate.

We will off a program based from the school on all School-Out days, including Christmas Break, Spring Break and the entire summer. Besides weekends, the only days we will not offer programs are: Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Memorial Day, and July 4th.

School-Out day programs will be at a rate of approximately \$48 per day or \$200 for an entire weekly program.

We do accept reduced fees paid by Larimer County Department of Social Services. This includes CCAP, Work Force, and Special Circumstances clients.

DROP-IN RATES apply for all unscheduled days and should be paid on that same day.

A discount of %5 is available if you pay for the entire semester by the 10th day of that semester. Please contact Dennis at 482-1212 to arrange this.

A \$20.00 late fee is added each week to all accounts which are not current by the end of each week.



Young Peoples Learning Center's School-Age Financial Policies

Fee Schedule

Our fee schedule is based on a *planned regular schedule*. This allows us to plan activities and staff accordingly. You will be charged based on the schedule you sign up for, so your tuition should not vary from week to week. Because of the regularity of your schedule and tuition, we do not send out bills.

School-out camp days are an exception to this. When there is no school, you are not charged unless you sign up separately for our special School-out camp day activities. Most of the time, when Poudre RI is closed, we will still be using the school. However, there are a few days (for ex.: New Year's Eve, Christmas Eve) when O'Dea is not available to use. We will use our Preschool Learning Center at 209 E. Plum Street on those days.

Illnesses

Except for long-term illnesses, you will be charged for absences due to illness or unexpected days off. Even though your child is absent, our costs remain the same. In the event of a long-term illness, and provided a one week's written notice is given, you will not be charged beyond the first week and your child's spot will be saved for up to 2 more weeks.

Registration Fee

There is a \$45 Registration Fee per child due at the time of registration. This fee does not apply to families registering for ONLY school-out camp days.

Tuition Payments

Weekly payments are due on the first day of attendance each week. If your account is not current by the end of the week, a \$20.00 late fee will be assessed.

You may choose to pay in advance by the semester. If you do, there will be a 5% discount. Please ask for this rate for you and we will figure that out based on your schedule and the school calendar.

Change of Schedule

A one-week's *written* notice is required prior to any permanent schedule change other than withdrawal (see withdrawal notice below.) Schedule changes will be approved based on classroom availability. Any schedule changes not of a permanent nature are not allowed; however, you are able to add days if there is space in the classroom at an additional charge.

Withdrawal Notice

A minimum two-week *written* notice is necessary before withdrawing your child from Young People's Learning Center. You will be charged for two weeks after the written notice is given.

Return Check Charge

There will be a \$20.00 charge for all returned checks.

Social Service/CCAP Clients

If you are receiving assistance from the Department of Social Services, you will receive an additional policy sheet which covers your responsibilities under their rules and policies.