



PHOENIX KIDS CLUB FOR INFANTS AND TOTS

ENROLLMENT CHECKLIST

MEMBERSHIP ENROLLMENT PACKET: _____

PARENT'S DRIVERS LICENSE: _____

CHILD'S IMMUNIZATION OR NOTIRIZED WAIVER FORM: _____

CHILD'S BIRTH CERTIFICATE: _____

NOTES / MISSING ITEMS:



PHOENIX KIDS CLUB FOR INFANTS AND TOTS

24/7 CHILDCARE YOU CAN TRULY COUNT ON!

Hello Valued PKC Parents,

We are excited that you have chosen the Phoenix Kids Club for Infants and Tots for all your childcare needs. Ms. Shanell Williams created Phoenix Kids Club for Infants and Tots with the working parents in mind. As a single mom, she overstood the struggles of caring for her children and making the effort to maintaining a stable income. Ms. Williams thought about all the important characteristics she felt a quality childcare facility should have. Unfortunately, just as traditional childcare was back in the day, today's childcare is tainted. It's not easy finding quality, affordable, and truly reliable childcare you can trust. This is the reason why the Phoenix Kids Club brand has created a lane of its' own.

The Phoenix Kids Club for Infants and Tots, also known as PKC INT, offers families a full-service program that gives plenty bang for your buck. We offer:

- 7 Days/Wk Care | TIME FRAMES: 6AM – 4PM & 12PM – 10AM
- 1 Hour Early Drop-Off **OR** Late Pick-up Grace Period with **NO LATE FEES**
- Work Schedule Accommodation with Select Memberships
- Breakfast, Lunch, Dinner, & Snacks
- Fun Interactive Activities under a Creative and Explorative Curriculum
- Quality Field Trips
- **Open All Holidays | Full Year Round for Select Memberships**



AN EXTENDED CHILDCARE SERVICE FOR KIDS. PREPARING BRIGHT MINDS FOR BRIGHT FUTURES!

In today's society, we understand the importance of being solution oriented, especially in the prevention and fight against COVID-19. We are currently enforcing strict COVID-19 policies, procedures, and taking preventative measure to contribute the dismantling of the virus altogether. Here's how we are currently participating in the prevention and fight against COVID-19:

- Upon entering into our facility, parents and children are to sanitize their hands using the sanitizing solution located at the receptionist window.
- All PKC I&T Staff and children that are displaying symptoms of sickness, but have been released by a doctor to return to work or back to school, must wear a mask during all interactions with all PKC I&T Kids and staff. If unable to do so, staff/child will be sent home until all symptoms have cleared up.
- All kids, parents, and staff entering our facility are screened for fevers to ensure they have a normal temperature.
- Kids are immediately instructed to take off all shoes, coats, hats, and scarfs and place them inside their individually assigned and sanitized cubbies.
- Once our PKC I&T Kids have stored their belongings, they will immediately undergo their COC check. Once their COC check is complete, parents are required to take their child directly to the bathroom without touching anything to wash their hands with PKC I&T approved antibacterial soap.
- PKC I&T Kids are guided to wash their hands or use hand sanitizer before and after each transitional activity.
- All items within the facility, including toys, tables, chairs, remotes, and more are deeply sanitized at the beginning, middle, and end of every shift. All items are also sanitized once our PKC I&T Kids are down for their naps.
- All meals such as breakfast, lunch, dinner, and snacks are prepared with clean gloves and love.

If your child comes in any contact or is exposed to anyone with COVID-19, out of respect for the other children, staff, and other parents, we REQUIRE parents to quarantine their child(ren) for fourteen (14) days to ensure the passing of the virus. Child must have a valid up to date NEGATIVE COVID test result before returning to the clubhouse. Parent will be responsible for paying \$50 per SICK WEEK to hold their child's slot.

It is our #1 mission and goal to serve our PKC I&T Family in a safe, fun, and friendly manner.



ILL CHILD POLICY

I _____, agree to keep my child home or find other childcare arrangements if my child is showing any signs of sickness. Signs include, but are not limited to:

- Excessive Coughing
- Congestion / Green Mucus
- Fever of more than 100 degrees **(Child can return 24 AFTER fever has broken)**
- Complaining of Sore Throat
- Complaining of stomachache / Vomiting **(Child can return 24 AFTER Vomiting has stopped)**
- Hives
- Diarrhea **(Child can return 24 AFTER Diarrhea has stopped)**
- Rash / Ringworm **(Child can return 24 AFTER treatment has started)**

Note: If your child comes in any contact or is exposed to anyone with COVID-19, out of respect for the other children, staff, and other parents, we REQUIRE parents to quarantine their child(ren) for fourteen (14) days to ensure the passing of the virus. Child must have a valid up to date NEGATIVE COVID test result before returning to the clubhouse. Parent will be responsible for paying \$50 per SICK WEEK to hold their child's slot.

Since it is our #1 mission and goal to serve our PKC I&T Family in a safe, fun, and friendly manner, it's important that we work together as a team to ensure we can keep our facility free of anything that may cause harm to our little ones. We are aware that it can be difficult and taxing on a parent that must stay home to nurse their child back to health, which is why we are dedicated in doing our part to keep the PKC I&T facility in the best sanitized shape as possible. However, in following this ill child agreement, you will be able to help us in protecting our children and staff from any sickness.

Print Parent Name: _____ Date: _____

Parent Signature: _____

Facility Director's Signature: _____ Date: _____

CHAIN OF CUSTODY

Child/Infant Well-Child Check

All children must be thoroughly checked before care can be given, whenever care is being transferred from caretaker to caretaker, and when care is transferred back to parents at pick-up. Any kids who appear to be sick MUST be IMMEDIATELY sent home.

