



## Welcome to Clubhouse Kids School Year 2017-2018 Before & After Care

Thank you for your interest in enrolling in school year child care at Clubhouse Kids! Attached you will find the Before and After School Child Care Registration & Enrollment Application for School Year 2017-2018 at our Saint Thomas More Academy (STMA) location. We have outlined the registration and enrollment process below to make it as easy as possible to register and enroll your child/children in our program.

Registration and enrollment for currently enrolled Clubhouse Kids families who are interested in enrolling in the 2017-2018 Clubhouse Kids Before and After Program, will open on Monday, March 6, 2017 @ 9:30AM.

Registration and enrollment for families who are new to Clubhouse Kids, and are interested in enrolling in the 2016-2017 Clubhouse Kids Before and After School Program, will begin on Monday, April 3, 2017 at 9:30am.

Enrollment is awarded on a first come, first served basis by completing the attached paper forms and either:

- sending them to us via fax at (301) 685-5120;
- dropping them off to us in-person at our center;
- scanning & emailing them to us at [registration@ClubhouseKidsOnline.com](mailto:registration@ClubhouseKidsOnline.com);
- sending them via regular postal mail to us at P.O. Box 455 Walkersville, MD 21793-0455;

Once we receive your registration & enrollment paperwork, we will begin the process of registering and enrolling your child/children. After completing a successful enrollment, a confirmation email will be sent to you.

Please ensure that all Maryland State mandated health-related forms (available on our website) have been completed and submitted to us prior to your child's first day at Clubhouse Kids. Any child whose forms have not been turned in will not be able to attend care.

School year tuition payments for enrolled plans are due on the 15<sup>th</sup> of each month from August 15<sup>th</sup> through May 15<sup>th</sup>. On approximately the 5<sup>th</sup> of each month, an invoice for the upcoming payment due will be sent to the primary account holder of each Clubhouse Kids account via email.

If you have any questions about this process or any of the paperwork involved, please feel free to contact us by email at [info@ClubhouseKidsOnline.com](mailto:info@ClubhouseKidsOnline.com) or by phone at our Main Office at (301) 685-5100. We look forward to welcoming each and every one of you into our Clubhouse Kids family!

Sincerely,

*The Clubhouse Kids Team!*

The Clubhouse Kids Team ☺

[www.ClubhouseKidsOnline.com](http://www.ClubhouseKidsOnline.com)

(301) 685-5100

# Clubhouse Kids LLC

Registration & Enrollment Application  
for Before & After School Care for School Year 2017-2018  
at our Clubhouse Kids @ Saint Thomas More Academy location

**To register & enroll your child/children to attend Clubhouse Kids @ Saint Thomas More Academy:**

1. Fill out this registration form in its entirety.
2. **If this application is submitted after August 14, 2017, then:**
  - a) Speak with or email Clubhouse Kids to determine any pro-rated amount immediately due; **and/or**,
  - b) Include the 1st month's tuition (and/or pro-rated amount if applicable) with this application.
3. Submit this completed Registration & Enrollment Application with your payment, by mail to:

Clubhouse Kids  
P.O. Box 455  
Walkersville, MD 21793-0455

**Or** fax your forms along with credit card payment information to us at (301) 685-5120;

**Or** hand in your forms to the Director at the Before & After school center;

**Or** scan your forms into your computer and email them to [registration@ClubhouseKidsOnline.com](mailto:registration@ClubhouseKidsOnline.com).

**Please Note:** Specific Maryland State Department of Education - Office of Child Care (MSDE-OCC) forms must be completed and submitted prior to any child beginning care at Clubhouse Kids. These forms are available on the "forms" page of our website at [www.ClubhouseKidsOnline.com](http://www.ClubhouseKidsOnline.com). Once we receive your enrollment forms and payment, we will email a confirmation of enrollment to you as well as a Clubhouse Kids Parent Handbook. If you have any questions, please contact us at (301) 685-5100.

**Desired Start Date:** (  ) 1<sup>st</sup> Day of School This Year (  ) Other Date: \_\_\_\_\_

<b>1<sup>st</sup> Child's Name:</b> _____	( <input type="checkbox"/> ) Boy ( <input type="checkbox"/> ) Girl
Date of Birth: _____ / _____ / _____	Grade Level in <b>Fall of 2017:</b> _____
<b>2<sup>nd</sup> Child's Name:</b> _____	( <input type="checkbox"/> ) Boy ( <input type="checkbox"/> ) Girl
Date of Birth: _____ / _____ / _____	Grade Level in <b>Fall of 2017:</b> _____
<b>3<sup>rd</sup> Child's Name:</b> _____	( <input type="checkbox"/> ) Boy ( <input type="checkbox"/> ) Girl
Date of Birth: _____ / _____ / _____	Grade Level in <b>Fall of 2017:</b> _____
<b>4<sup>th</sup> Child's Name:</b> _____	( <input type="checkbox"/> ) Boy ( <input type="checkbox"/> ) Girl
Date of Birth: _____ / _____ / _____	Grade Level in <b>Fall of 2017:</b> _____

