

Blazing Trails Childcare

School Year Registration Form for 2008-2009

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

Please, attach a non-refundable **\$40.00 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, 2008: _____
Teacher, CLAN & room #: _____	Age: _____
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
Second child: _____	Birth Date: _____
Student's school: _____	Grade for fall, 2008: _____
Teacher, CLAN & room #: _____	Age: _____
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

Parent/Guardian: _____	Work#: _____
Address: _____	Zip: _____ Home#: _____
Cell phone, pager or additional number (circle one): _____	
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, pager or additional number (circle one): _____	
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 - \$12.50	PM - \$18.00
All Day drop-in rate:	\$48.00 per full day – for days school is closed & B.T. is open.	
Early Dismissal:	\$4.25 per hour beyond normal schedule	
Late pick-up:	\$3.50 for each five minutes after 6:05 PM	
Late payment fee:	\$10.00 for payments received after the 10 th of the month.	
Returned check fee:	\$10.00 plus any bank fees (usually \$5 - \$8) charged to B.T.	
Kid Search fee:	\$5.00 for not notifying <u>Blazing Trails'</u> office of absences from normally scheduled PM care.	
Missing Lunch:	\$5.00 for BT provided lunch during Full Day care days (breaks & in-service days)	

Blazing Trails Childcare - School Year Tuition Agreement

Please, use the following Fee Table and your child's schedule above to calculate your regular monthly tuition (4 weeks)*. Fees are subject to change by the Blazing Trails' council and Pathfinder PTSA board.

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

Days per Week	6.30-9:00 AM	3:15-6:00 PM
5 Days	\$166.00	\$226.00
4 Days	\$138.00	\$188.00
3 Days	\$110.00	\$151.00
2 Days	\$83.00	\$116.00
1 Days	\$50.00	\$72.00

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. Copies will be available at your request.

- _____ 1. A **NON-REFUNDABLE** registration fee of **\$40.00** 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, early dismissal, 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.)

 Those with DSHS subsidy are responsible for paying co-payments, late payment, late pick-up, and services requested beyond DSHS limits. Those with City subsidy are responsible for any invoiced amount more 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 postal 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 I will be charged a "Kid Search Fee" of \$5 if my child's scheduled for an after-school time slot and my child does NOT show up to check-in and/or is NOT on the bus. I know I have until 3:00 PM to notify BT of absences.

- _____ 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 **\$3.50** for every five minutes after 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: _____