

BBB Before & After Care- Enrollment Form

*** Required field**

Parent • Guardian • Student Information - please complete this form thoroughly

START DATE: _____

Child's First Name* _____ BIRTH DATE: * _____

Child's Last Name* _____ M _____ F PHONE #: _____

Address _____ CITY:* _____ ZIP:* _____

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
FIRST NAME: * _____	FIRST NAME: _____
LAST NAME: * _____ If Different from Above:	LAST NAME: _____ If Different from Above:
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
HOME #: _____	HOME #: _____
EMPLOYER: * _____	EMPLOYER: _____
WORK #: _____	WORK #: _____
CELL PHONE #: * _____	CELL PHONE #: _____
E-MAIL ADDRESS:* _____	E-MAIL ADDRESS: _____

EMERGENCY NAME: * _____ PHONE #: _____ CELL # _____

BEFORE SCHOOL – 7:30-8AM

Schedule Needed(Monday-Friday): _____

Monthly Tuition: \$ _____

AFTER SCHOOL – Dismissal- 5:30PM

Schedule Needed(Monday-Friday) : _____

Generally, I plan to pick up at: _____

Monthly Tuition: \$ _____

Health / Nutrition Information - I assure the Berkley School District that my child is in good health and I will assume responsibility for his / her health while attending in Berkley School District's Kids' Zone Program.

I will provide my child with: _____ Nutritious snack

In case emergency service is required and parents cannot be reached, my child may be taken to the emergency room at Wm. Beaumont Hospital / Royal Oak ● Providence Hospital / Oak Park.

Your electronic signature below indicates your acknowledgment and agreement to all above statements and assurances.

Parent / Guardian Signature: * _____ Date:* _____

BERKLEY SCHOOL DISTRICT FEDERAL TAX ID# 38-6003087

Office Use Only:

Non-refundable Fee: \$ _____ (\$60 Single/\$100 Family) Extra Payment: \$ _____

_____ Cash _____ Check #: _____ Enrollment Month Tuition: \$ _____ Total Received:\$ _____

_____ Card #: _____ _____ Visa _____ MasterCard _____ Discover _____

_____ Ex. Date: _____ V Code: _____

Name on Card: _____ Received by: _____ Date: _____



Berkley School District Kids' Zone Sun Screen Permission Slip

Child's Name _____.

I give the BBB staff permission to apply sun screen to my child. I will supply my child's own sun screen labeled with their name on it with the expiration date visible.

I hold harmless the Berkley Schools and their sponsors and supervisors for any injury incidental to applying sun screen to my child.

Parent Signature: _____.

Date: _____.

**BERKLEY BUILDNG BLOCKS / KIDS' ZONE
PAYMENT AUTHORIZATION FORM**

For your convenience, Berkley Building Blocks uses the Procure App as our primary payment option to process your monthly childcare payments. Monthly payments are due by the 5th of each month. When you set up your Procure account you will select "make a payment" and "set up payment". You can select auto-pay, in which case the payment will be deducted on the due date of each invoice. If you do not initiate auto-pay, card information can be saved, but you will be responsible for initiating payment and any related late fees if payment is not made by the due date. If you choose to opt out of the Procure card payment altogether, you must select your method of payment below.

We accept Visa, Mastercard and Discover on Procure.

Checks and cash should be placed in the drop box at the address below.

Berkley School District
ATTN: Accounts Receivable
14700 W. Lincoln Blvd. Oak
Park, MI 48237

Name of Child(ren):

School(s): Berkley Building Blocks

Class(es) to be included: Before and After Care _____

Home Address: _____

Choose a method of payment (Recommended) I will pay using Procure Auto-Pay

I will initiate each monthly payment on Procure

I will pay by Check

I will pay by Cash

Total Monthly Amount \$ _____

Print Name: _____

Signature _____

A new authorization form must be completed each school year.

If you have any questions, please contact Angela Dagle at 248-837-8439 or Angela.Dagle@berkleyschools.org