

Trailblazers Before and After School Programs 2011-2012 Area School Students

Non-refundable Registration Fee:

- \$125 Registration Fee

Name of Parents/Guardian(s):		
Address of Parent(s)/Guardian(s):		
Name of Child(ren)	Grade Entering in September 2011	Date of Birth
City:	State:	Zip Code:
Home Telephone Number:	Cell Phone Number :	
	Work Telephone Number :	
Email:		School Attending:

Trailblazers Tuition can be paid in one payment by the 1st of the month or in 2 payments by the 1st and 15th of the month.

- ✓ Trailblazers are contracted for the 2011-2012 school year
- ✓ For adjustments made throughout the year, a ninety (90) day written notice is required.
- ✓ Trailblazers follow the Footprints Academy calendar but may remain open on some School Release Days which will be an additional fee of \$25 per day.

I would like my child(ren) to begin on: _____

Before School Care 6:30am until 8:45am

Option 1 \$ 3 to 5 days a week includes breakfast-served at 8:00 am - 8:25am.

Option 2 \$ 1 to 2 days a week includes breakfast-served at 8:00 am - 8:25am.

Please indicate (x) option(s) and days Trailblazers will be utilized

	Monday	Tuesday	Wednesday	Thursday	Friday	Fee	TOTAL
Option 1 (3-5 days)						\$20/day	
Option 2 (1-2 days)						\$21/day	

After School Care 3:30pm until 6:00pm

Option 3 \$ 3 to 5 days a week includes snack

Option 4 \$ 1 to 2 days a week includes snack

Please indicate (x) option(s) and days Trailblazers will be utilized

	Monday	Tuesday	Wednesday	Thursday	Friday	Fee	TOTAL
Option 1 (3-5 days)						\$20/day	
Option 2 (1-2 days)						\$21/day	

Before & After School Care 6:30 am until 8:45 am & 3:30pm until 6:00pm

Option 5 \$ 3 to 5 days a week includes breakfast and a snack

Option 6 \$ 1 to 2 days a week includes breakfast and a snack

Please indicate (x) option(s) and days Trailblazers will be utilized

	Monday	Tuesday	Wednesday	Thursday	Friday	Fee	TOTAL
Option 1 (3-5 days)						\$25/day	
Option 2 (1-2 days)						\$27/day	

Failure to pick up a child by 6:00pm will result in a late fee billed to your account

6:01pm-6:15pm (\$50.00 fee billed to your account)

6:15pm-6:30pm (\$75.00 fee billed to your account)

6:30pm-7:00pm (\$100.00 fee billed to your account)

Signature of Parent Registering Child(ren)

Date

TRANSPORTATION PERMISSION FORM

I grant permission for my child _____ to be transported to and from school by the Footprints Academy & Trailblazers staff. I understand that my child will be transported by either mini-van, contracted school bus, or in an employee’s car. In most cases, children will be transported in one of the vans owned by Footprints Academy and Peace of Mind Daycare. In the event of a breakdown or emergency, children may be transported in an employee’s vehicle.

In the event of an accident or injury, I grant permission for the Footprints Academy, Trailblazer and Peace of Mind Staff to arrange for transportation to medical care (by ambulance). I authorize the staff to perform appropriate First Aid on my child, and agree to hold the Footprints Academy, Trailblazers, or Peace of Mind Daycare and its staff harmless for any injuries that my child may receive.

I understand that in the event that medical care for my child is necessary, I will be responsible for any and all charges, including transportation charges if applicable. I hereby agree to be held responsible for any and all medical charges related to the care of my child. I authorize the staff of Footprints Academy, Trailblazers and Peace of Mind Daycare to use their discretion in determining whether or not emergency medical care is necessary.

BOTH PARENTS MUST SIGN IF TWO CUSTODIAL PARENTS

Name

Name

Date: _____

Date: _____

Name of School Attending

Please initial appropriate option

_____ My child does not need to ride in a child booster seat or car seat because they meet the law requirements of older than 8 years old or are over 4’9” tall. (Please initial)

_____ My child DOES need to ride in a child booster seat or car seat because he/she is 8 yrs old or younger or are 4’9” tall or shorter.
(Parent must provide a seat for the van, if a child safety seat is required).

_____ My child may ride in the front seat of a vehicle with a front airbag (Please initial here if your child is old enough and meets weight requirements to be a front seat rider).