**Blazing Trails Childcare**: Drop-in Registration Form

# School Year 2024 – 2025 ONLY

### Office Use

Tuition Type:

Registration Paid:

Information Entered:

Com: Off. File: Parent File:

Please, attach a non-refundable **$30.00 (school year) Registration Fee** per child to this completed form and return to Blazing Trails. We must receive both the fee and the completed form to enable your child to drop-in.

**First child**: Birth Date:

Student’s school: Grade for fall 2024:

Teacher, CoR & room #: Age:

Bus #: Location and time of bus stop: Preferred Pronouns:

Medical/Emotional challenges (may require additional paperwork)?

**Second child**: Birth Date:

Student’s school: Grade for fall 2024:

Teacher, CoR & room #: Age:

Bus #: Location and time of bus stop: Preferred Pronouns:

Medical/Emotional challenges (may require additional paperwork)?

**Parent/Guardian**: Preferred Pronouns

Address: Zip: Work#:

Cell phone, pager or additional number: TEXTS OK?

E-mail: Invoice e-mailed? (circle one) YES NO

 (Please, print clearly and use correct upper/lower cases) Newsletters/Notices emailed? (circle one) YES NO

**Parent/Guardian**: Preferred Pronouns

Address: Zip: Work#:

Cell phone, pager or additional number: TEXTS OK?

E-mail: Invoice e-mailed? (circle one) YES NO

 (Please, print clearly and use correct upper/lower cases) Newsletters/Notices emailed? (circle one) YES NO

**Emergency Contacts:**

**Name**: Relationship:

Home/cell #: Work #:

**Name**: Relationship:

Home/cell #: Work #:

I authorize Blazing Trails Childcare to provide care for my child during drop-in times that I designate by phone, in person and/or in writing according to the policies outlined in the Blazing Trails’ Family Handbook. The handbook is available to me on the BT website. Alternatively, I can obtain a copy from the Blazing Trails’ office, if needed.

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**Blazing Trails Childcare**

**Drop-in Tuition Agreement**

**Blazing Trails’ Drop-in & Other Fees:**

Drop-in Rates: AM - $21.50 PM - $35.50 PM Wed – $45.00

All Day drop-in rate: $72.00 – for full days school is closed & B.T. is open

Early dismissal $8.00 for 1 extra hour when school closes early

Late pick-up: $5.00 for each five minutes starting at 6:05 PM

Late payment fee: $10.00 for payments received 15 days or more after the invoiced date

Returned check fee: $10.00 plus any bank fees (usually $25) charged to B.T.

Kid Search fee: $5.00 for not notifying Blazing Trails’ office (we are separate from Pathfinder) of an absence from your previously scheduled “drop-in care” timeslot

Missing Lunch: $5.00 for BT provided lunch during “Full Day” days

Missing water bottle: $1.00 for BT provided water bottle on “Full Day” days and/or fieldtrips

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 **$30.00 (fall only)** per child is payable at the time of registration. Only a paid registration fee will guarantee enrollment. If I choose to enroll my child on a regular basis, I understand that I am responsible for an additional $20.00 in registration fees.

\_\_\_\_\_\_ 2. I understand that my child(ren) will attend Blazing Trails Childcare ONLY when space is available AND permission is granted by Blazing Trails office staff for that day & time. If Blazing Trails is full (based on licensed capacity, availability of that space and staffing levels) on any given day, my child may not attend that day.

\_\_\_\_\_\_ 3. I understand the fees (See above for details) charged for drop-in care and accept responsibility for paying any tuition & fees charged for my child(ren)’s attendance at Blazing Trails’ Childcare.

\_\_\_\_\_\_ 4. I understand that I will be charged a “Kid Search Fee” of $5 if I have reserved 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 2:35 PM to cancel.

\_\_\_\_\_\_ 5. I understand that an itemized invoice of all drop-in, early-dismissal or other charges incurred during the previous month will be mailed or emailed to me on or about the 1st of each month. Payment is due 10 days from the invoice date (NET ten). I also understand that a late fee of $10.00 will be charged to my account if payment is not received by the 15th day after the invoice date.

\_\_\_\_\_\_ 6. 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, in-service days or summer). If my child has no lunch for any reason, BT will provide my child with a snack from our available snack food 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.

\_\_\_\_\_\_ 7. I understand that tuition is **NOT** refunded for any reason.

