



KIDS N US

EARLY LEARNING SCHOOL

Dear Parent or Guardian,

Welcome to Summerpalooza! We are super excited to have your child enrolled with us during our School Age Day Camp this Summer.

Attached you will find the forms needed to enroll your child in our Summerpalooza program. This document includes a Summer Payment Agreement and a Medication Release Form for you to thoroughly complete. Please complete the following forms and return them to Kids N Us prior to May **16th** to secure your child's space for our 2025 Summerpalooza day camp. After May **16th, 2025**, summer roster spots will be made available to families currently on our waitlist.

If your child will not be joining us for the summer, please fill out the Enrollment Change Request form located in the front lobby. As a reminder, Kids N Us does require a **30-day written notice** for all schedule changes.

Thank you for choosing Kids N Us for your child. We consider it a privilege to have your family involved in our program. If you have questions regarding any of the forms, please feel free to let us know. Let's make it a great summer!

Sincerely,
The Kids N Us Family

WE ARE FAMILY

SUMMERPALOOZA PAYMENT AGREEMENT - PRIVATE PAY
CHILD INFORMATION

| | | |
|---------------------------------|------------|-------------------------------|
| LAST NAME | FIRST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| ADDRESS LINE 1 | | ADDRESS LINE 2 (APT./CONDO #) |
| CITY | STATE | ZIP CODE |
| CHILD'S START DATE (MM/DD/YYYY) | | |

PARENT/GUARDIAN INFORMATION

| | | |
|---|--|-----------------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| RELATIONSHIP TO CHILD | LAST 4 OF SOCIAL SECURITY NUMBER (REQUIRED) XXX-XX- | DRIVERS LICENSE NUMBER (REQUIRED) |
| CELL PHONE | WORK PHONE | EMAIL ADDRESS |
| ADDRESS LINE 1 <input type="checkbox"/> SAME AS CHILD | | ADDRESS LINE 2 (APT./CONDO #) |
| CITY | STATE | ZIP CODE |

| | | |
|---|--|-----------------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| RELATIONSHIP TO CHILD | LAST 4 OF SOCIAL SECURITY NUMBER (REQUIRED) XXX-XX- | DRIVERS LICENSE NUMBER (REQUIRED) |
| CELL PHONE | WORK PHONE | EMAIL ADDRESS |
| ADDRESS LINE 1 <input type="checkbox"/> SAME AS CHILD | | ADDRESS LINE 2 (APT./CONDO #) |
| CITY | STATE | ZIP CODE |

CHILD'S SCHEDULE

Tuition fees reflect charges for the contracted days & times provided. In addition, any care used beyond this scheduled time will be billed automatically. Due to advanced scheduling, trading days and/or hours cannot be permitted. Advance notice (30 days) is required to change your schedule. Tuition and billing is based on the schedule you have provided and the space you are reserving - NOT what is actually used. Tuition fees will not be pro-rated, discounted, credited or refunded in any way due to absenteeism for any reason.

| (Minimum 2 Days per Week) | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------------------------|--------|---------|-----------|----------|--------|
| ARRIVAL TIME | | | | | |
| DEPARTURE TIME | | | | | |

COST BREAKDOWN OF SERVICES:

| | |
|--|----|
| MONTHLY CHILD CARE COST | \$ |
| SEMI-MONTHLY - MONTHLY COST DIVIDED BY 2 | \$ |
| WEEKLY - MONTHLY COST DIVIDED BY 4.33 | \$ |

PAYMENT SCHEDULE : Kids N Us collects all tuition payments through Tuition Express automatic payments. This is done by ACH Debit from either a checking or savings account. (Please allow up to 3 days from your payment due date for payments to clear your bank)

CHOOSE PAYMENT FREQUENCY:

| | | |
|--|---|--|
| <input type="checkbox"/> 1st of Each Month | <input type="checkbox"/> 1st and 15th of Each Month | <input type="checkbox"/> Monday of Each Week |
|--|---|--|

| | | |
|-------------------------------|--------------------|----------|
| I AGREE THAT MY PAYMENT OF \$ | IS DUE IN FULL BY: | INITIAL: |
|-------------------------------|--------------------|----------|