**Child's/Children's Home Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Person(s) authorized to pick up child/children from Clubhouse Kids care:**

(  ) Mother (  ) Father (  ) Guardian (  ) Other (specify name & relationship): \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_ : (  ) Male (  ) Female

(Complete all fields below. Skip the Street Address, City, State, & ZIP if they are the same as child's on the previous page.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* A valid email address is needed in order to receive newsletters, reminders, invoices, weather alerts, and closing information electronically.

**Parent/Guardian 2 Name:** \_\_\_\_\_ : (  ) Male (  ) Female

(Complete all fields below. Skip the Street Address, City, State, & ZIP if they are the same as child's on the previous page.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* A valid email address is needed in order to receive newsletters, reminders, invoices, weather alerts, and closing information electronically.

**Name of person responsible for the payment of fees:** \_\_\_\_\_

(Please provide the name of the person responsible for the payment of fees in the space above.)

Then complete all contact info below, however, skip all fields below if the person's info has already been provided above.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* A valid email address is needed in order to receive newsletters, reminders, invoices, weather alerts, and closing information electronically.

**Does your child/children have any allergies (ex: foods, bees, latex, etc.)? If yes, please list:**

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

**Does your child/children have any medical/physical limitations or special care needs (ex: a doctor-prescribed modified diet, an IEP in place during the school year, etc.)? If yes, please explain:**

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

**Will your child/children be taking medication(s) while at Clubhouse Kids? (An MSDE-OCC "Medication Order Form 1215", available on our website @ [www.ClubhouseKidsOnline.com](http://www.ClubhouseKidsOnline.com), is necessary for each medication). If yes, please list all medications along with the diagnosis requiring each medication:**

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

# 2017-2018 Plans & Tuition

for Clubhouse Kids @ Saint Thomas More Academy

\* Please choose one plan that best meets the child care needs for the 1<sup>st</sup> child, then choose one plan each for the 2<sup>nd</sup> child, the 3<sup>rd</sup> child, and the 4<sup>th</sup> child if applicable.

I would like to enroll my child/children in the following plan(s):

1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	<b>Before School Care Plans</b> ( <u>drop-in enrollment included</u> ):	<b>Circle Day(s) Needed</b>
( )	( )	( )	( )	<b>6:45am until the school day begins</b>	
( )	( )	( )	( )	5 days per week at \$219.30 per child, per month	M T W Th F
( )	( )	( )	( )	4 days per week at \$184.90 per child, per month	M T W Th F
( )	( )	( )	( )	3 days per week at \$146.20 per child, per month	M T W Th F
( )	( )	( )	( )	2 days per week at \$103.20 per child, per month	M T W Th F
( )	( )	( )	( )	1 day per week at \$67.20 per child, per month	M T W Th F

1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	<b>After School Care Plans</b> ( <u>drop-in enrollment included</u> ):	<b>Circle Day(s) Needed</b>
( )	( )	( )	( )	<b>School dismissal time until 6:00pm</b>	
( )	( )	( )	( )	5 days per week at \$288.10 per child, per month	M T W Th F
( )	( )	( )	( )	4 days per week at \$258.00 per child, per month	M T W Th F
( )	( )	( )	( )	3 days per week at \$223.60 per child, per month	M T W Th F
( )	( )	( )	( )	2 days per week at \$176.30 per child, per month	M T W Th F
( )	( )	( )	( )	1 day per week at \$98.90 per child, per month	M T W Th F

1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	<b>Before and After School Care Plans</b> ( <u>drop-in enrollment included</u> ):	<b>Circle Day(s) Needed</b>
( )	( )	( )	( )	<b>6:45am until the school day begins and: From school dismissal time until 6:00pm</b>	
( )	( )	( )	( )	5 days per week at \$412.80 per child, per month	M T W Th F
( )	( )	( )	( )	4 days per week at \$361.20 per child, per month	M T W Th F
( )	( )	( )	( )	3 days per week at \$283.80 per child, per month	M T W Th F
( )	( )	( )	( )	2 days per week at \$197.80 per child, per month	M T W Th F
( )	( )	( )	( )	1 day per week at \$123.00 per child, per month	M T W Th F

