

Blazing Trails Childcare

School Year Registration Form for 2017 - 2018

Office Use	
Tuition Type:	_____
Registration Paid:	_____
Med Forms:	_____
Information Entered:	_____
Com: ___ Off. File: ___ Parent File: ___	_____

Please, attach a non-refundable **\$50.00 Registration Fee per child** to this completed form and return both to Blazing Trails' office. We must receive both the fee and the completed form to hold a place for you.

First child: _____ Birth Date: _____
 Student's school: _____ Grade for fall 2017: _____
 Expected drop off/pickup times: _____ (for staffing purposes)
 *Bus #: _____ Location and time of bus stop: _____

Please, CIRCLE below the normal days and times this child will need Blazing Trails' care:

Mornings:	6:30-9:00 AM	M	T	W	Th	F
Afternoons:	3:15-6:00 PM	M	T	W	Th	F

Date my child will begin this regular schedule: _____

Second child: _____ Birth Date: _____
 Student's school: _____ Grade for fall 2017: _____
 Expected drop off/pickup times: _____ (for staffing purposes)
 *Bus #: _____ Location and time of bus stop: _____

Please, CIRCLE below the normal days and times this child will need Blazing Trails' care:

Mornings:	6:30-9:00 AM	M	T	W	Th	F
Afternoons:	3:15-6:00 PM	M	T	W	Th	F

Date my child will begin this regular schedule: _____

NOTE: Children with food allergies, asthma or other medical/behavioral issues must fill out additional paperwork. I will need paperwork for ___ # of children with _____ condition(s) included with my enrollment packet.

Parent/Guardian: _____ Work#: _____
 Address: _____ Zip: _____ Home#: _____
 Cell phone or additional number (circle one): _____ Texting ok? _____
 E-mail: _____ Invoice e-mailed (PDF format)? (circle one) YES NO
 (Please, print clearly and use correct upper/lower cases) Newsletters/Notices emailed? (circle one) YES NO

Parent/Guardian: _____ Work#: _____
 Address: _____ Zip: _____ Home#: _____
 Cell phone or additional number (circle one): _____ Texting ok? _____
 E-mail: _____ Invoice e-mailed (PDF format)? (circle one) YES NO
 (Please, print clearly and use correct upper/lower cases) Newsletters/Notices emailed? (circle one) YES NO

If your schedule makes it difficult to pick up your invoice at BT and you do not want it e-mailed, it is possible for us to mail it.
 _____ **YES, I need my invoice mailed.** _____ **NO, please put my invoice in my child's file on the Family Table**

Blazing Trails Extra Fees:

- Drop-in Rates: **AM - \$16.00** **PM - \$25.00**
- All Day drop-in rate: **\$59.00** per full day – for in-service/Semester days that are NOT on your regular schedule
- Kid Search fee: **\$5.00** for not notifying Blazing Trails' office of absences from normally scheduled PM care.
- Late pick-up: **\$5.00** for each five minutes starting at 6:05 PM
- Late payment/returned check fee: **\$10.00** for payments received 15 or more days after the invoice date.
- *Bus Discounts & Surcharges: **If your bus pickup time is after 9:00 AM OR drop-off time is before 3:15 PM, BT will add \$5 per time**
If your bus pickup time is before 7:45 AM OR drop-off is after 4:15 PM, we will subtract \$5 per time

Blazing Trails Childcare - School Year Tuition Agreement

Please, use the following charts and your child's schedule to calculate your regular monthly tuition (4 weeks)*. Seattle Public Schools schedule for next year includes a 75 minute (time is subject to change by SPS – price will adjust) early dismissal **EVERY** Wednesday. These days will cost \$7.50 each as a part of your regular schedule. Please, review the prices below with this in mind.

*NOTE: Occasionally, a month is five weeks or possibly three weeks. Your tuition will adjust accordingly. Divide amounts below by 4 for weekly rates. Also, feel free to combine any morning schedule with any afternoon schedule as fits your needs. Just add both numbers for your monthly tuition. Fees are subject to change by the Blazing Trails' council and Pathfinder PTSA board.