\_\_\_\_\_\_ 8. If payment is not received by the end of the billing month and no arrangements have been made with the Director, I understand that my children may not attend Blazing Trails until back tuition is paid and permission is given.

\_\_\_\_\_\_ 9. I understand that I will be asked to leave the program for chronic (two or more months) non-payment of invoices. Payment plans may be negotiated with the Director on an individual basis.

\_\_\_\_\_\_ 10. 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.

\_\_\_\_\_\_ 11. 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 may be asked to leave the program permanently for chronic lateness.

Parent/Guardian’s Signature: Date:

Blazing Trails Childcare **Drop-in Family Agreement**

**Please initial each paragraph and return to Blazing Trails. Copies will be made for you upon request.**

\_\_\_\_\_\_ 1. I have read the Blazing Trails’ **Family Handbook**, understand its policies and agree to abide by them. I understand that I’m responsible for obtaining a copy from the B.T. office or accessing the online copy.

\_\_\_\_\_\_ 2. I give my permission for Blazing Trails’ Childcare to provide care for my child/children. This care includes use of all play equipment and supplies, involvement in all activities and participation in walking trips and other fieldtrips as agreed or stipulated by me on my child/children’s **Consent & Authorization** form.

\_\_\_\_\_\_ 3. I listed the names and phone numbers of emergency contacts and all persons authorized to pick up my child on the **Emergency Information** form. I know that anyone may be asked for I.D. before BT staff releases a child for pickup.

\_\_\_\_\_\_ 4. I verify that ALL information that could affect my child/children’s ability to work with Blazing Trails Childcare staff and students is included on the **Medical Information** & **Student Review** forms in compliance with BT policies. I understand that BT is in **no way** responsible for the results of missing or incomplete information about my child.

\_\_\_\_\_\_ 5. I understand that I must advise Blazing Trails Childcare immediately of any changes to my emergency and consent information and that Blazing Trails Childcare is **NOT** responsible for anything that may happen as a result of missing, incomplete or incorrect information given about my child.

\_\_\_\_\_\_ 6. I read and understand policies 430 – 431**: Termination of Service & Code of Conduct** of the **Family Handbook**. I am aware that Blazing Trails Childcare reserves the right to terminate my childcare, with or without cause, at any time and may include the specific reasons listed below:

1. My child/children reach/reaches step three of the discipline policy as stated in **Policy 660 – Discipline** of the **Family Handbook**.
2. I develop a pattern of non-payment of tuition and fees by due dates. Enrollment at B.T. may be permanently discontinued for failure to pay on time.
3. My child has physical or emotional needs that require constant supervision levels beyond our normal child/teacher ratio and/or our ability to reasonably provide. I understand that I must specify any specific physical or emotional needs on my **Emergency** and **Medical Information** forms.
4. Any failure by my child, other parent/guardian, or me to comply with Blazing Trails’ policies and procedures could result in termination. Blazing Trails Childcare will try to give at least five days notice before asking any child to leave the program, whenever possible. Blazing Trails reserves the right to expel my child/children without warning if the actions of anyone connected to my family jeopardizes the safety of any student, staff member or other family member at Blazing Trails.

\_\_\_\_\_\_ 7. I understand that Blazing Trails Childcare is in no way responsible for lost or stolen personal items brought to Blazing Trails by me, my child/children or others, either with or without my consent.

\_\_\_\_\_\_ 8. I understand that the adult (18+ yrs) dropping off in the morning or picking up in the afternoon **MUST** personally sign my child/children in and out each day with a full signature. This requirement is mandated by DSHS-DCYF.

\_\_\_\_\_\_ 9. I understand that tuition for any drop-in or early dismissal care is billed on the next month’s invoice. Payment of my total balance is due by the invoice due date (10 days from invoice date) each month. Any payment received after the 15th day will be subject to a late payment fee of $10.00.

\_\_\_\_\_\_ 10. I understand as parent/legal guardian that I am responsible for paying tuition on any childcare that I request either in writing, by phone or other message whether I use it or not. I am responsible for notifying the B.T. office of my child’s schedule changes. I may change my drop-in schedule for spring break, winter break or other school-year “non-school days” at any time up to the cut-off date (Monday, one week prior). Otherwise, I am responsible for paying tuition on any care I have requested.

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 Signature of parent/legal guardian Date