1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child		<b>Drop-In Care <u>Only</u> - Used "As Needed":</b>
( )	( )	( )		<b>(prices are per child, and are subject to availability)</b>
Mark the space above				Regular School Day: AM = \$18/day; PM = \$25/day; AM & PM = \$30/day;
for any child in need of				Early Dismissal Day: AM = \$18/day; PM = \$30/day; AM & PM = \$35/day
drop-in care only.				*If an STMA student drops-in at our FCCS location, FCCS fees will apply:
				Full-Day (school closed day): All or any part of day AM to PM = \$45 per day
* All accounts enrolled <u>only</u> in "Drop-In Care Only" must submit a credit card or bank account info to be used for payment of fees as needed.				

**Sibling Discounts:** 10% discount is given for the 1<sup>st</sup> additional sibling (child #2) enrolled.  
 (Discounts do not apply to drop-in care) 20% discount is given for the 2<sup>nd</sup> additional sibling (child #3) enrolled.  
 30% discount is given for the 3<sup>rd</sup> addtl sibling & after (child #4 & after) enrolled.  
 \*The highest priced sibling plan will pay regular price. Cannot be combined with "Other Discounts a) or b)", or discounts not appearing herein.

**Other Discounts:** a) Active or Retired Military Parent = 15% discount (qualifying details apply);  
 (Discounts do not apply to drop-in care) b) Self Improvement Discount (parent in college) = 15% discount (details apply);  
 c) Referral Discount = 20% discount x 1 month (max disc. = \$100 per referral; details apply).

\* Discounts a) and b) cannot be combined with each other, with Sibling Discounts, or with any discounts not appearing herein.

# Parent & Child Care Center Enrollment Agreement - School Year 2017-2018

#1 Initial:

1. **Registration Fee.** I understand that a per family Registration Fee has been compensated to Clubhouse Kids from STMA, allowing my family to participate in Clubhouse Kids enrollment plan care and/or drop-in care during school year 2017-2018. I understand that my family will be responsible for all other fees posted to my account.

#2 Initial:

2. **Schedule.** I understand that Clubhouse Kids @ STMA is open each school day offering to provide care on-site to STMA students (including STMA half-day Fridays), and offers to provide care to STMA students at the Clubhouse Kids @ Frederick Classical Charter School (FCCS) location on many non-school days such as most of FCPS Winter Break and Spring Break, and FCPS teacher professional days and half-days, as well as on many snow days.

#3 Initial:

3. **Tuition & Other Fees.** I understand that I am responsible for the monthly tuition fee, as determined by my plan selection, which is due by the 15<sup>th</sup> of each month, August 15<sup>th</sup> through May 15<sup>th</sup>. I understand that failure to pay a tuition payment due on the 15<sup>th</sup> of a month, by 11:59pm on the 18<sup>th</sup> of the same month, will result in a \$30.00 late payment fee applied to my account, and an account status of "delinquent". If the payment remains past due after 11:59pm on the 22<sup>nd</sup> of the same month, my account will be suspended. Upon account suspension, billing for the enrolled plan(s) will continue and my child's/children's space(s) in the program will be saved for 1 week, however attendance may not occur until the account balance has been paid. If not paid within 1 week, my child/children will lose their space(s) in the program and the account will be sent to collections. I shall be responsible for any attorney or collection fees associated with any outstanding charges on the account. I understand that should the account become paid in full, the decision whether to readmit my child or not will be made solely by Clubhouse Kids. If readmission occurs, it will not occur until space is available and all fees on the account have been paid. I understand that I will be charged a \$30.00 returned check fee for any checks returned as unpaid by the bank, and that after two returned checks, Clubhouse Kids will no longer accept personal checks for the account, and subsequent payments will need to be made via money order, cashier's check, or credit card. I understand that if on any given day, my child's pick-up person arrives after closing time, my account will be charged a late pick-up fee of \$1.00 per minute past closing time, and that this late pick-up fee will be due and payable at the time of occurrence. I understand that repeated late pick-ups may jeopardize my child's enrollment status. I understand that drop-in care fees are due on the day of the drop-in use. I understand that cash payments are not accepted. I understand that after one free enrollment plan change per school year, subsequent enrollment plan changes will incur a \$10 fee per change. I understand that if my account carries a balance past the May 15<sup>th</sup> school year payment date, my account billing cycle will transition to the summer camp billing schedule which occurs at a shorter interval between payment due dates, and also has other differences.

#4 Initial:

4. **No Tuition Adjustments.** I understand that there are no adjustments to tuition due to absences caused by illness, vacation, or any reason. Clubhouse Kids has no control over emergency school closings and has a number of expected snow days and child absence days pre-calculated into tuitions.