Upon daily arrival, each child will be observed by the childcare staff to check for and document early symptoms of illness, possible neglect, injury, or abuse. If abuse, neglect, or injury is suspected, the PKC Director or Family Support Coordinator will report to the local Department of Family and Children Services as required by law. (Georgia Code 19-7-5.) Infants to ages 2 years (***or non-verbal children***) will undergo a ***Chain of Custody Physical Check*** during drop off, exchange of care within the facility amongst teachers, and during pickup. Parents are required to allow up to 7 to 10 minutes based on findings/non-findings for each check upon drop off and pick up. The Chain of Custody, also known as the CoC, is in place to protect the child, parent, staff, and the PKC brand. It keeps everyone accountable and fully informed on who is caring for the child at any given moment and any incidents that may occur, as well as how an incident occurred. The CoC is ***NOT OPTIONAL***, it is mandatory. Anytime a staff member transfers custody, if there are any new findings, the parent will be immediately notified of the new findings as well. If staff is not properly and thoroughly completing the checklist thoroughly, they will be relieved of their duties immediately. If parents are not properly and thoroughly completing the checklist, they will be dis-enrolled effective immediately. If timing is an issue, parent is allowed to arrive up to 10 minutes early for check-in. If a parent rushes staff to complete the chain of custody, the child(ren) will be disenrolled immediately. All questions regarding the CoC shall be directed to the appointed facility director.

I _____, agree to adhere to the Chain of Custody policy as discussed above. I am aware that my decision to not participate will result in denial of service.

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____

Date: _____

Facility Director (Print): _____

Facility Director Signature: _____

Date: _____

PHOENIX KIDS CLUB I&T MEMBERSHIP GUIDELINES

PLEASE INITIAL NEXT TO EACH SECTION

Welcome to your Phoenix Kids Club I&T Membership. As a valued member of PKC I&T, you are granted many perks that the standard childcare providers do not allow nor accommodate. The Phoenix Kids Club I&T Membership is a monthly membership that is paid on a weekly basis. There are three levels to our membership: Silver, Gold, and Platinum Plus. As a PKC Kid, your child will have full access to the services listed in the designated membership plan you've chosen. Below is a list of the perks offered depending on select membership: **(Please see membership type for full details of what's included in your membership.)**

Includes:

- Daily Child Care | 6AM – 4PM | 12PM – 10PM
- Early Drop-Off | Late Pick-Up with NO LATE FEES
- Fun Interactive Activities with Creative and Explorative Curriculum
- Open All Holidays | Full Year Round
- Breakfast, Lunch, Dinner, & Snacks
- Work Schedule Accommodation
- Quality Field Trips

Below are the perks included and the limitations for each benefit. Please be sure to initial every section after carefully reading to acknowledge you fully comprehend, accept, and agree with each guideline.

Premium Daily Childcare

The Premium Childcare Service provides you with a peace of mind. We tend to the basic and additional needs of your child. This includes adult supervision, feeding, cleaning, and ensuring your child's safety. We offer two (2) ten (10) hour time frames between the following hours:

6:00AM to 4:00PM | MORNING

12:00PM to 10:00PM | NIGHT

5AM EARLY DROP OFF

10PM – 12AM LATE PICK UP

Policy: Platinum members will enroll in a **SET** daily schedule that can change based on their scheduled work needs. This schedule is initially set during enrollment. **Platinum Plus** members must communicate any shift changes at least 24 hours before the shift will begin. **If communication is not received, Platinum plus members will be subject to additional fees.**

For example, if a platinum plus member whose normal set schedule is from 6:00AM to 4:00PM dropped their child off at 12:00PM with the intentions of picking their child up at 10:00PM, they will receive a late fee charge of \$35 for the initial late fee beginning at 10:10PM. Then, every minute after 10:10PM will be charged at \$1 per minute. In this case, the late fee total will be \$85 for the first hour and \$60 per hour for every hour after. **ALL late fees will be due immediately upon pickup or before the child is able to return. As a result of the late fee, the child's**

membership will automatically go into a “PAUSED” state. If the payment is not received within seven (7) days (including weekend days), child will automatically be dis-enrolled, and parent will need to find other care options. If a child’s membership is in the paused status and the parent drops child off without management approval knowing they have a balance and have not paid, they will be charged an unauthorized drop off fee as well.

Breakfast, Lunch, Dinner, & Snacks

Mealtime is one of the most important times of the day. We exercise healthy eating habits and encourage our kids to eat foods that fuel and nourish their growing minds. As a PKC member, your child will have free breakfast, lunch, dinner, and snacks each day they are in care. The PKC eating schedule is as follows:

8:00AM | BREAKFAST

10:50AM | MORNING SNACK

12:20PM | LUNCH

3:00PM | EVENING SNACK

7:00PM | DINNER

7:45PM | LIGHT SNACK BEFORE BEDTIME

Limitations: All eating schedules and times are strict. If children are late for breakfast, lunch, dinner, or snack times, parent will be responsible for ensuring their child is fed for the current feeding period. The amount of food served is calculated by the number of kids that are already in care 1 hour before mealtime. Late children will not be counted in the food count for the missed mealtime. Therefore, food will not be provided for that meal period. The child will be included in the next scheduled mealtime. Parents are required to feed their children before dropping off. If the mealtime has passed and the PKC kids are no longer eating, yet the parent provides their child’s food, the parent will be required to have their child eat in the car or in the waiting area with the parent present. This will prevent other kids from making the effort to take food from the child. If your child is a picky eater or has many allergies, it is important for you (the parent) to provide your child’s food each day your child is in care. Please see the facility director for a copy of the food group chart to assist with meal preparation.

FUN Interactive Activities

We enjoy learning and having fun, so we are always incorporating new and exciting ways to help your child learn, think, and grow with our creative and explorative curriculum. Each day during the weekdays, our children participate in strategically organized lesson plans that include hands-on **Science**, **Technology**, **Engineering**, **Art**, **Math**, and a variety of enriching and engaging educational activities.

