

Kidz Incorporated

2009 / 2010

Director - Sandee Thomas



Friendships



Supervised homework

Games



Plays



Group games

Field trips

Cost = \$60.00 per child, per week. A \$20.00 registration fee will be charged after May 23 and August tuition payment is due upon confirmation of enrollment. With this payment your child is locked in for a space for the after school program. All forms must be completed and returned with payment to the accounting office.

Where Kidz can be Kidz!

UAAS Parent Packet

Program Description

Union Academy After School (UAAS) is a self – supported organization. It is designed to meet the needs of working parents and to provide high quality after school care for the children in a safe and stimulating environment. Children will remain on the school site (with the exception of field trips) in a familiar environment to play, relax, and socialize with peers and adults. UAAS will provide opportunities for children to explore new interests and build on skills through games, sports, arts and crafts and other special interests.

Application Information

Parents who wish to enroll their children in after school care must complete the following:

- 1st registration form
- 2nd electronic draft form
- 3rd emergency forms
- A \$20.00 registration fee is due upon confirmation of enrollment. With this payment your child will be locked into a space for the after school program. All forms must be returned with payment to the Accounting Office at this time.

Enrollment

Enrollment is limited to 60 spaces and is offered on a first come basis. All children will need to be enrolled on a full time or partial week. A partial week will consist of a day or days consecutively for the school year. **Changing of days will not be tolerated.** The after school program will no longer hold a child's spot for an enrichment or other programs. **No refunds will be issued.**

Electronic Draft

*For your convenience tuition fees will be paid by electronic draft. Your account will be drafted on the 20th of each month. (If the 20th falls on a weekend or holiday your account will be drafted on the following business day.)

- UAAS fees pay for t-shirts and 2 half day field trips (Aug. 1 & Oct. 1) for children enrolled full time (3 days a week or more).

- The UAAS will not be able to watch your child until all fees are paid in a timely manner.

Monthly costs for UAAS are based on the following **Daily Rates**:

	<u>1st Child</u>	<u>Additional Children</u>
After school (3 p.m. – 6 p.m.)	\$12.00	\$11.00
Half day (12:00 p.m. – 6:00 p.m.)	\$20.00	\$18.00

Months with a mix of regular after school days and half days are charged accordingly.

Special Activity Fees

During the year UAAS will schedule special events and/or field trips for children. Parents will be asked to pay an additional fee to cover these special activities. A notice will be given in advance to parents.

Emergency Drop – Ins

There is a charge for emergency drop-ins per child. This charge is for a child that is not scheduled on a regular after school day.

Late Pick – Up Fees

A late fee of \$5.00 per every five minutes will be charged for a parent picking up their child after 6:00 p.m.

Hours of Operation

The after school program will follow the school calendar. Hours of Operation will be from 3 p.m. – 6 p.m. UAAS will be closed on all scheduled holidays and Intersessions.

UAAS Closing

Sept. 7 – Labor Day

Oct. 2 – Oct. 12 Fall Intersession

Oct. 28 – Teacher / Parent Conference

Nov. 11 – Veterans Day

Nov. 25 – 27 Thanksgiving Break

Dec. 21 – Jan. 1 Winter Intersession

Jan. 18 – Martin Luther King Jr. Day

Feb. 15 – President's Day

Mar. 24 – Teacher / Parent Conference

Apr. 2 – Apr. 9 – Spring Intersession

May 28 – May 31 – Memorial Day Weekend

On the scheduled half days/early dismissal, the after school program will operate from 12:30 p.m. – 6:00 p.m. Dates are: **Aug. 10, Oct. 1, Jan. 15, Feb. 12, and Apr. 1**

Enrollment Information and Emergency Form

Childs Name: _____ **Grade:** _____

Restriction to Activities: _____

Please list any allergies (drug, food, or other) _____

Is your child currently taking medication? _____ If so, describe:

Mother's Name: _____	Father's Name: _____
Home Ph.: _____	Home Ph.: _____
Work Ph.: _____	Work Ph.: _____
Cell: _____	Cell: _____
Emergency Contact: _____	Phone# _____

The above information is accurate to my knowledge. I have read and fully understand the information in this Parent Packet.

Parent/Guardian Signature

Date

Kidz Incorporated
 Union Academy / After School Program
REGISTRATION FORM

All registration forms must be returned to Union Academy to reserve your child's space for the afterschool program.
 Bank drafting is now required for monthly afterschool payments.

ONE REGISTRATION FORM PER CHILD

T-Shirt Size (circle one) Child - S M L Adult - XS S M L
Full-time students only (more than 3 days)

Child's Name: _____ Teacher: _____ Grade: _____

Age: _____ Date of Birth: ____/____/____ Home Phone: (____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

My child will be attending the after school program on the following weeks indicated below:

	Weekly	Weekly	Weekly	Weekly	Total	Payment
	Cost	Cost	Cost	Cost	Tuition	Due Date
August	<input type="checkbox"/> \$36 July 29 - July 31	<input type="checkbox"/> \$60 Aug. 3 - Aug. 7	<input type="checkbox"/> \$68 Aug. 10=1/2 Day + 11-14	<input type="checkbox"/> \$60 Aug. 17 - Aug. 21	= \$ _____	8/1/2009
September	<input type="checkbox"/> \$60 Aug. 24 - Aug. 28	<input type="checkbox"/> \$48 Aug. 31 & Sept. 1, 2, 3	<input type="checkbox"/> \$48 Sept. 8, 9, 10, 11	<input type="checkbox"/> \$60 Sept. 14 - Sept. 18	= \$ _____	8/20/2009
October	<input type="checkbox"/> \$60 Sept. 21 - Sept. 25	<input type="checkbox"/> \$56 Sept. 28-Oct. 1=1/2 Day	<input type="checkbox"/> \$48 Oct. 13, 14, 15, 16	<input type="checkbox"/> \$60 Oct. 19 - Oct. 23	= \$ _____	9/20/2009
November	<input type="checkbox"/> \$48 Oct. 26, 27, 29, 30	<input type="checkbox"/> \$60 Nov. 2 - Nov. 6	<input type="checkbox"/> \$48 Nov. 9, 10, 12, 13	<input type="checkbox"/> \$60 Nov. 16 - Nov. 20	= \$ _____	10/20/2009
December	<input type="checkbox"/> \$24 Nov. 23 & Nov. 24	<input type="checkbox"/> \$60 Nov. 30 - Dec. 4	<input type="checkbox"/> \$60 Dec. 7 - Dec. 11	<input type="checkbox"/> \$48 Dec. 14, 15, 16, 17	= \$ _____	11/20/2009
January	<input type="checkbox"/> \$60 Jan. 4 - Jan. 8	<input type="checkbox"/> \$68 Jan. 11-Jan. 14 + 15=1/2 Day	<input type="checkbox"/> \$48 Jan. 19, 20, 21, 22	<input type="checkbox"/> \$60 Jan. 25 - Jan. 29	= \$ _____	12/20/2009
February	<input type="checkbox"/> \$60 Feb. 1 - Feb. 5	<input type="checkbox"/> \$68 Feb. 8 - 11 + 12=1/2 Day	<input type="checkbox"/> \$48 Feb. 16, 17, 18, 19	<input type="checkbox"/> \$60 Feb. 22 - Feb. 26	= \$ _____	1/20/2010
March	<input type="checkbox"/> \$60 Mar. 1 - Mar. 5	<input type="checkbox"/> \$60 Mar. 8 - Mar. 12	<input type="checkbox"/> \$60 Mar. 15 - Mar. 19	<input type="checkbox"/> \$48 Mar. 22, 23, 25, 26	= \$ _____	2/20/2010
April	<input type="checkbox"/> \$56 Mar. 29 - 31 Apr. 1=1/2 Day	<input type="checkbox"/> \$60 Apr. 12 - Apr. 16	<input type="checkbox"/> \$60 Apr. 19 - Apr. 23	<input type="checkbox"/> \$60 Apr. 26 - Apr. 30	= \$ _____	3/20/2010
May	<input type="checkbox"/> \$60 May 3 - May 7	<input type="checkbox"/> \$60 May 10 - May 14	<input type="checkbox"/> \$60 May 17 - May 21	<input type="checkbox"/> \$84 May 24, 25, 26, 27 June 1, 2, 3	= \$ _____	4/20/2010

After School Rates

\$12 per day
(3:00 pm to 6:00 pm)

\$20 per half day
(12:00 pm to 6:00 pm)

Field Trips Additional

*10% Discount for Siblings
(discount will be applied)*

AUTHORIZED PERSON(S) to pick up or take your child from the after school program:

IDENTIFICATION REQUIRED

Name: _____

Name: _____

Name: _____

Name: _____

Your child will **ONLY** be released to those whose names appear on this list.

Assumption of Risk:
 I understand and recognize there are certain risks inherent with participation in the after school care programs. I expressly acknowledge that I assume all risk for any and all injuries and illnesses, which may result from his/her participation in these activities. In consideration of the privilege of participation in the Union Academy After School Program, I hereby voluntarily release and discharge Union Academy, agents, and employees from any and all claims for injuries, illnesses, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I hereby give permission to the medical personnel selected by Union Academy to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Union Academy staff to secure and administer treatment including hospitalization, for my child.

I understand that no accident or medical insurance is provided with this after school program.
 I give permission to Union Academy, without limitation or obligation, to use photographs or film footage, which may include my child's image for promotional purposes.

I give my consent for my child to leave the Union Academy site, participate in authorized trips and ride in authorized vehicles for the purpose of transportation in connection with the After School Program.

Parent Signature: _____ Date: _____

CHECKING ACCOUNT DRAFT FORM

For your convenience, bank drafting is now required for monthly afterschool tuition payments.

Three easy steps:

1. Complete and sign the form below
2. Attach a voided check from the bank account to be drafted
3. Return this authorization form and voided check in an envelope. Mail to Union Academy, Attention: Amy Gilliard, 675 North M.L. King, Jr. Blvd., Monroe NC 28110 or bring to the Accounting Office at the Upper Campus

Afterschool tuition will be automatically drafted each month.

If you have any questions, please call
Amy Gilliard in the Accounting Office
(704)238-8883

Monthly Afterschool Tuition Payment by Bank Draft

- Complete the authorization
- Attach a voided check from the bank account to be drafted
- Return this signed authorization form with your voided check

I, _____, authorize you and the financial institution listed below to make my afterschool tuition payment automatically and post it to my account in accordance with the attached Afterschool Registration Form, and to initiate adjustments, if necessary, for any entries made in error to my account.

Checking account # _____ Name of Bank _____

Routing # _____

Account will be drafted on the 20th day of each month beginning August 2009.

Name (Please Print)

E-Mail Address

(Signature)

(Date)

I understand that my account will be drafted in accordance with the afterschool registration schedule on the back of this form. Any changes to this agreement must be made on month prior to effective date of change.

ATTACH VOIDED CHECK HERE