



BONHOMME

PRESCHOOL AND KIDS DAY OUT

CHILD'S FIRST/LAST NAME _____ (GOES BY) _____ BIRTH DATE _____

GENDER _____ ALLERGIES/SPECIAL NEEDS _____

FATHER'S FIRST/LAST NAME _____ MOTHER'S FIRST/LAST NAME _____


STREET ADDRESS _____ CITY/ZIP CODE _____

FATHER'S CELL # _____ FATHER'S EMAIL _____

MOTHER'S CELL # _____ MOTHER'S EMAIL _____

| Kids Day Out Enrollment | CLASS OFFERINGS (age by July 31, 2024) | | | MONTHLY TUITION (NOT DUE AT THIS TIME) | | |
|-------------------------|--|------|-------|--|--------|------|
| | KDO Infants (6 months & up): Offered M-F, 9 a.m. - 3 p.m. | | | \$195/month x number of days enrolled | | |
| | KDO Ones: Offered M-F, 9 a.m.-3 p.m. | | | \$185/month x number of days enrolled | | |
| | KDO Twos: Offered M-F, 9 a.m.-3 p.m. | | | \$185/month x number of days enrolled | | |
| | Please indicate preferred program choice and desired days. | MON. | TUES. | WED. | THURS. | FRI. |
| | ____ KDO Infants (6 months & up) | | | | | |
| | ____ KDO Ones | | | | | |
| ____ KDO Twos | | | | | | |

| Preschool Enrollment | CLASS OFFERINGS (age by July 31, 2024) | | | MONTHLY TUITION (NOT DUE AT THIS TIME) | | | | | | |
|-----------------------|--|---------------------------|---|--|----------|---------|-----------|-----------|---------|---------|
| | Preschool Twos: Th & F, 9 a.m.-12 p.m. (No Preschool Plus option) | | | \$195/month | | | | | | |
| | Preschool Threes: M-W, 9 a.m.-12 p.m. (Preschool Plus option) | | | \$262/month | | | | | | |
| | Preschool Fours: M-Th, 9 a.m.-12 p.m. (Preschool Plus option) | | | \$325/month | | | | | | |
| | Preschool Plus Classes for Preschool 3s & 4s: M-F, 12 p.m.-3 p.m.; Th & F, 9 a.m.-12 p.m. | | | \$77/month x number of sessions enrolled | | | | | | |
| | Please indicate preferred program choice. | Preschool Plus Enrollment | For those 3s and PreK families needing guaranteed Preschool Plus sessions—Afternoon Extended Day, Thursday 3s Discovery, and/or Friday Fun Club—you can reserve the days you need in advance. See pricing below (due at time of registration and non-refundable). | | | | | | | |
| | ____ Preschool Twos | | | MON. PM | TUES. PM | WED. PM | THURS. AM | THURS. PM | FRI. AM | FRI. PM |
| ____ Preschool Threes | Preschool Threes | | | | | | | | | |
| ____ Preschool Fours | Preschool Fours | | | | | | | | | |

 **PLEASE NOTE: There is an Enrollment Agreement on back of this form. Registration will not be accepted without a parent signature acknowledging that you have read and understand its terms and conditions.**

| Registration Fees | NON-REFUNDABLE FEES | | TOTAL DUE AT TIME OF REGISTRATION |
|-------------------|---|--|-----------------------------------|
| | KDO Registration, Supply, & Snack Fees | \$100 for one day; \$50 for each additional day | |
| | Preschool Registration, Supply, & Snack Fees | \$150 | |
| | Preschool Plus Registration, Supply, & Snack Fees | \$25 x number of sessions indicated | |
| | GRAND TOTAL | Make checks payable to Bonhomme Preschool and Kids Day Out | |

CASH _____ CHECK # _____ TOTAL FEES DUE _____ OFFICE USE ONLY REGISTRATION DATE _____

2024-2025 Enrollment Agreement

FINANCIAL

- I acknowledge and agree that all registration fees are non-refundable.
- I acknowledge and agree that my prepaid May 2025 tuition and May 2025 Preschool Plus (due May 1, 2024) is non-refundable, unless the child is: 1) moving out of state; or 2) has qualified for services from Special School District that Bonhomme Preschool and Kids Day Out does not offer. If I choose to withdraw my child for any other reason, I agree to forfeit the pre-paid May 2025 fees in full.
- I acknowledge and agree that if I choose to withdraw my child from this program during the school year, tuition and Preschool Plus for the month of the withdrawal effective date is non-refundable, and I agree to forfeit it in full.
- I understand that credits will not be given for vacations, holidays, staff development days, snow days, or sick days.
- I acknowledge and agree to pay a \$25 late fee if my account is not paid in full by the 10th of each month.
- I acknowledge and agree that returned checks will be assessed a \$15 processing fee. If a second check is returned within a 12-month period, payment will be required by money order or certified check.
- I understand that all balances must be current in order to re-enroll for the following school year and/or Summer Play.
- I acknowledge and agree to pay a \$25 late fee if my child is picked up after morning classes by 12 p.m. and afternoon classes by 3 p.m.
- I acknowledge if I choose to use credit/debit card, I will be charged a 3% service fee. Cash and check payments are free of charge.

HEALTH AND SAFETY

- I understand and agree that children must be fully vaccinated with standard childhood immunizations to attend Bonhomme Preschool and Kids Day Out.
- I understand that a parent or guardian of a child at Bonhomme Preschool and Kids Day Out may request notice at initial enrollment or any time thereafter whether there are children currently enrolled for whom an immunization exemption has been filed—Names and/or classrooms remain confidential.
- When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.
- I agree and understand that for the protection of children with life-threatening food allergies, Bonhomme Preschool and Kids Day Out is a peanut/tree nut free facility.
- I agree to read and adhere to the health and safety policies stated in the Parent Handbook.
- I have been informed that Bonhomme receives annual health and safety inspections and understand that the inspection forms are available for review.

RELEASES

- **MEDICAL** I understand that I will be notified at once in the event of an emergency to my child, and I will make arrangements for medical care for my child with the physician or hospital of my choice. If I cannot be reached, after reasonable efforts, or in an emergency requiring medical care, I consent to have my child receive first aid by facility staff and, if necessary, be transported by EMS to receive emergency care at the nearest hospital (St. Luke's Hospital). I further authorize the hospital and/or physician to perform whatever tests or procedures necessary under the circumstances. In this event, I shall hold harmless Bonhomme Presbyterian Church and those responsible for its programs from any claims or causes of action I may have regarding the care given to my child by the hospital and/or physician.
- **LIABILITY** Recognizing that my child will be involved in varied activities and will be supervised by responsible leaders acting with reasonable care, I hereby release Bonhomme Presbyterian Church and its representatives of any and all liability resulting in injury to my child or loss or damage to their property.
- **MEDIA** I understand that Bonhomme may use photos of my child for any and all media/communication purposes unless otherwise indicated.

SIGNATURE REQUIRED: Please read this entire agreement before signing—a copy of the signed document will be provided at a later date. I understand and agree that if any conflict exists between this enrollment agreement and the Parent Handbook or other school publications, websites or documents, the terms of this agreement will prevail. By signing below, I certify that I have carefully read, understand and agree to the terms of conditions of this enrollment agreement. This agreement may not be modified or amended except in writing signed by both parties.

Child's Name _____

Parent Signature _____ Date _____

Director Signature _____ Date _____