Multi-Shift Drop Off (Platinum Plus Members ONLY)

Don't worry about where you're going to find a babysitter for work at the last minute. We are here to help. Simply give us a call 24 hours in advance and let us know what 10 hours **within** the 3 timeframe options you desire your child to participate in for the next day and we will be here ready to serve you. No more having to miss work because you don't have a babysitter. As a PKC Member, your child is welcome at any time of day or night without worries. *See pricing sheet for pricing details.*

Limitations: Parents must choose ONLY ONE (1) 10-hour shift per day within one of the following timeframes. Multiple shifts are NOT permitted. The two (2) timeframes parents can choose their 10 hours from are as follows:

6:00AM to 4:00PM | MORNING

12:00PM to 10:00PM | NIGHT

Parents are not granted multiple shift access in one day unless they are enrolled in our Platinum Member nanny service program. All Nanny service participants must be platinum and Nanny service is only used for work schedule accommodation. Nanny service is **NOT** under the PKC regular/traditional childcare hours and is limited to a small amount per day. **This program is first come, first serve.** To use this program, all work schedules must be verifiable. Unless approved, your child must be picked up by the end time of the shift selected **unless communication has been established and APPROVED for a later time.**

Quality Field Trips

Here at the Phoenix Kids Club I&T, we love to have FUN! As a PKC I&T Member, you and your child are welcomed to join us on any of our field trips and extracurricular activities.

Limitations: These limitations consist of age appropriateness. If your child is not old enough to participate in a particular activity, they will not be able to attend. If your child is age appropriate for the activity, there are no limitations unless your child has been restricted due to behavioral issues or health issues.

Late Fee Charges

As a PKC I&T Member, you will have the freedom and flexibility to enjoy extended pick up times as a platinum plus member when necessary.

Limitations: Although the standard late fee does not apply to the Platinum PKC Membership **when communication has been established**, there are still limitations for the late fee. The late fee policy states that late fee charges will apply ten (10) minutes after the hour. This means, if pick up time is at 6:00pm, you will have until 6:10pm to pick up your child. At 6:10PM additional fees will apply. No exceptions.

All late pick-up extensions must be emergency only and communication must be established. If there is no communication, parent will be responsible for relevant late fee charges. Traffic is not considered an emergency unless you are the cause of it due to an emergency such as a car accident. Time management and planning ahead is necessary.

Additional Work Schedule Accommodations

We understand that many of our parents have unpredictable work schedules which is why our team is dedicated to serving our PKC I&T parents to the fullest capacity. We will ensure you are

able to meet the demanding needs of your work schedule by honoring **verifiable schedules** needing additional time at our **management's discretion**.

Limitations: Additional time shall not exceed more than two (2) additional hours after 10 hours of care, unless otherwise approved by PKC I&T Management. **(Subject to additional service fees)** This perk is for Platinum PKC I&T Members **ONLY**. Work Schedule Accommodation must be **approved** by the facility director 24 hours before shift begins or if the parent is already at work, parent must contact the facility director at least one (1) hour before their child's scheduled pickup. To be granted work schedule accommodations, parent must be able to provide evidence that the additional time needed is work related. This can be completed by providing the facility director with a copy of the parents' work schedule. If a parent is found to be untruthful, the parent will immediately be disenrolled from the PKC I&T program.

Early Drop-Off or Late Pick-Up Grace Period

Emergencies happen and jobs can be demanding with their schedules. Maybe you suffer from having to leave in the morning for work at an earlier time than 6:00AM. We offer a one (1) hour Early Drop Add On and access to up to 2 hours Late Pick-up Add-On. This perk will save you by giving you the wiggle room you need for additional travel time when needed.

Limitations: This perk is free for Platinum Members with proper documentation **ONLY**.

Open All Holidays | Full Year Round

The benefit our PKC I&T parents receive from our facility being open daily All Year Round is amazing. We are the only facility in our area that offers this type of service to this capacity. It's the ultimate caveat.

Limitations: This benefit **requires** us to charge an additional \$25 per family as a holiday fee. The purpose of the holiday fee is to share our gratitude to the PKC Staff who volunteer their time to be of service. Without this fee, we would not be able to remain open during holiday times to be of service for emergency or leisure purposes. The holiday benefit is equivalent to having life insurance, it's better to have access to our facility during the holiday season and not need it, than to need care and not have access to it. **The holiday fee of \$25 is not optional. IT IS MANDATORY! ALL PARTICIPATING PARENTS MUST PAY THE ADDITIONAL \$25 WITH THEIR WEEKLY MEMBERSHIP RATES DURING THE HOLIDAY WEEKS.**

Parents can opt out of paying the holiday fee for the entire year, however, if a parent opts out of paying the holiday fee, the parent will be placed on the school schedule for the county. This means the parents will need to find care for all the HOLIDAY weeks the schools go on breaks. No drop-in will be permitted, and no care will be given during the holiday weeks. Parent will be responsible for searching for care during those breaks as if the facility was closed. Parents are not able to opt out of the holiday schedule on the holiday weeks care will not be provided, then opt back in once the holiday has passed. If a parent refuses to pay the holiday fee anytime during any holiday week, the parent will automatically be placed on the county's school

schedule for the remainder of the year. Parent will not be able to opt back into holiday pay until January of the following year.

The federal holiday's we recognize here with PKC are as follows:

- Martin Luther King Jr.
- Easter
- Memorial Day
- Juneteenth
- 4th of July
- Labor Day
- Veterans Day
- Thanksgiving
- Christmas
- New Years

_____ Notice Timeline

It's important for both parents and the PKC I&T Staff to always practice effective communication. To smoothly navigate through the communication experience, it's important to give notice when necessary. Your duty as a PKC I&T Parent is to give the following notices in the timelines given below:

- **7**-day notice for extended care requests. Must submit necessary paperwork.
- **14**-day notice for dis-enrollment. Must provide written letter.
- **24** Hour notice for planned schedules. Verbal requests are accepted if currently at work.
- **1** hour notice for emergency or late arrival.

