

# Imagination Zone 201\_\_-201\_\_

## Enrollment Information

\*\*Must be complete and notarized prior to first day of IZONE attendance.

### Registration Checklist:

- Reg. Fee Paid (ck# \_\_\_\_\_)
- Page 3 is NOTARIZED
- Not on Outstanding Balance list
- No blanks in medical information
- Campus / FT or PT verified

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First Middle M/D/YYYY

Child's address: \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City Zip Phone Number

Parent Email Address: \_\_\_\_\_  
(to be used for program communication and late payment notices)

Campus:  Delaney  Patterson

Date of enrollment: \_\_\_\_\_

My child will be enrolled: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

### Authorized Persons List (Other than Parents/Guardians listed on Page 2):

Name	Relationship	Home Phone	Alt. Phone	D.L.#
_____				
_____				
_____				

In the case of parental divorce, it is the responsibility of the parent who is granted custody of the child to provide us with a copy of the custody decree, and request that the authorization records for the release of child be changed.

\_\_\_\_\_  
Signature of parent or guardian Date

**PARENT/GUARDIAN INFORMATION**

**Mother:**

Mother's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

D.L. # \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father:**

Father's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

D.L. # \_\_\_\_\_ Cell Phone \_\_\_\_\_

**List siblings and ages:**

1. \_\_\_\_\_ **Age** \_\_\_\_\_

2. \_\_\_\_\_ **Age** \_\_\_\_\_

3. \_\_\_\_\_ **Age** \_\_\_\_\_

## Imagination Zone Medical Information

Child's name: \_\_\_\_\_

List any special problems that your child may have, such allergies, existing illness, or injuries during the past 12 months. \_\_\_\_\_

Does your child have any medication prescribed for long-term use? \_\_\_\_\_

Is there any special information regarding your child that we might need to know in caring for him/her? \_\_\_\_\_

### Emergency Medical Authorization

Please list the names of three people we can call in an emergency if parents cannot be reached:

Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that I cannot be reached to make arrangements for emergency medical attention, I give my consent for emergency medical treatment and authorize the facility director or person in charge to take my child to:

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
(In case of extreme emergency, closest emergency care provider may be used.)

**\*\*Note that Physician and Hospital information cannot be left blank – list 'any' if you do not have a preferred doctor or hospital.**

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

**Notary:**

**Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**(Notary's Signature)**

**My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

## Imagination Zone Immunization and Health Statement

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Immunization records are required for admittance and must be updated as required by law.

My child attends: \_\_\_\_\_ School Phone # \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

My child's immunization/Vision/Hearing records are on file at the school and all immunizations and TB results are current.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Note:**

If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this statement.

If immunization and/or TB testing would be injurious to your child, you must obtain a certificate (signed by a physician) to that effect and attach it to this statement.

## Imagination Zone Terms of Agreement

The following provisions constitute a tuition/enrollment agreement between Imagination Zone and the undersigned parent/guardian.

As the parent/guardian, whose signature appears below, I agree to and am aware of the following:

1. I have received and signed the Imagination Zone tuition agreement and Parent Handbook.
2. I am aware of the Imagination Zone hours and days of availability. IZONE provides care until 6:00 pm on all student school days. **Late charges are incurred at a rate of \$1.00 per minute per child after that time. The school clock is used to determine time. If my child cannot be picked up at the designated time, due to unforeseen difficulties, I will notify IZONE at 817-965-5213. Three late “pickups” can result in dismissal from the program.**
3. I have received and signed a copy of the Imagination Zone discipline Policy. I am aware the Imagination Zone has standards for behavior that promote self-control and successful social interaction. Children with persistent discipline problems (receiving three discipline notes) may be removed from the program.
4. Since Imagination Zone and the school which your child attends are separate entities and due to the special tuition arrangements made, **payment may not be sent to school with a child. Adults will be responsible for placing payment in the designated payment box, or giving it to an Imagination Zone staff member.**

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I agree to the above terms and conditions relating to my child’s enrollment in Imagination Zone.

Child’s Name \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form must be returned. The information is included in the Parent Handbook for your records.**

## Imagination Zone Tuition Rate and Agreement

IZONE is open Monday through Friday from 3:30 – 6:00. We will be closed on all school holidays and inclement weather days. On early dismissal days, the program will run from dismissal until 6:00.