#5 Initial:

5. **Tuition Payment Schedule (school year).** (may be adjusted at Clubhouse Kids discretion due to unforeseen circumstances).

<u>Payment #</u>	<u>Payment Billing Date</u>	<u>Payment Due Date</u>
#1	08/05/2017	08/15/2017
#2	09/05/2017	09/15/2017
#3	10/05/2017	10/15/2017
#4	11/05/2017	11/15/2017
#5	12/05/2017	12/15/2017
#6	01/05/2018	01/15/2018
#7	02/05/2018	02/15/2018
#8	03/05/2018	03/15/2018
#9	04/05/2018	04/15/2018
#10	05/05/2018	05/15/2018

\*The last day of school for students is the last day of Clubhouse Kids school year care. Date may vary per STMA.

#6 Initial:

6. **Program/Enrollment Changes and Withdrawals.** I understand that I must provide **TWO-WEEKS ADVANCE WRITTEN NOTICE** for enrollment changes and/or withdrawals from a program, during which time I will be responsible for payment of fees for the currently enrolled program. Billing will stop two weeks from the date of written notification, regardless of when the child/children stopped attending care.

#7 Initial: 7. **Daily Sign In/Out.** I agree to escort my child/children in and out of the child care center daily, signing him/her/them in and out at the designated location each day. **This is a Maryland State Department of Education - Office of Child Care (MSDE-OCC) requirement.**

#8 Initial: 8. **Late Pick-ups.** I understand that in the event a child is not picked up from Clubhouse Kids by 6:35pm, and no call is received from a parent regarding a late pick-up, a contact person on the child's emergency form will be notified. If all efforts to have a child picked up fail, staff must call Child Protective Services.

#9 Initial: 9. **Child Health Forms & File Info.** I understand that all required Maryland State health and emergency forms, as well as Clubhouse Kids forms must be completed in-full and brought to the center Director or delivered to Clubhouse Kids via mail, fax, or email, on or before the first day of attendance. **CHILDREN MAY NOT ATTEND without all required forms at the site. I agree to update my child's file information as any changes occur.**

#10 Initial: 10. **Medical Emergencies.** I understand that if a medical emergency arises, depending on the Clubhouse Kids staff-observed severity of the emergency, the staff will attempt to contact the parent/guardian and/or 911 Emergency Services. If the parent/guardian cannot be reached, the staff will contact the emergency contact person(s) listed on the submitted MSDE-OCC Emergency Form 1214 on file. If the emergency is such that the child needs to be transported to a hospital, a staff member will accompany the child only if staffing at the site permits. If staff cannot leave, the child will be transported in the care of emergency personnel.

#11 Initial: 11. **Medication Administration.** I understand that medication will only be administered by Clubhouse Kids staff if the medication is accompanied by a physician-signed and parent/guardian-signed MSDE-OCC Medication Administration Authorization Form 1216. Medication must be in its original pharmacy-provided container with all information remaining on the label. The first dose of a medication cannot be given at Clubhouse Kids.

#12 Initial: 12. **Other Needs.** I understand that if any parent/guardian specific needs for the program are not addressed within these guidelines or the Clubhouse Kids Parent Handbook, special requests must be referred to the center Director. Reasonable attempts to meet reasonable requests will be made at the discretion of Clubhouse Kids.

#13 Initial: 13. **Behavior.** I understand that Clubhouse Kids staff will inform a child's parent/guardian, as needed, of any behavioral problems through daily discussions, incident reports, and conferences. The Clubhouse Kids discipline policy, documented in the Clubhouse Kids Parent Handbook, will be enforced by Clubhouse Kids staff.

#14 Initial: 14. **Child Care Pamphlet.** I understand that the pamphlet, "A Parent's Guide to Regulated Child Care", published by the Maryland State Department of Education-Office of Child Care, informs parents of their rights and responsibilities as a child care consumer. This pamphlet is available at [www.marylandpublicschools.org](http://www.marylandpublicschools.org), Early Childhood Development Division, Licensing Branch, as well as on our website at [www.ClubhouseKidsOnline.com](http://www.ClubhouseKidsOnline.com).

