

\$30 Registration Fee Required (Non-refundable)
\$100 Security Deposit Required (Non-refundable)

Ocean State Kidz Club- Registration Form 2024

Child's Name: _____

Parent's/ Guardian's Name: _____

Phone: Cell #1: _____ Cell #2: _____

Address: _____ City, State, Zip: _____

E-mail: _____

Child's D.O.B: _____ Age: _____ Current Grade: _____ Female/Male _____

Referred By: _____

Please check the days of the week that your child will be attending our program.

Mon. ___ Tue. ___ Wed. ___ Thur. ___ Fri. ___

Start Date: ____/____/____ **School Name:** _____

Program options:

After-school full time (4-5 days): _____ (\$140 per week)

After-school part time (3 days): _____ (\$120 per week)

After-school part time (2 days): _____ (\$80 per week)

After-school part time (1 day): _____ (\$40 per week)

Summer Camp FULL TIME: _____ (\$280 per week)

Vacation Weeks: _____ (\$80 per day / \$260 per week- February and April Vacation)

DHS/ CCAP: Complete this section below if **DHS** childcare assistance applies: No child can start without a valid active certificate number. Certificate #: _____

*****All children need the general information packet and handbook filled out and all applicable payments submitted by their start date.

***** I understand that my security deposit will be used for my last week of childcare and that I will be paying my child's **tuition by the Friday prior to the week your child is attending.**

Parent's Signature: _____ Date: _____

Ocean State Kidz Club - Program Policies

Initial:

_____ **Tuition: Tuition payments must be made by the Friday prior to the week your child is attending.**

You are responsible to pay weekly tuition whether your child is absent, out sick, dismissed early, late arrival, the facility is closed due to a legal holiday, inclement weather (power outage) or snow days. I understand that my security deposit will be used for my last week of childcare, otherwise non-refundable. **If a payment is not made, a \$10 late fee will be imposed** each day the payment is late. **I UNDERSTAND MY WEEKLY TUITION FEE AND AGREE TO PAY THIS AMOUNT BY THE DATE IT IS DUE.**

Please indicate how you will be making your payments:

_____ Weekly payments _____ Bi-monthly payments _____ Monthly payments

Payments must be made on the first Friday of each week/month

_____ **Hours of Operation:**

After-school:	Monday- Friday	2:00 PM to 5:30 PM
Vacation week:	Monday- Friday	7:45 AM to 5:00 PM
Summer camp:	Monday- Friday	7:45 AM to 4:45 PM

Please respect our hours of operation. Picking up your child late will result in a late fee of \$10.00 for the first 15 minutes and a \$1.00 per minute thereafter.

_____ **Absences:** Parents must notify the center when their child will not be attending Ocean State Kidz Club.

_____ **Medical Records:** Ocean State Kidz Club will need an updated copy of your child's most recent physical/medical records.

Parent Signature:

Date

Registration Requirements:

___ \$30.00 Non-Refundable Registration Fee (per child, per program)

___ \$100 Per Child Security Deposit Required- (Held against last week of care, otherwise non-refundable)

___ Medical Records/Physical Form

___ General Information Packet

___ Media Agreement & Code of Conduct

Summer Camp 2024 Prices:

Tuition: \$280 per week

****Minimum of 3 weeks per camper**

_____ **Week 1: June 17th to June 21st**

_____ **Week 2: June 24th to June 28th**

_____ **Week 3: July 8th to July 12th**

_____ **Week 4: July 15th to July 19th**

_____ **Week 5: July 22nd to July 26th**

_____ **Week 6: July 29th to August 2nd**

_____ **Week 7: August 5th to August 9th**

_____ **Week 8: August 12th to August 16th (CLOSED on Monday, August 14th-VJ DAY)**

_____ **Week 9: August 19th to August 23rd**

OSK will be closed on:

Monday, July 1st – Friday July 5th, 2024 -- 4th of July Recess

Monday, August 12th, 2024 -- VJ DAY

Parent Signature: _____ Date: _____