



For Office Use Only
 Kinder KEEP _____ AM _____ PM
 Reg. \$50.00 _____ Deposit(\$250) _____
 Program Fee _____ Office Initials _____
 Check # _____ Credit Card _____

KINDER K.E.E.P. 2011-2012 School Year
 11 Park Lake Rd., Sparta, NJ 07871 PH: (973) 383-2213 FAX: (973) 383-5915

SCHOOL _____

DATE OF APPLICATION _____ DATE OF BIRTH _____ START DATE _____

CHILD'S NAME _____ SEX _____ M _____ F
 ADDRESS _____ TOWN _____ ZIP _____ PHONE _____

MOTHER'S INFORMATION: Custodial Parent Non-Custodial Parent Legal Guardian

NAME _____ HOME PHONE _____ CELL PHONE _____
 HOME ADDRESS _____
 NAME OF EMPLOYER _____ WORK PHONE _____
 BUSINESS ADDRESS _____ EMAIL _____

FATHER'S INFORMATION: Custodial Parent Non-Custodial Parent Legal Guardian

NAME _____ HOME PHONE _____ CELL PHONE _____
 HOME ADDRESS _____
 NAME OF EMPLOYER _____ WORK PHONE _____
 BUSINESS ADDRESS _____ EMAIL _____

Are you or your spouse currently enlisted in the Armed Forces? Check One YES NO

PERSONS AUTHORIZED TO PICK CHILD UP IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:
 (Must be at least 18 years old) Please supply at least two **LOCAL** contacts. Use an additional sheet if necessary.

1. _____ WK/HM PHONE _____ CELL _____
 ADDRESS _____ RELATIONSHIP _____

2. _____ WK/HM PHONE _____ CELL _____
 ADDRESS _____ RELATIONSHIP _____

PHOTO RELEASE

All pictures taken at K.E.E.P., Inc. of activities, groups, etc. may be used in promotion of K.E.E.P., Inc.

MEDICAL INFORMATION

Date of child's last tetanus shot _____
 Is child allergic to anything? ___ Yes ___ No If Yes, what? _____
 Is child taking medication? ___ Yes ___ No If Yes, what medication? _____
 Does child have special needs? Explain _____
 Physician's Name _____ Phone _____

CONSENT TO RELEASE INFORMATION

____ I give permission to share information (guided by management and staff) regarding my child with school employees for the sole purposes of educational enrichment and enhancement.

TRANSPORTATION

I give my permission for my child _____ (or foster child) to be transported in the K.E.E.P. van by a KE.E.P. employee or an assigned volunteer.

 PARENT/GUARDIAN SIGNATURE _____ DATE _____

I give my permission for my child _____ (or foster child) to remain in the care of the K.E.E.P. Supervisor designated by the K.E.E.P., Inc. administration. He/she is in good physical health, has had the necessary immunizations for his/her age and to the best of my knowledge is free of any contagious diseases. I agree to abide by Project K.E.E.P.'s rules, which I have read, understand and accept.

PARENT/GUARDIAN SIGNATURE

DATE

=====

MEDICAL RELEASE

In the event that a medical emergency occurs, I authorize K.E.E.P., Inc. and its affiliate staff to seek emergency care for my child as deemed necessary by the Director. I agree that in the event of serious injury my child will be transported to the nearest area hospital by the emergency squad. K.E.E.P., Inc., its Administration and/or Staff will not be held liable for any medical expenses incurred.

K.E.E.P., Inc. Supervisors do not dispense any medication.

=====

PLEASE READ THE FOLLOWING STATEMENT BEFORE PLACING SIGNATURE BELOW:

I have received, read, understand, agree to and accept all of the terms under which I have enrolled in K.E.E.P., Inc., including but not limited to the following:

- a. K.E.E.P., Inc. Handbook
- b. K.E.E.P., Inc. Financial Policies as stated in the Handbook
- c. Emergency Medical Care
- d. Information to Parents Statement & Policy on Release of Children
- e. Policy on Management of Communicable Diseases
- f. K.E.E.P., Inc. Expulsion Policy
- g. Photo release as indicated. (If you object to your child's photo being used, please cross out and initial).
- h. Kinder K.E.E.P. Policies and Procedures

and all other provisions of this program as set forth by K.E.E.P., Inc. I have the right to cancel this contract within 72 hours of the date it is signed, providing the program has not been utilized.

PARENT/GUARDIAN SIGNATURE

DATE

Please Note: Social Security and Drivers License information is a REQUIREMENT for registration and will be kept strictly confidential.

Mother's Information

SS# _____ - ____ - _____ DL# _____

Father's Information

SS# _____ - ____ - _____ DL# _____

CUSTODIAL INFORMATION: If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain on a separate sheet and attach a copy of appropriate documents (**Court Order**)

K.E.E.P., Inc. has a variety of resources from which we can offer scholarship and financial assistance to those in need. I am in need of financial assistance _____ YES _____ NO
If YES, someone from the K.E.E.P., Inc. Administrative Offices will contact you.

K.E.E.P., Inc. Financial Contract

I understand that all tuition payments are due to the K.E.E.P., Inc. main office by the close of business (4:30pm) on the 20th of each month preceding service. Payment will not be accepted at any school site. If payment in full is not made before 4:30 PM on the last day of that same month, a \$25 late fee will be added to your account. Any account balance not paid in full by the start of programming on the 1st will be charged to the credit/debit card provided in this financial contract. Should the credit/debit card be declined, services will be immediately terminated. In order for services to be re-instated, account balances must be paid in full, including a \$50 re-instatement fee. _____(Initial)

I understand that a non-refundable security deposit will be applied to the last month of service, if and only if, notification is received in writing by the 15th of the month prior to the last month of service and my account is current. Application of my deposit does not relieve me of the balance of the monthly charge. (EXAMPLE: notification would be required by October 15th for a November 30th withdrawal or security deposit is forfeited.) _____(Initial)

** No notification is necessary if the deposit is to be applied to the June payment.
(Project/Vernon/Kinder K.E.E.P)

Payment Options*:

You may pay your monthly tuition on-line at www.keepkids.org -click on **Finance** and then **Payments**.

You may also authorize the K.E.E.P. Financial Department to automatically charge your credit/debit card monthly. If you choose this option, please initial here and provide your card information below. _____(Initial)

You may also pay by cash, check, or money order.

***Please Note: A 2% surcharge will be added to all credit/debit card payments.**

My credit/debit card information below is to be used only for default purposes, unless auto-payment has been selected above, and will be kept secure and not shared with the public or any other agency. This section MUST be completed by all clients!

Credit/Debit Card # _____ Exp. _____

Security Code _____ Please Circle: Visa Mastercard Discover American Express

Name on Account: _____

Billing Address for this Card: _____

Signature(s) Of Person(s) Responsible for Payment:

_____ Date _____

_____ Date _____

I have read the above Financial Contract, as well as the K.E.E.P., Inc. Financial Policies and Additional Policies as outlined in the K.E.E.P., Inc. Handbook and agree to and accept all of the terms outlined therein.

Signature _____ Date _____

Please Print Above Name _____