- A \$60.00 registration fee will be due upon enrollment. If a child leaves our program, a new registration fee will be due if re-enrolled at a future date. Registration fees are non-refundable.
- **Weekly payments are due each Wednesday by 6:00 pm.** A discounted rate is available to families who pay monthly prior to the first day of the month. A \$5.00 late fee per child per week will be incurred by families who do not pay during the week of attendance. **Please note your child’s name and the week or month you are paying on your check or money order!**
- Weekly tuition rates will be adjusted if a school week is shorter than four days. Four day school weeks will require full payment.
- Since we calculate our fees on an annual basis, **tuition is due and payable each week regardless of your child’s attendance.** Absences do not affect your child’s weekly payments unless you are using your child’s vacation week.
- Each child is awarded one vacation week per school year. This means if a child does not attend Imagination Zone for a full week, payment is not required. **Written notification via the payment box is required when you use your vacation week.**
- If more than one child is enrolled from the same family, a \$5.00 reduction in payment is awarded to the oldest child each week.
- A fee of \$25.00 will be assessed on any returned check. A returned check will require future tuition payments to be made by cash or money order.
- IZONE is open from 3:30 – 6:00. A late pick-up fee of \$1.00 per minute after 6:00 will be charged when a child is left past the closing time. Payment of fee is required at the time it is incurred.
- Should a need arise to withdraw your child from Imagination Zone, **you are required to give a written two-week notice via the payment box on your campus.**
- When warranted, collection costs will be added to past due accounts and/or bounced checks. By signing this agreement, you are agreeing to pay any and all collection costs, late fees, and other charges incurred, as outlined in this agreement.

**Non-refundable Registration Fee: \$60.00**

**Full-time Weekly Fee: \$75.00**

**Part-time Fee: \$55.00 (three days or less)**

**Discounted Monthly Fee Schedule (Part Time in Parentheses):**

**Aug. (8/13-8/31): \$210 (\$150) Jan. (1/7-2/1): \$280 (\$200)**

**Sept. (9/3-9/28): \$280 (\$200) Feb. (2/4-3/1): \$280 (\$200)**

**Oct. (10/1-11/2): \$350 (\$250) Mar. (3/4-3/29): \$210 (\$150)**

**Nov. (11/5-11/30): \$210 (\$150) Apr. (4/1-5/3): \$280 (\$200)**

**Dec. (12/3-12/21): \$210 (\$150) May (5/6-5/24): \$210 (\$150)**

I agree to the above terms and conditions relating to Imagination Zone tuition and fees.

Child’s Name \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_

**This form must be returned. A copy is included in the Parent Handbook for your records.**

**Imagination Zone  
Permission for News Photo Release**

Child's name \_\_\_\_\_

Date \_\_\_\_\_

During the year we will be taking pictures of children in program-related activities. These pictures may appear on our website, on bulletin boards in the school, or in area newspapers.

We need your permission to publish your child's photo. If you agree to allow your child's photo to be available for publication, please indicate below.

Parent signature \_\_\_\_\_

If you would prefer that your child's photo not be available for publication, please indicate below.

Parent signature \_\_\_\_\_

**I have either provided a current copy of my child's immunization record or there is one on file with the school that Izone uses to facilitate the program. Please check the appropriate boxes below.**

Copy provided

School has a current copy

Delaney Elementary  
203 Clover Lane  
Kennedale, Texas 76060  
817-563-8400

Patterson Elementary  
6621 Kelley Elliot Road  
Arlington, Texas 76001  
817-563-8600

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

Date \_\_\_\_\_

## **Kennedale ISD Internet Acceptable Use Agreement**

I understand and will voluntarily abide by Kennedale ISD's Internet Acceptable Use Policy. I understand that any violation of the Policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privilege will be revoked. In addition, school disciplinary action and/or appropriate legal action may be taken. Signature(s) at the end of this document indicate that I/we have read the Kennedale ISD Internet Acceptable Use Policy carefully, understand its significance and voluntarily agree to comply fully with all terms and conditions therein.

**Date:** \_\_\_\_\_

**User's Name:** \_\_\_\_\_

**User's Signature:** \_\_\_\_\_

As the parent or guardian of this student, I have read the Kennedale ISD Internet Acceptable Use Policy and the Kennedale ISD Acceptable Use Agreement. I understand that Kennedale ISD provided Internet use is for educational purposes. I recognize that it is impossible for Kennedale ISD to restrict access to all controversial materials, and I will not hold Kennedale ISD and/or employees of KISD responsible for materials acquired on the Internet. Further I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to Kennedale ISD to allow my child to use Kennedale ISD provided Internet service and equipment to access the Internet. I also certify that the information contained on this form is correct.

**Date:** \_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_