_____ No Unauthorized Drop Off's Accepted

All payments are due every Friday no later than 5:00PM. If parents drop off their child(ren) without making their weekly payments first, along with all additional late fees (if applicable), parent will be responsible to pay an additional \$50 per child, plus the additional late fee cost, and whatever the daily drop-in rate is for the shift the parent attempted the drop off for. Failure to adhere to payment policies will result in the temporary removal of the child. Parents will be instructed to pick up their child(ren) immediately and the child(ren) will not be allowed to return until all payments and fees have been paid in full.

I acknowledge and agree to the membership guidelines. By signing below, I understand that once payments are made and services begin, I am not eligible for refund.

Signature of Parent / Guardian: _____ Date: _____

Print Name: _____

Signature of Authorized Personnel: _____ Date: _____

Print Name: _____



PHOENIX KIDS CLUB LLC. & PHOENIX KIDS CLUB FOR INFANTS AND TOTS LLC.

742 & 748 Veterans Parkway
Jonesboro, GA 30238
(888)807-1241
Admin@thephoenixkids.com

PLATINUM MEMBER ACCOMODATIONS & LIMITATIONS

All platinum members are **ONLY** accommodated based on their work schedules. All work schedules must be submitted every week on Friday, no later than 11:59PM, using the Work Schedule Submission Form. If a parent's work schedule fluctuates each week, the parent is required to submit a new schedule change each week. If a parent's work schedule is a set schedule, parents will not need to submit a new schedule unless there is a change. When last minute changes occur, parents are responsible for updating their schedules immediately. Keep in mind, updated schedules must be approved before implementation. On the days parents are not on the schedule to work, parents will be allowed up to 4 hours of care **ONLY**. If parents exceed the four (4) hour time limit for care received on their off days, they will be responsible for any late fee charges that are incurred based on PKC I&T's late fee policy.

“If a child is not picked up 10 minutes after the hour of their scheduled pick up, the parent will be charged \$35 for the initial late fee and then \$1 per minute for every minute after. The first hour of being late will equal \$85 and every hour later will be \$60 per hour.”

Failure to satisfy your late fee immediately will result in an immediate pausing of the child's membership and possible dis-enrollment. Parents will not be able to receive any services without satisfying their late fee or overdue balances.

READ CAREFULLY: *All platinum members are subject to work schedule verification; this means that schedules will be verified randomly. This means that if a parent is found to be dishonest about their actual work schedules, parent will be asked to pick their child up immediately, child will be dis-enrolled, and services will be terminated and cannot be restored. There will be NO REFUNDS given.*

By signing below, I am acknowledging that I have read, and I accept the terms of my Platinum membership.

Parent Print Name: _____

Date: _____

Parent Signature: _____

Facility Director Print Name: _____

Date: _____

Facility Director Signature: _____



Child's Name: _____

Child's Age: _____

Week of: ____ / ____ / _____

WEEKLY WORK SCHEDULE ACCOMODATION SUBMISSION FORM

PLATINUM MEMBER ACCOMODATIONS & LIMITATIONS

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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAILY SCHEDULED TIMES							
Dates							

By signing below, I verify that this is my actual work schedule.

Parent Print Name: _____

Parent Signature: _____

Date: _____

Facility Director Print Name: _____

Facility Director Signature: _____

Date: _____



CHILDREN'S ENROLLMENT FORM

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge _____

Signature

Date: _____

Parental Agreements with Child Care Facility

The _____ agrees to provide child care for

 (Name of Facility)
 _____ on _____ a.m. to _____ p.m.
 (Name of Child) (Days of Week)
 from _____ to _____
 (Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

 (Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
 (Parent/Guardian)

Signed: _____ Date: _____
 (Facility Administrator/Person-In-Charge)

PHOENIX KIDS CLUB MEMBERSHIP PRICING

Hours of Operations:

AM/PM SCHEDULE: 6AM – 4PM
MID-DAY SCHEDULE: 12PM – 10PM
EARLY DROP-OFF: 5:00AM – 6:00AM
LATE PICK-UP: 10PM – 12AM

All ****rates**** change based on the age of the child and membership and add-on selection.
Initial & Annual Registration Fee: \$85.00 per child

Membership Option #1 - PKC Silver Membership Daytime 6:00AM - 4:00PM

6 Weeks to 18 months - **\$235 / weekly per child**

19 months to 2 years - **\$185 / weekly per child**

3 years to 4 years - **\$135 / weekly per child**

- Year Round Childcare

- Monday through Friday Elite Childcare | 6:00AM - 4:00PM
- Interactive Learning with Creative Curriculum
- Breakfast, Lunch & Snacks

Membership Option #1 - PKC Silver Membership Evening Shift 12:00PM - 10PM

6 Weeks to 18 months - **\$260 / weekly per child**

19 months to 2 years - **\$235 / weekly per child**

3 years to 4 years - **\$160 / weekly per child**

- Year Round Childcare

- Monday through Friday Elite Childcare | 12:00PM - 10:00PM
- Interactive and Explorative Fun
- Lunch, Dinner & Snacks

Membership Option #2 - PKC Gold Membership Daytime & Mid-Day

6 Weeks to 18 months - **\$360 / weekly per child**

19 months to 2 years - **\$310 / weekly per child**

3 years to 4 years - **\$260 / weekly per child**

- Monday through Saturday **OR** Sunday Elite Childcare | 6:00AM - 4:00PM | 12:00PM - 10:00PM
- No Additional Holiday Pricing
- No Additional Holiday Pricing
- Day Swapping

Membership Option #3 - PKC Platinum Plus Membership 6:00AM - 4:00PM | 12:00PM - 10:00PM