	5 days	4 days	3 days	2 days	1 day
Before School	\$220	\$200	\$162	\$118	\$64
After School w/o Wednesdays	n/a	\$304	\$265	\$200	\$102
After School w/ Wednesdays	\$358	\$334	\$295	\$230	\$132

If you need B & A care for the same days, we've done the math in the chart below.

	5 days	4 days	3 days	2 days	1 day
Before & After w/o Wednesdays	n/a	\$504	\$427	\$318	\$164
Before and After w/ Wednesdays	\$578	\$534	\$457	\$348	\$196

School Break Weeks

5 Days	4 Days	3 Days	2 Days	1 Day
\$215.00	\$185.00	\$148.00	\$108.00	\$59.00

My basic monthly tuition will be: 1st child: _____ (-10% discount) 2nd child: _____

Please, **INITIAL** each agreement and **SIGN** at the bottom. Return to Blazing Trails' office.

- _____ 1. A **NON-REFUNDABLE** registration fee of **\$50.00** per child is payable at the time of registration. Only a paid registration fee will guarantee a placement. DSHS/City or other subsidy families are exempt **ONLY** if their agency pays the registration fee.
- _____ 2. My basic monthly tuition is _____. (See above.) I understand that this amount is based on a four week month and is adjusted accordingly when there are 3 or 5 week months. I agree that I am responsible for paying the amount on my monthly invoice and will ask the office staff if I have any billing questions. Drop-ins, some early dismissals (not Wed.), full days, late pick-up or search fees, etc. are at additional cost and will be billed on my next monthly invoice. See Tuition & Fee policies (#500) in the Family Handbook for more information.

If my child rides a bus to or from a school other than Pathfinder K-8, I understand how the discounts/surcharges listed will affect my bill: If my bus pickup is after 8:45 AM or drop-off is before 3:15 PM, BT will add \$5 per time. If my bus pickup is before 7:45 AM or drop-off is after 4:15 PM, BT will subtract \$5 per time. (Please see BT Handbook or Busing Info.)

Those with DSHS subsidy are responsible for paying co-payments, late payment fees, late pick-ups, and services requested beyond DSHS limits in compliance with DSHS regulations. Those with City subsidy are responsible for any invoiced amounts **greater** than their subsidy payment.

- _____ 3. Payment/co-payment is due by the 10th or invoice due date whether I have my invoice or not. If I don't receive my monthly invoice in my file on the Family Information Table, by email or through USPS delivery on or about the first of each month, then I'm responsible for checking with B. T. office for my invoice details.
- _____ 4. I understand that tuition is **NOT** refunded for any absences for any reason.
- _____ 5. If payment is not received by the end of the month and no arrangements have been made with the Director, I understand that my children may not attend Blazing Trails until tuition is paid.
- _____ 6. I understand that I will be asked to leave the program for chronic (two or more months) non-payment of tuition. Payment plans may be negotiated with the Director on an individual basis.
- _____ 7. I understand that for the safety of my child and the other children at BT (Staff must look for missing children), I **MUST** notify the BT office if my child will not attend their scheduled after-school time slot. I will be charged a "Kid Search Fee" of **\$5** if my child does **NOT** show up to check-in and/or is **NOT** on the bus. I know I have until **2:15 PM** to notify BT of any absence.
- _____ 8. I understand that BT is only licensed to serve morning and afternoon snacks and that I must provide my child's lunch on "all day" days (i.e. winter & spring breaks or in-service days). If my child has no lunch for any reason, BT will provide my child with a snack and I will be charged a \$5.00 fee. I understand that this snack is not provided as a complete meal and is of limited variety.
- _____ 9. I understand that all children **MUST** be picked up by **6:00 PM**. A late fee of **\$5.00** for every five minutes starting at 6:05 will be billed on the next month's bill. I also understand that I will be asked to leave the program for chronic lateness.
- _____ 10. I will give one month's (30 days) notice of any changes to my child's schedule or termination of this agreement. I understand that I am responsible for the invoiced amount for the month following the notification of any changes. This policy applies to DSHS/City/Scholarship or other subsidy as well.
- _____ 11. I understand that I am responsible for paying any balance left owing when I leave the program. Blazing Trails reserves the right to transfer overdue amounts to a collection agency if payment options are not negotiated and met in good faith.

Parent/Guardian's Signature: _____ Date: _____