SUMMERPALOOZA ACKNOWLEDGEMENTS

AGREEMENT EFFECTIVE DATES: _____

| | |
|--|---------|
| <p>Field Trip Schedule and Transportation: I acknowledge that I have received a calendar with the full range of field trips for the summer program. I understand that my child must arrive 30 minutes prior to the field trip in order to attend care for that day. It is the intent of Kids N Us that children will not spend more than 2 hours of travel time per day, however this may change due to factors out of our control, such as traffic. This includes transportation to and from locations. I authorize Kids N Us to transport my child to Field Trips locations.</p> | INITIAL |
| <p>Off Site Field Trips: Offsite Field Trips are unlicensed play space and are maintained by other organizations or entities outside of Kids N Us' control.</p> | INITIAL |
| <p>Field Trips Fees and Absent Days: I acknowledge that field trip fees are pre-paid and refunds are not given for Sick Days, Holidays, Mandated Closures directed by the local Health Jurisdiction, Inclement Weather Closures, Vacation Days or other Unexpected closures. If my child is in attendance on a field trip day, they may not stay behind at the school. If I do not want my child to attend a field trip, I will need to make alternate arrangements for care.</p> | INITIAL |
| <p>Changes to Field Trips: I acknowledge that Kids N Us reserves the right to change or cancel field trips due to unforeseen circumstances (Mandated closures directed by the local Health Jurisdiction, Inclement Weather Closures, or other Unexpected Closures.) In these circumstances, families will be notified within 24 hours if circumstances allow. This may include a change in field trip location to our alternate park location, shortening the length of a field trip, or children remaining at the school for all or a portion of the day.</p> | INITIAL |
| <p>Behavior Expectations: I acknowledge that, while on the field trips or at the school, children are expected to be mindful and respectful of staff and others. If a student's behavior should pose a safety issue, then the parent will be contacted to pick up their child from the Field Trip location. If the child's behavior continues to be a safety concern on Field Trips, they will not be allowed to attend on Field Trip days and alternate care will need to be arranged.</p> | INITIAL |
| <p>Field Trip Supplies: I acknowledge that my child was provided one Summerpalooza T-Shirt and backpack that they are required to use on <u>all Field Trip days</u>. The T-Shirts are our way of identifying our group and ensuring the safety of the children. Your child is required to bring a water bottle of choice on all field trip days. Water bottles and backpacks must be labeled with your child's name</p> | INITIAL |
| <p>Miscellaneous Field Trip Supplies: I acknowledge that there will be field trips and activities on site or off site that may require extra materials, such as towels, bathing suits, sack lunches, extra clothes, sun screen, etc.</p> | INITIAL |
| <p>Sack Lunch Requirements: I acknowledge that I am responsible to provide a sack lunch for my child on Field Trip days, unless otherwise notified ahead of time. I acknowledge that if part or all of my child's lunch must be supplemented, \$10 will be charged to my account Sack lunches must include an ice pack to prevent spoiling and the following components to meet the USDA Nutritional Guidelines:</p> <p>Meat or Meat Alternative, 2 Vegetables OR 1 Vegetable and 1 Fruit, and a healthy drink of your choice (No Sodas or Colas). If any or all of the above are missing KNU will provide it at an additional charge. NO PEANUT PRODUCTS</p> | INITIAL |



Summerpalooza Medication Release Form

Child's Name: _____

Child's Age: _____ Today's Date: _____

Sunscreen

Name of Medication: _____

Reason for Medication: Prevent Sun Burn

Check Box: Prescription Non-Prescription

Method of Medication Administration:

Check Box: Topical Oral Drops Inhale Injection Site: _____

Dosage or Amount of Medication (for example 1 tsp.): Cover all exposed skin

Specific Time Medication is to be administered: 15 minutes before going outside

Specific Dates Medication is to be administered: 6/24/24-8/31/24

Hand Sanitizer

Name of Medication: Hand Sanitizer

Reason for Medication: Sanitize hands when proper hand washing materials are not available

Check Box: Prescription Non-Prescription

Method of Medication Administration:

Check Box: Topical Oral Drops Inhale Injection Site: _____

Dosage or Amount of Medication (for example 1 tsp.): Dime size amount

Specific Time Medication is to be administered: Any time soap, water, and paper towels are not available

Specific Dates Medication is to be administered: 6/24/24-8/31/24

Signature of Parent or Guardian: _____ Date: _____

Signature of Kids N Us Manager: _____ Date: _____