# Blazing Trails Childcare

Newsletters/Notices emailed? (circle one) YES NO

### School Year Registration Form for 2018 - 2019

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. (This form is valid Sept. 2, 2018 – June 21, 2019.)

Office Use								
Tuition Type:								
Registration Paid:								
Information Entered:								
Com:Off. File:Parent File:								

First child:				_ Birth Date	e:		SUN SCREEN APPLICATION PERMISSION		
Student's school: Grade fo					:		I give permission for Blazing Trails' staff to help my child		
Expected drop of	off/pickup times:					(for staffing purposes)	apply (personal supply or BT bulk – zinc and/or titanium oxide) sun-screen or to apply sunscreen directly as needed to		
*Bus #:	Location and time of bus stop: _						exposed skin (e.g. face, ears, neck, exposed shoulders, arms,		
Please, CIRCL	E below the normal days and tim	es this ch	ild will ne	ed Blazing	Trails' ca	<u>re</u> :	legs, etc.). I understand that it is my responsibility to ensure that my child has received the first application of sunscreen at		
Mornings:	<b>6:30-8:45</b> AM	M	Т	W	Th	F	or before signing-in each day. If my child has sensitive skin or allergies, I agree to supply sunscreen for my child to keep at B.T. If I don't, staff will use Blazing Trails' sunscreen supply		
Afternoons:	<b>3:25-6:00</b> PM	M	Τ	W	Th	F	in good faith as agreed upon by signing this release. I agree and understand that:		
Date my child	will begin this regular schedule:						Blazing Trails is <b>NOT</b> responsible or liable for		
Second child:				_ Birth Date	e:		SUNBURNED skin or its results, if I deny or omit this		
Student's school	:		Grade	for fall 2018	:		permission or, if a burn results while following product directions.		
Expected drop of	off/pickup times:					(for staffing purposes)	Blazing Trails is NOT responsible for any negative		
*Bus #:	Location and time of bus stop: _	reactions, adverse results and/or any unforeseen consequences, if I DON'T supply permission and/or an							
Please, CIRCL	E below the normal days and tim	es this ch	ild will ne	ed Blazing	Trails' ca	<u>re</u> :	<ul> <li>appropriate product and/or quantity for my child.</li> <li>Permission is active for 6 months from the date signed.</li> </ul>		
Mornings:	<b>6:30-8:45</b> AM	M	Т	W	Th	F			
Afternoons:	<b>3:25-6:00</b> PM	M	Т	W	Th	F	Signature of parent/legal guardian		
Date my child	will begin this regular schedule:								
	n with food allergies, asthma or otherwork for _ # of children with						ent packet.		
Parent/Guardian	n:			Parent/Gu	ıardian:		Blazing Trails Extra Fees:		
Address:				Address:			<u>Drop-ins</u> : AM - \$16.50 PM - \$27.00 PM (Wed) - \$34.50		
Citru				City		7io:	All Day drop-in rate: \$60.00 per full day – for in-		

Newsletters/Notices emailed? (circle one) YES NO

### City:\_\_\_\_\_ Zip: \_\_\_\_\_ Home#:\_\_\_\_\_ Cell#: \_\_\_\_\_\_ Texting ok? YES NO Cell#:\_\_\_\_\_Texting ok? YES NO E-mail: E-mail: (Please print clearly and use correct upper/lower cases) (Please print clearly and use correct upper/lower cases) Invoice e-mailed (PDF format)? (circle one) YES NO Invoice e-mailed (PDF format)? (circle one) YES NO

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

Late payment/returned check fee: \$10.00 for payments received 15 or more days after the invoice date

Bus Surcharges: If your bus pickup time is after 8:45 AM OR drop-off time is before 3:25 PM, BT will add \$5 per day.

## 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 2 hour early dismissals on <u>EVERY</u> Wednesday. These days will each cost \$12 more as a part of your regular schedule. Please review the prices below with this in mind.

\*NOTE: Occasionally, a month has five or possibly three weeks. Your tuition will adjust accordingly. Divide amounts below by 4 for weekly rates. 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' board.

	5 days	4 days	3 days	2 days	1 day
Before School	\$225	\$205	\$166	\$121	\$66
After School w/o Wednesdays	n/a	\$312	\$272	\$206	\$108
After School w/ Wednesdays	\$370	\$342	\$302	\$236	\$138

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 Before and After w/ Wednesdays	n/a	\$517	\$438	\$327	\$174
	\$595	\$547	\$468	\$357	\$204

#### School Break Weeks

1 Day	2 Days	3 Days	4 Days	5 Days
\$60.00	\$111.00	\$152.00	\$190.00	\$220.00

		\$60.0	0	\$111.00		\$152	2.00	\$190.00	\$220.00	
My basic mo	onthly tuition v	vill be:	1st child:			(	10% discount) 2	2nd child:		
Please	, INITIAL	each	agreemen	t and	<b>SIGN</b> at	the	bottom.	Return	to Blazing Trails	s' office.
	NON-REFUN placement. DSF								Only a paid registration fee vration fee.	zill guarantee a
1	here are 3 or 5	week mor Drop-is	nths. I agree th	at I am res sal, full day	sponsible fo zs, late pick-	r paying up or se	the amount on earch fees, etc. a	my monthly re at addition	ar week month and is adjusted invoice and will ask the office aal cost and will be billed on n	e staff if I have any
1		is <u>after</u>	8:45 AM or dro	p-off is <u>b</u>	<u>efore</u> 3:15 I	M, BT	will add \$5 pe	er day. If my	discounts/surcharges liste y bus pickup is <u>before</u> 7:45 A	
									, and services requested beyon unts <u>greater</u> than their subsidy	
		tion Table	e, by email or th						on't receive my monthly invo then I'm responsible for chec	
4. I ı	understand that	tuition is	NOT refunded	d for any a	bsences for	any reas	son.			
	payment is not attend Blazing T				and no arran	gement	s have been ma	de with the Γ	Director, I understand that my	children may not
	understand that with the Directo			he progran	n for chroni	c (two o	or more months	) non-payme	ent of tuition. Payment plans	nay be negotiated
		end their	scheduled after	-school tii	me slot. I w	ill be ch	narged a "Kid Se	earch Fee" of	s children), I <u>MUST</u> notify the \$5 if my child does <u>NOT</u> sh	
:		in-servic	e days). If my o	child has n	o lunch for	any reas	son, BT will pro	vide my chilo	e my child's lunch on "all day d with a snack and I will be ch	
	understand that month's bill. I a		, i		,				inutes starting at 6:05 will be b	oilled on the next
1									s agreement. I understand that ies to DSHS/City/Scholarship	
11. I									nzing Trails reserves the right	to transfer overdue

Date:

Parent/Guardian's Signature: \_