#15 Initial: 15. **Photo/Video Grant.** I hereby acknowledge that in the course of providing services, Clubhouse Kids, its employees, agents or assigns may capture my child/children via photograph or video-recording and may decide to use the photo, video or other digital reproduction of him/her/them or other reproduction of his/her/their physical likeness, image or voice for publication processes, whether electronic, print, digital or electronic publishing via the Clubhouse Kids website, or for any other legitimate reason. **I understand that when this occurs, Clubhouse Kids never provides specific information about any individual or provides any identifying information in that regard.**

#16 Initial: 16. **Policies.** I agree to adhere to all Clubhouse Kids policies, whether listed in this Enrollment Agreement, in the Clubhouse Kids Parent Handbook, or posted at the center. Furthermore, I understand that failure to adhere to these policies may result in the dismissal of my child/children from the program without receiving credit or refund.

**Agreement:** I have read and understand all five pages of this Registration & Enrollment Application including both pages of the Parent & Child Care Center Enrollment Agreement portion which outlines the policies and procedures of the Clubhouse Kids program and I hereby agree to abide by these policies and procedures whether outlined herein, in the Clubhouse Kids Parent Handbook, or posted at the Clubhouse Kids center.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fees Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Fees Responsible Person

# Clubhouse Kids @ Saint Thomas More Academy

## School Year - Payment Preferences Form

In doing our part to use less paper, save a few trees, and "go green", Clubhouse Kids automatically sets all of our registered families to receive monthly invoices, receipts, newsletters, and other correspondence via email.

Please provide your preferred email address (required): \_\_\_\_\_

**1) Enrolled Attendance Plans:** Of the two choices below, indicate your preferred payment method for school year enrollment plan tuition and associated fees, due on the 15<sup>th</sup> of each month August 15<sup>th</sup> through May 15<sup>th</sup>.

(  ) **Automatic Monthly Payments via Credit Card or Electronic Funds Transfer (EFT).** I wish to make my Clubhouse Kids school year payments, covering tuition and any other outstanding charges to my account, via credit card as provided below, or via Electronic Funds Transfer (EFT) (copy of voided check attached).

(  ) **Manually Make Monthly Payments.** I will manually remit payment for my Clubhouse Kids school year tuition and any other outstanding charges to my account, via check, money order, cashier's check, or I will log in to my Clubhouse Kids account by clicking the Parent Login button at the top of the Clubhouse Kids website to make payments. School year payments are due on the 15<sup>th</sup> of each month August 15<sup>th</sup> through May 15<sup>th</sup>.

**2) "Drop-In Care Only" Enrollees:** All accounts enrolled only in "Drop-In Care Only" must submit a credit card or bank account to Clubhouse Kids to be used for payment of fees, as fees become due. If this is applicable to you, please mark the space below, and provide credit card or bank account information for payment of fees below.

(  ) **Drop-In Care Fees.** Drop-in care fees are due and payable at the time of occurrence.

As indicated in my enrollment paperwork, I wish to enroll in drop-in care only and understand that drop-in care fees and associated fees will be posted to my Clubhouse Kids account and charged to my credit card (info provided below) or bank account (copy of voided check attached/provided) at the time of occurrence (or shortly thereafter), with an email receipt automatically sent upon each successful transaction.

### Credit Card Information

Cardholder's Name (PRINT): \_\_\_\_\_

Child/Children at Clubhouse Kids: \_\_\_\_\_

Cardholder's Billing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Card Type: (  ) VISA (  ) MasterCard (  ) American Express (  ) Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Security Code (MC/Visa/Disc: 3-digits on back of card, near signature; American Express: 4-digits on front): \_\_\_\_\_

By signing below, I authorize Clubhouse Kids to charge my Clubhouse Kids school year registration fees and/or tuition & other fees (as indicated on this form) to my credit card or bank account provided.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Today's Date



# Clubhouse Kids @ STMA

## Emergency Transportation Consent Form

In the unlikely event that Clubhouse Kids @ Saint Thomas More Academy (STMA) must evacuate the child care center due to an emergency, I hereby give permission to Clubhouse Kids to transport my child to an alternate location by either walking, riding in designated vehicles, or by using a non-county bus service.

In the event of an emergency causing evacuation of Clubhouse Kids @ STMA, we will use the Middletown Public Library (located right next door to STMA) as our walking evacuation site. They are located at:

Middletown Public Library  
101 Prospect Street  
Middletown, MD 21769  
(301) 371-7560

If it is too dangerous and/or life threatening to remain in the immediate area, we will transport children in Clubhouse Kids staff vehicles or STMA school-staff vehicles to the following location:

Clubhouse Kids @ Frederick Classical Charter School (FCCS)  
8445 Spires Way #CC  
Frederick, MD 21701  
(301) 624-4015

I understand that Clubhouse Kids staff will attempt to notify me as soon as possible via phone and/or email if any such event occurs, and will advise me of where my child can be picked up.

Authorized Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Child's/Children's Names

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Today's Date