



# GEARS KIDS CENTER 2022 SUMMER AGREEMENT

Mailing address: 70 S. Poplar Street  
Elizabethtown, Pa 17022

717-367-0119 [kidscenter@getintogears.org](mailto:kidscenter@getintogears.org)

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Township in which you reside: \_\_\_\_\_ Enrolling Parent \_\_\_\_\_  
Email Address: \_\_\_\_\_ Grade Level \_\_\_\_\_ School Year: 2022 \_\_\_\_\_  
First Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Non-Refundable Registration fee:** (note, if you paid a registration fee with a letter of intent, a second registration fee is not required)

*Services to be provided* – summer programming, engaging activities, outdoor adventures, local excursions, field trips, in house guests, swimming, bowling and skating.

## **Non-Refundable Registration Fee:**

**Registration Fee First Child \$50.00**  
**Registration Fee for Second Child or More \$25.00**

**ONE TIME SUMMER ACTIVITY FEE: \$150.00**

Payment is due on Monday of each week throughout the entire summer.

Initial the contract plan you choose for the 2022 summer program.

<input type="checkbox"/> Full-time contract (4-5 days) \$185.40/week per child (\$180.00 Base Fee + 3% Surcharge) 10% disc. For multiple children 1 week vacation*	<input type="checkbox"/> Part-time contract (0-3 days) \$159.65/week per child (\$155.00 Base Fee + 3% Surcharge) No discount for multiple children 1 week vacation
--	---

\*Please note, if your child attends every other week due to custody, you only receive 1 week vacation

Every Other Week (Must be approved by director, and paperwork submitted)  
 FULL TIME (If your child is attending four days, please indicate which days)  
 PART TIME (Please indicate which three days your child will attend)  
 Monday  Tuesday  Wednesday  Thursday  Friday

Child's arrival time: \_\_\_\_\_ Child's departure time: \_\_\_\_\_ Date you wish you child to begin: \_\_\_\_\_  
(These are just estimated times)

1. Are there any Court Orders/Custody papers that we should be aware of?  
 YES  NO If, Yes, please provide a copy, if not already on file.
2. Would you like to set up a meeting with your child's leader regarding their development needs in the program?  
 YES  NO
3. Does your child have an IEP, 504 plan, or an IFSP? ?  YES  NO

**3270.19 DPW regulation:** An operator or a staff person who has reason to believe that a child enrolled in the facility has been abused is required to report suspected child abuse to Child Line as mandated by the CPSL.

I, the Parent/Guardian agree to the following policies: Please Initial below:

- \_\_\_\_\_ I agree to pay the contracted amount on Monday of each week. **In the event of non-payment I understand my contract can be turned over to collections.**
- \_\_\_\_\_ Tuition payments that are not received by the Wednesday after the Monday payment is due, will result in a **\$20.00 late fee.**
- \_\_\_\_\_ I am responsible for any charges if my account has to be turned over for collection and I understand that my child may not return to the Kids Center until my balance is cleared.
- \_\_\_\_\_ I pick up my child after 6:00 pm, there will be a late fee assessed of **\$1.00 per minute late.**
- \_\_\_\_\_ I agree to update all the emergency contact information as soon as it changes, and to update and sign it at least every 6 months.
- \_\_\_\_\_ I agree that a parent or release person **must pick up a child within 1 hour** of a phone call from a staff member. (Sickness or Behavior)
- \_\_\_\_\_ I agree to submit a Health assessment and Immunization records within 30 days of my child's starting date. Copies of both documents are required for 6 and 12 years of age or when immunizations are given and updated.
- \_\_\_\_\_ I agree to submit a current copy of an IEP or IFSP so we can work together to ensure that guidelines are put into practice. \_\_\_\_\_ I have provided \_\_\_\_\_ My child does not have one
- \_\_\_\_\_ I agree to give a two week notice if I decide to withdraw my child from the program. I will complete a withdrawal form and give it to staff or return it to the GEARS Kids Center office. If I withdraw from the program before my child's start date, the registration fee is non-refundable and I will pay one week's tuition.
- \_\_\_\_\_ **I understand that in if an unforeseen event causes GEARS Kids Center to close, such as COVID, I will still be charged my normal rate for up to 4 days of closure. If the center closure continues after 4 days, I will need to pay a holding fee equal to the amount of one week tuition.**
- \_\_\_\_\_ GEARS Kids Center reserves the right to change the contract at any time.
- \_\_\_\_\_ I have read and understand GEARS Kids Center Policies & Procedures found at GetintoGEARS.org. All Updates will be given to me in memo form through the site mail.
- \_\_\_\_\_ I understand that my child's enrollment is not complete until I receive a written confirmation letter.
- \_\_\_\_\_ I agree to allow GEARS Kids Center to use pictures of my child for marketing and center purposes. This would include websites, social media, newspaper, and crafts and such at the centers themselves.

GEARS does not provide accident insurance. GEARS Kids Center participants must provide their own accident insurance.

All GEARS Kids Center sites participate in quality improvement through the KEYSTONE STARS PROGRAM.

\_\_\_\_\_  
Signature-Parent/Guardian Date

\_\_\_\_\_  
Signature-Director Date



6 Month Update Signature-Parent/Guardian Date

Please return this to the office at 70 S. Poplar Street or  
 Mail to: GEARS Kids Center, 70 S. Poplar Street PA 17022  
 Any questions call: 367-0119 or e-mail: kidscenter@getintogears.org

-----  
 OFFICE USE ONLY

Registration Checklist: \_\_\_\_\_ Processed in DCW: \_\_\_\_\_  
 \_\_\_\_\_Emergency Contact form \_\_\_\_\_SIGNED AGREEMENT  
 \_\_\_\_\_REGISTRATION FEE (all families pay this fee-one fee per family) \_\_\_\_\_PERMISSION TO PHOTO  
 \_\_\_\_\_Physical and Immunizations records or date of health assessment (new families only)