



## **NORTHVILLE CHRISTIAN SCHOOL KIDS CLUB FINANCIAL POLICIES**

1. Kids Club is billed bi-monthly and is due upon receipt.
2. Only statements with a balance of \$15 or greater are mailed. The statements for under \$15 are given to the teacher and sent home via the student
3. Payments should be made by check or money order only, payable to Northville Christian School. Payments should clearly be labeled that it is for Kids Club. Payments may be brought to the school office or submitted by mail. To:

Northville Christian School  
41355 Six Mile Road  
Northville MI 48168

4. If your billing address (the address where billing statements should be sent) is different from the address listed on our school records, you must advise the school office.
5. Families, who carry a significant balance and fail to make arrangements with the school office for payment, may be subject to exclusion from all Kids Club services until the delinquent account is made current.
6. Each family desiring to enroll their children in our Kids Club program will be charged an annual, non-refundable, Kids Club enrollment fee. This fee is \$30.00 for families with one child and \$40.00 for multiple child families. Please note that you do not have to be enrolled in the Kids Club program in order to use our services. However, non-enrolled children will be charged a significantly higher rate than enrolled children to cover the additional work required for billing, planning, etc.
7. Parents who fail to pick up their children by 6:00 PM will be charged a late fee of \$12.00 for each 15 minute increment of lateness.

# Northville Christian School

## Kids Club Agreement

Northville Christian School is responsible to provide safe nurturing care to every child in our care.

Our Kid's Club program will provide activities and relationships that will offer opportunities of developmental growth in the following areas:

1. Physical development, including large and small muscles.
2. Social development, including communications skills.
3. Emotional development, including positive self-concept.
4. The parents may visit or observe their child at anytime.

**Discipline**

1. Our staff will use developmentally appropriate positive methods of discipline, which encourages self-control, self-direction, and cooperation.
2. The staff will use a "time out" or restrict a game if discipline is necessary.
3. Staff will never use physical force, harsh words or restrict emotional or physical needs.
4. Staff will inform the parent of their child's misbehavior and together develop a plan of intervention.

**Attendance/Payment**

1. We will be available to care for your child unless the weather or damage to the building prohibits us from remaining open.
2. We will close if a communicable disease afflicts a high percentage of the staff or children.
3. Parents are responsible for payment of all services rendered.

**Health**

1. When children are ill, they must be fever free for 24 hrs. without medication before they can return to school.
2. Parents must complete an emergency health card and a medication release form.

**Parent's Responsibility**

2. Children will only be released into the care of an adult who has previous written permission.
3. Parents and staff will resolve issues in a responsible manner.

Thank you for entrusting your child's care to our ministry.

As a parent, I agree to comply with the expectations listed in the school's handbook.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Kids Club Physical Waiver

I attest to the fact that my child, \_\_\_\_\_, is in good physical health, and that there are no changes in his/her physical condition since receiving a physical on \_\_\_\_\_ (date).

He/she is physically able to participate in the activities involved in the Kids Club program and is free from any illness or communicable disease at this time. His/her specific limitations include: \_\_\_\_\_

I will assume the responsibility for my child's health while in after-school care. Should any of the above conditions change, I will promptly notify the Kids Club program director and staff.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Kids Club Director

\_\_\_\_\_  
Date

<b>Emergency Contact Persons:</b>		
<b>Work Phone:</b>		
<b>Home Phone:</b>		
<b>Cell Phone:</b>		
<b>Health Insurance Name</b>	<b>Policy Number</b>	<b>Parents Name Policy is under</b>
<b>Last date of Tetanus Shot</b>		

Any additional information can be written on the back of this form.