6 Weeks to 18 months - **\$510 / weekly per child**

19 months to 2 years - **\$410 / weekly per child**

3 years to 4 years - **\$360 / weekly per child**

- Year Round Childcare

- Day Swapping

- Monday through Sunday Childcare | 6:00AM - 4:00PM | 12:00PM - 10:00PM

- **Work Schedule Accommodation | Must provide documentation**

- No Additional Holiday Pricing

ADDITIONAL SERVICES AND FEES

Late Fee	\$35 starting 10 minutes after the hour, then \$1 per minute. Note: <u>All</u> late payments <u>MUST</u> be made before child can return.
Member ONLY Drop-Ins	\$85 per day Mon – Fri 6:00AM – 4:00PM \$95 per day Mon – Fri 12:00PM – 10:00PM \$95 per day Sat – Sun 6:00AM – 4:00PM \$105 per day Sat – Sun 12:00PM– 10:00PM
Weekend Package	6:00AM – 4:00PM \$160/week (Saturday & Sunday) 12:00PM – 10:00PM \$180/week
Holiday Fee	\$25 Additional per Holiday
SICK Week Holding Fee	\$50 per week (Must Provide Verifiable Doctor’s Excuse)
Early Drop-Off or Extended Hours	\$45 per request (Up to 2 additional hours)
1 Weekend Per Month Add On	\$35 per week

**For extended care, please call for pricing
(888)807-1241**

Pricing Agreement Form

Child Name: _____ Membership: _____ Price: _____
Child Name: _____ Membership: _____ Price: _____
Child Name: _____ Membership: _____ Price: _____
Child Name: _____ Membership: _____ Price: _____
Child Name: _____ Membership: _____ Price: _____

Add On: _____ Cost: _____ Quantity: _____
Add On: _____ Cost: _____ Quantity: _____

Total: \$ _____ / week / month



By signing below, I am stating that I have fully read and understand the Phoenix Kids Club I&T Price Plans and service cost. I understand that there is a no refund policy on my registration fee and no refunds will be granted on my weekly payments if my child has attended at least one day for the week. I agree to paying the amount of \$ _____ weekly / monthly, along with the one-time registration fee of \$ _____.

Print Name: _____

Date: _____

Signature of Parent / Guardian: _____

Signature of Authorized Personnel: _____

Date: _____

LATE FEE POLICY

Please initial, sign and date below. Service will not be granted if this form is not completely filled out and turned in.

_____ I understand that my payment in the amount of \$_____ for _____ (list membership type) is due **every Friday no later than 5:00PM** prior to the upcoming service week. **If I am late making my payment**, I am fully aware there is a \$35 initial late fee for day one and \$10 late fee per day (**IF NOT PAID BY 10AM**) for days two and beyond. I understand that these late fees will be added to my weekly payment and that payment is due before further services are rendered. *For example, if you make your weekly payment on Saturday at 10:01AM, you are responsible to make the late payment of \$45 to cover Friday and Saturday's late fee.* Each day an additional \$10 will be added if the fee isn't paid by 10:00AM. If my payment is not made before my child is dropped off at PKC, I understand that my child will be denied service until my weekly payment and late payments are brought to a **PAID IN FULL** status. If I drop my child off and my payment is not made, I will be charged based on the unauthorized drop off policy.

_____ (**Only initial here if you are a Platinum Member**) I understand that if I am late without communication, I am responsible to pay the late fee in the amount of an initial \$35, then \$1 per minute. However, IF I have communicated my late status at least 1 hour before my scheduled pick up time, I understand that I will not be charged a late fee until my one (1) hour grace period has expired. Once my grace period has expired, I am responsible to pay the late fee in the amount of \$35, plus \$1 per minute.

_____ I understand that if for any reason my child will not be attending for a week or more, I must contact PKC I&T at least seven (7) days before the date of absence to avoid any additional fees (i.e. late fees) to pause my child(ren) membership. If I do not communicate within that 7 day window, I understand that I will be responsible for making the full payment for my child's membership along with any current, overdue payments and late payments incurred. If my payment isn't made before the next payment is due, I am aware that there will also be a charge of \$85 for re-enrollment fee and all applicable fees before my child may continue receiving services. I understand there are **NO EXCEPTIONS**.

_____ I understand that payments are considered late if they are not paid by 5:00PM on Friday of each week prior to the service week. I understand that my child cannot receive any services unless payment has been confirmed **first**. If I drop off my child(ren) without making their weekly payment first, along with all additional late fees (if applicable), I acknowledge that will be responsible to pay an additional \$35 per child, plus the additional late fee cost. Failure to adhere to payment policies will result in the temporary removal of my child. I acknowledge I will be instructed to pick up my child(ren) immediately from the care of PKC I&T and my child(ren) will not be allowed to return until all payments and fees have been **PAID IN FULL**.

_____ I understand that I will be required to pay half of my child(ren)'s weekly membership cost to hold and secure my child(ren)'s position for each week my child(ren) will not be present at PKC I&T. Failure to do so, will result in my having to pay a re-registration fee of \$85 per child plus the current week's payment or the possible loss of my child's position. No slots are guaranteed once there is a lapse in payment.

******Note: There is an additional \$25 per family that is added to all weekly pricing for holiday weeks. For example, if you are on a \$135 per week plan, you will pay \$160 on holiday weeks that includes major holidays such as Fourth of July, Memorial Day, Thanksgiving, Christmas, and New Year's. (See the holiday sheet for full list of holidays) If the child(ren) will not be attending on the holiday weeks, the parent is still responsible for paying the holiday fee of \$25 plus the half payment to secure their child(ren) position.***

Name of Child #1 (please print): _____ Age: _____

Name of Child #2 (please print): _____ Age: _____

Name of Child #3 (please print): _____ Age: _____

Name of Child #4 (please print): _____ Age: _____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____ Date: _____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

HOLIDAY PRICING

Hours of Operations:
AM/PM SCHEDULE: 6AM – 6PM
MID-DAY SCHEDULE: 12PM – 12AM
OVERNIGHT SCHEDULE: 7PM – 7AM

HOLIDAYS \$25 per family

Parents **can opt out** of paying the holiday fee for the entire year, however, if a parent opts out of paying the holiday fee, the parent will be placed on the school schedule for the county. This means the parents will need to find care for all the weeks the county's schools go on breaks for Holidays. **No drop-in will be permitted.** Parent will be responsible for arranging care outside of PKC I&T during those breaks as if the facility was closed. Parents are not able to opt out of the holiday schedule on the current holiday week, then opt back into the Holiday fee once the holiday has passed. If a parent refuses to pay the holiday fee anytime during any holiday week, the parent will automatically be placed on the county's school schedule for the remainder of the year. Parent will not be able to opt back into holiday pay until January of the following year.

