

2012/2013 SCHEDULE OF FEES

PROGRAM	ANNUAL REGISTRATION	MONTHLY PAYMENT			
		1 Day	2 Days	3 Days	5 Days
Before and After School 6:30 drop off & 6:30 pick up	\$50.00	\$173.00	\$346.00	\$519.00	\$598.00
Before School 6:30 drop off	\$50.00	\$72.00	\$144.00	\$216.00	\$315.00
After School 6:30 pick up	\$50.00	\$101.00	\$202.00	\$303.00	\$379.00
Before School & AMK/PMK 6:30 drop off	\$50.00	\$159.00	\$318.00	\$477.00	\$542.00
AMK/PMK & After School 6:30 pick up	\$50.00	\$187.00	\$374.00	\$561.00	\$638.00
Before, AMK/PMK, & After 6:30 drop off & 6:30 pick up	\$50.00	\$223.00	\$446.00	\$669.00	\$786.00
AM Kinder-Session 9-12 PM Kinder-Session 12-3 (here at The Hide Out)	\$50.00	\$101.00	\$202.00	\$303.00	\$379.00
Full Time Parochial After School ~ 6:30 pick up	\$50.00	\$130.00	\$260.00	\$390.00	\$492.00
VACATION DAYS		\$57.00 minus your daily rate			

DISCOUNTS

10% OFF THE TOTAL AMOUNT

You must have 2 children attending The Hide Out

15% OFF THE TOTAL AMOUNT

You must have 3 or more children attending The Hide Out

PAYMENT SCHEDULE

Payment is due on the 1st of each month attending. You are given a grace period to the 5th of the month. If your account is not paid in full by the 5th of the month, your account will then be charged \$5.00 *per day* (excluding weekends) until the 10th of the month. If your account is not paid in full by the 10th of the month, your child will be dismissed from the program as of the 11th of the month. August and June's monthly tuition will be determined by the yearly start and end dates (due to snow day make ups).

TO REGISTER

1. Complete and return all forms.
2. Submit a \$50.00 Non-Refundable registration fee per child. ***All payments are to be made payable to: The Hide Out or Stepping Stones Inc.***
3. Provide a copy of the school health form.
4. Inform the school of your child's participation in The Hide Out.
5. Obtain parent's manual, read, and sign.

**The day is divided into 4 segments of time: Before school ~ 6:30–9:00 / After school ~ 3:00–6:30
Am Kindergarten ~ 9:00–12:00 / PM Kindergarten ~ 12:00–3:00**

In extreme and unforeseen circumstances, we reserve the right to raise prices. If such an extreme circumstance should arise, a thirty day notice will be given. Before such measures become necessary we will do all things possible to trim our costs to work within our budget.

Family Information

<u>Child</u>	Name _____	D.O.B. _____
	Address _____	Age ____ Yrs ____ Months
	_____	<small>(As of September 2012)</small>
<u>Mother</u>	Name _____	Employer _____
	Address _____	Address _____
	_____	_____
	Phone _____	Phone _____
	Email _____	Cell# _____
<u>Father</u>	Name _____	Employer _____
	Address _____	Address _____
	_____	_____
	Phone _____	Phone _____
	Email _____	Cell# _____

Educational Information

School _____	Grade _____	if Kindergarten: circle AM or PM (at Hideout)
Before School ~ 6:30 - 9:00	<input type="checkbox"/>	<u>Check all that apply.</u> If you don't know which kindergarten session your child will be in then just check both and I will highlight the correct one when you find out in June. Make sure you check off before and/or after school if you need those hours.
AM Kindergarten ~ 9:00 - 12:00	<input type="checkbox"/>	
PM Kindergarten ~ 12:00 - 3:00	<input type="checkbox"/>	
After School ~ 3:00 - 6:30	<input type="checkbox"/>	
		_____ M _____ T _____ W _____ TH _____ F

Emergency / Medical Information

Emergency/Alternate Pick Up: The following people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time. This is State required.

(Name)	(Relationship to Child)	(Phone #'s)
1. _____	_____	_____

Physician: Name _____ Phone # _____

Insurance: Carrier _____ Policy # _____

Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____. I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ **Date** _____