

# S.E.E.D.S. Enrollment Form

2017/2018

Parents' Name (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

Address \_\_\_\_\_  
Full Street Address

City State Zip Code

Home Phone # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

TDL# \_\_\_\_\_ Cell or Pager # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

TDL# \_\_\_\_\_ Cell or Pager # \_\_\_\_\_

May we publish your home address, telephone #, and email in a class directory? \_\_\_ yes \_\_\_ no  
(check one)

May we publish your child's picture to be used in media Publications (i.e. web-site, brochures,  
newspaper & magazine reports, posters promoting S.E.E.D.S.)? \_\_\_ yes \_\_\_ no (check one)

Email address: \_\_\_\_\_ (so we can send you weekly reminders of events)

Primary Language spoken at home \_\_\_\_\_

## Authorization to Pick up

Parents may always pick up children at any time. Please list the names of **other** responsible adults to pick up child if ill.

Name Phone # Cell # Relationship

Name Phone # Cell # Relationship

Parent's Marital Status (circle one) Married Single Divorced Widowed Other \_\_\_\_\_

Custody: (circle one) Both Parents Mother Father Other \_\_\_\_\_

Address Mail to: \_\_\_\_\_  
(i.e. Mr. & Mrs. Smith, Ms. Lisa Jones, John Smith & Lisa Jones, etc.)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Male / Female (Please circle one) Month Day Year

Session enrolling for (days & times) \_\_\_\_\_ Age on Sept. 1<sup>st</sup> \_\_\_\_\_

Sibling(s) in S.E.E.D.S. Name \_\_\_\_\_ Age \_\_\_\_\_  
Sibling(s) at SEASCS Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

## Emergency Medical Information

Family Doctor \_\_\_\_\_

Phone # \_\_\_\_\_

Hospital or Medical Facility \_\_\_\_\_

Phone # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance Policy/ Group # \_\_\_\_\_

### Consent Form for Medical Treatment

Parent Release: In case of an emergency and neither I nor any of the listed names on this emergency form can be reached, I give permission for a member of the S.E.E.D.S. staff to transport my child with them to a licensed physician or emergency room facility. Please accept this as my authorization to provide any necessary medical treatment for my child at such facility.

Name of Parent or Guardian (Print) \_\_\_\_\_

Type of Identification # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
Subscribed and sworn to me before this \_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_.

Notary Public \_\_\_\_\_

### Allergy / Illness

Present medical or chronic conditions (asthma, epilepsy, allergies, injuries, etc)- If none exists, write "none".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Circumstances (speech delay, occupational therapy, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Fee Schedule

Class placement is determined by the child's age on **Sept. 1 2017**. Please check all sessions that apply to this child.  
 Registration Fees: \_\_\_\_\_ Toddlers (18-23 mos.) & Twos - **\$145**      \_\_\_\_\_ Pre K Three & Four - **\$155**

**Registration Fees are nonrefundable. (Please Initial)**

**All families will participate in the mandatory fundraiser by selling \$100 worth of raffle tickets. (Please initial)**

## Tuition Rates

<u>Pre K 3 &amp; 4 classes</u>	<u>Monthly Rate</u>	<u>Before school care</u>	<u>7:30am-9am</u>
____ <u>Mon/Wed/Fri 9-noon</u>	<u>\$ 271.00</u>		
<b>****Pre K 3's only</b>			
____ Mon/Wed 9-2 & Fri 9-12	\$ 388.00	____ 2 days/wk \$38/mo.	____ 3 days/wk \$57/mo.    ____ 5 days/wk \$95/mo.
____ Tues/Thurs 9-2	\$ 300.00		
<b>****Tues/Thurs 9-2 &amp; Fri 9-12 \$ 388.00</b>			
<b>(Dual Language Friday)(Pre-K 4's only)</b>			
____ Mon - Fri 9-12	\$ 442.00		
____ Mon-Thurs 9-2 & Fri 9-12	\$653.00		
		<u>After school care</u>	<u>2:00pm-3:30pm</u>
<b><u>Toddlers &amp; Twos classes</u></b>	<b><u>Monthly Rate</u></b>	____ 2 days/wk \$46/mo.	____ 3 days/wk \$69/mo.    ____ 4 days/wk \$92/mo.
____ Mon/Wed/Fri 9-noon	\$ 282.00	____ Fridays noon-3:30	\$75/mo.
____ Mon/Wed 9-2 & Fri 9-12	\$ 402.00		
____ Tues/Thurs 9-2	\$ 310.00		
____ Mon - Fri 9-12	\$ 465.00		
____ Mon-Thurs 9-2 & Fri 9-12	\$ 663.00	____ Friday Dual Language	\$88.00

**Any changes made after Sept. 1<sup>st</sup> will incur a \$20 change fee. (Please initial)**

## Account Agreement

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

- A Security Deposit, equal in amount to your child's tuition, is due within 60 days of your child's registration. This deposit insures that your child is placed on a class list. This deposit will be applied towards your last month's tuition. A written notice must be received in the S.E.E.D.S. office at least two weeks prior to the first of the month if withdrawing a child from the program. For example, if you are planning to drop for the month of November, then notification must be received by Oct. 15. Failure to do so will result in forfeiture of the Security Deposit.
- S.E.E.D.S. has a Mandatory Fundraiser and all families must sell \$100 worth of Raffle tickets, or be subject to \$100 being added to your account.
- Tuition is due the 1<sup>st</sup> day of each month. A \$30 late fee is added after the 10<sup>th</sup> of the month.
- **According to your session choice, a late pick up fee begins accruing if the child is not picked up on time. You will be charged \$1 per minute after the scheduled pick up time, due at the time of pickup. (Please Initial)**
- If a check is returned, there is a \$25 charge. After two returned checks, the remaining tuitions, fees, or other monies must be paid with money orders or cash. (Please refer to the Parent Handbook for more info.)
- The customer (parent or guardian), agrees to pay, in the event the account is turned over to an agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs, or court costs.
- All paperwork must be in your child's file on for before the first day of school. *(Enrollment Form, Admission Requirement, a copy of Immunization, Parent Handbook Acknowledgement, Personal Information, Hearing and Vision screening for four year olds.)*
- **S.E.E.D.S. does not offer a drop-in service.**

Your monthly tuition obligation is \$ \_\_\_\_\_.

***I understand these financial Obligations and agree to abide by them.***

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Reg. Amt. \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

Security Deposit \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

Disc. \_\_\_\_\_