The federal holiday's we recognize here with PKC are as follows:

- Martin Luther King Jr.
- Easter
- Memorial Day
- Juneteenth
- 4th of July
- Labor Day
- Veterans Day
- Thanksgiving
- Christmas
- New Year

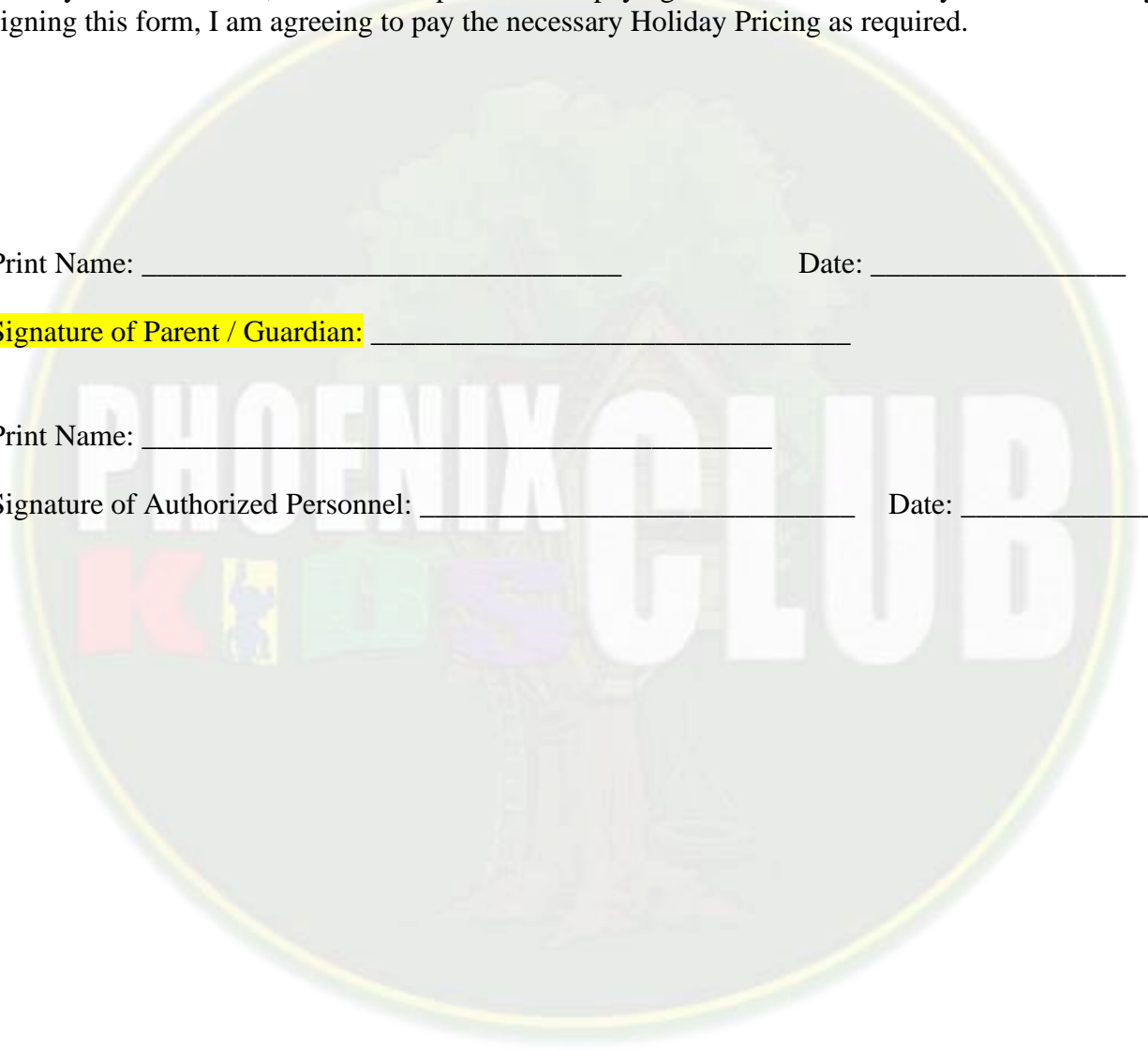
I have read the Holiday Pricing Document. I understand that whether my child attends for the holiday weeks OR not, I will be responsible for paying the additional holiday cost of \$25. By signing this form, I am agreeing to pay the necessary Holiday Pricing as required.

Print Name: _____ Date: _____

Signature of Parent / Guardian: _____

Print Name: _____

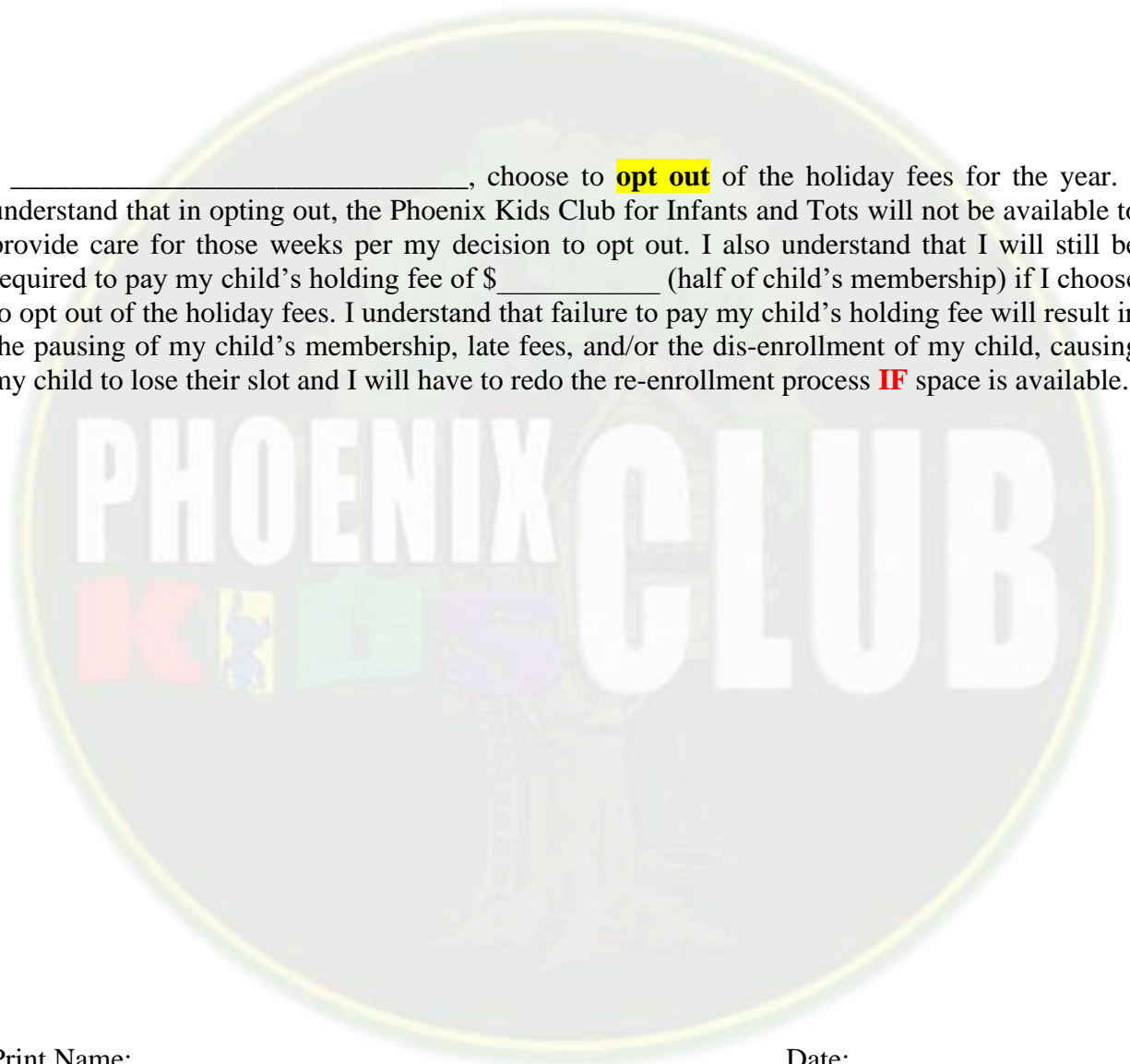
Signature of Authorized Personnel: _____ Date: _____



HOLIDAY OPT OUT FORM

LEAVE THIS FORM BLANK IF YOU ARE NOT CHOOSING TO OPT OUT

I _____, choose to **opt out** of the holiday fees for the year. I understand that in opting out, the Phoenix Kids Club for Infants and Tots will not be available to provide care for those weeks per my decision to opt out. I also understand that I will still be required to pay my child's holding fee of \$ _____ (half of child's membership) if I choose to opt out of the holiday fees. I understand that failure to pay my child's holding fee will result in the pausing of my child's membership, late fees, and/or the dis-enrollment of my child, causing my child to lose their slot and I will have to redo the re-enrollment process **IF** space is available.



Print Name: _____

Date: _____

Signature of Parent / Guardian: _____

Print Name: _____

Signature of Authorized Personnel: _____

Date: _____

Parent/Guardian Notice of No Liability Insurance and Acknowledgment

(Only Complete this Form if Instructed by your Child Care Provider)

I understand I am being informed in writing by signing this acknowledgment that this child care facility does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents'/Guardians' Signature(s):

Date:

Date:

Printed Name(s):

Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in PHOENIX KIDS CLUB'S FIELD TRIPS AND EXTRA CURRICULAR ACTIVITIES (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge PHOENIX KIDS CLUB LLC., located at 250 Arrowhead Blvd, Jonesboro, Georgia 30236, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Phoenix Kids Club LLC. to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Phoenix Kids Club LLC. official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Phoenix Kids Club LLC. AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Phoenix Kids Club LLC. FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Phoenix Kids Club LLC., its agents, and employees.

I agree that this Release shall be governed for all purposes by Georgia law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, _____ and Phoenix Kids Club

LLC. agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Telephone

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Participant's Name:

Participant's Address:

Signature:

Date:

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I **HEREBY CERTIFY** that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name: _____

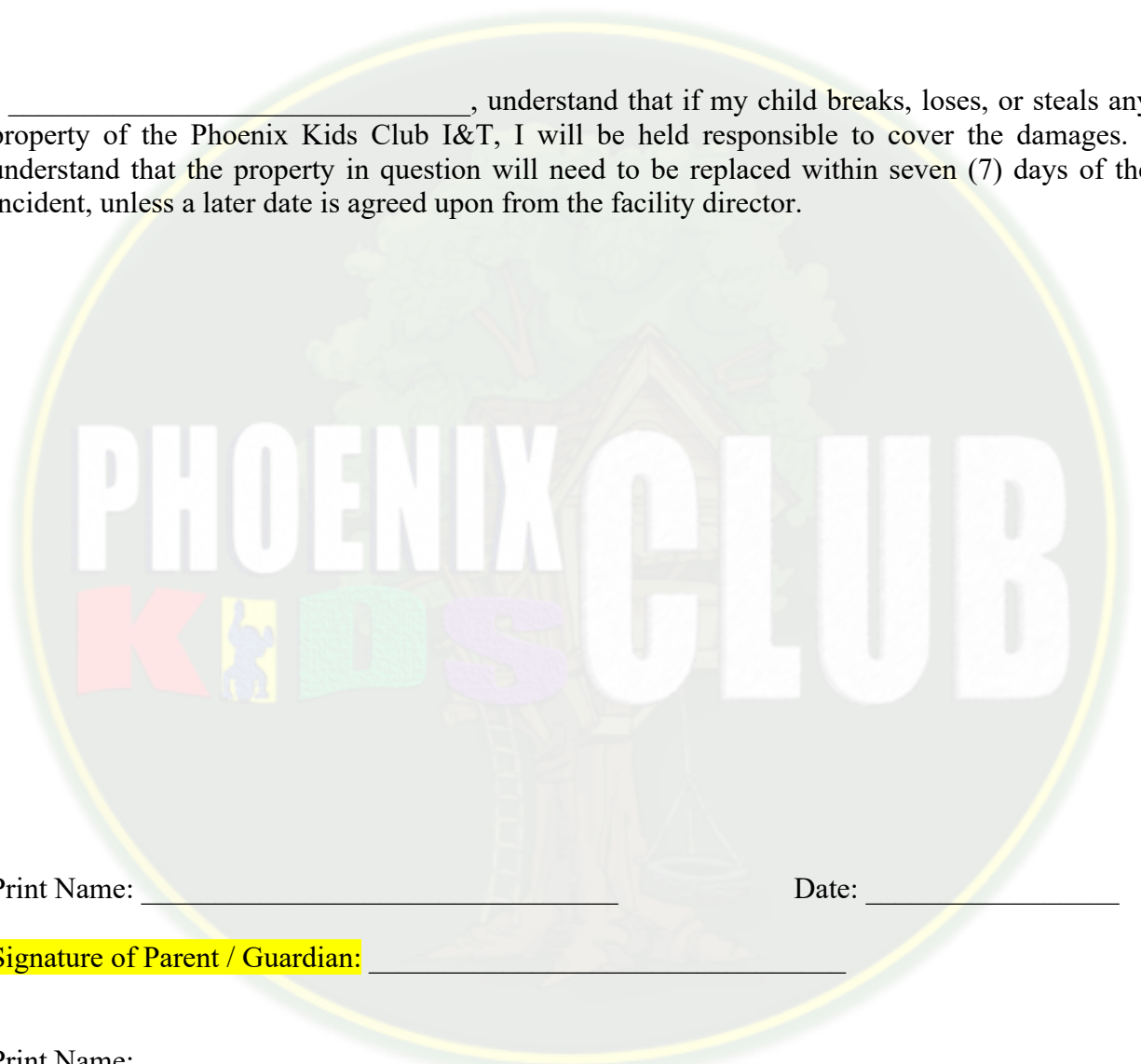
Relationship to Minor: _____

Signature: _____

Date: _____

PARENT LIABILITY FORM

I _____, understand that if my child breaks, loses, or steals any property of the Phoenix Kids Club I&T, I will be held responsible to cover the damages. I understand that the property in question will need to be replaced within seven (7) days of the incident, unless a later date is agreed upon from the facility director.



Print Name: _____

Date: _____

Signature of Parent / Guardian: _____

Print Name: _____

Signature of Authorized Personnel: _____

Date: _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____

VIDEO AND IMAGE RELEASE FORM

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during (his, her, their) stay or during a Phoenix Kids Club I&T Event through video, photo and digital camera, to be used solely for the purposes of The Phoenix Kids Club for Infants and Tots promotional material, classroom LIVEs, and publications, and waive any rights of compensation or ownership thereto.

Name of Child #1 (please print): _____ Age: _____

Name of Child #2 (please print): _____ Age: _____

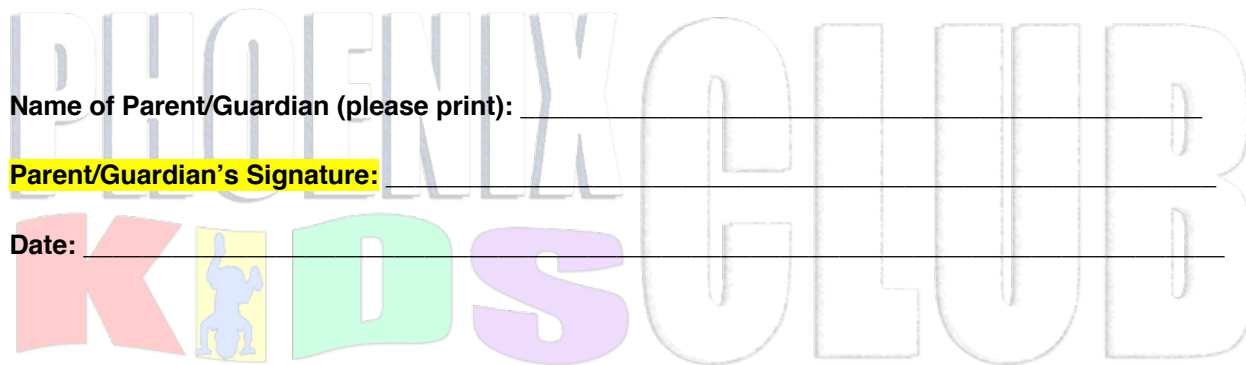
Name of Child #3 (please print): _____ Age: _____

Name of Child #4 (please print): _____ Age: _____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____

Date: _____



PARENT CONTACT LIST

Mother's Name: _____

Email: _____

Phone Number: _____

Full Address: _____

Dad's Name: _____

Email: _____

Phone Number: _____

Full Address: _____

Emergency Contact Information: (Additional Person that can pick your child up. Must provide State ID)

Emergency Contact Name: _____

Phone Number: _____

Full Address: _____

Emergency Contact Name: _____

Phone Number: _____

Full Address: _____
