

2020-2021 ALL STAR KIDS Registration Packet

-The registration period for the 2020-2021 Programs will OPEN for CURRENT AND WAITLIST FAMILIES on March 23rd & 24th, 2020 between the hours of 5:00 – 7:00 pm at each families existing registered site.

-The registration period for the 2020-2021 Programs will OPEN for ALL FAMILIES on April 1, 2020. **During this time, submit Registration Packets directly to All Star Kids Administration by fax, email, or in person.**

-The registration period for the 2020-2021 Programs will CLOSE for ALL FAMILIES on April 30, 2020 at 6:01pm.

All registration packets will be processed on a first come, first serve basis.

Where can I obtain a registration packet?

Registration packets will be available at each site location. Registration packets can also be obtained by contacting the Program Director at 402-672-4810 or by email at Isindelar@bennps.org. Registration packets are also available on the Bennington Public Schools Foundation website: <http://www.benningtonschoolsfoundation.org/programs/allstar>.

When and where do I need to submit my completed registration packet?

***Please do not submit your completed packet to elementary office personnel or your child's teacher!**

CURRENT ENROLLED AND WAITLIST FAMILIES: Completed registration packets can be submitted in person to your Site Director between the hours of 5 – 7 pm on March 23rd & 24th, 2020. Site Directors will not accept any registration packets before or after the registration period.

After that, current and waitlist families can send completed registration packets via mail, email (Isindelar@bennps.org), or faxed (402-238-2185) directly to the Bennington Public Schools Foundation Office at: Bennington Public Schools Foundation, Attn: All Star Kids Program, 11620 North 156 Street, P.O. Box 309, Bennington, NE 68007. Any registration packets received before the registration period will be returned.

NEW FAMILIES: Beginning on April 1st, completed registration packets can be submitted via mail, email (Isindelar@bennps.org), or faxed (402-238-2185) directly to the Bennington Public Schools Foundation Office at: Bennington Public Schools Foundation, Attn: All Star Kids Program, 11620 North 156 Street, P.O. Box 309, Bennington, NE 68007. Any registration packets received before the registration period will be returned.

When will I be notified as to whether or not my family has been enrolled or placed onto a waitlist?

After submitting your registration packet, you will be notified via the e-mail account(s) listed on your enrollment form within fourteen (14) business days as to whether your family has been enrolled or has been placed onto a waitlist.

****Please remember, if your registration packet is missing any required information (including any blank spaces left on your child's enrollment form) your registration packet will not be processed and will be returned to you immediately.**

What happens if I miss the April 30th deadline to register my family?

After the April 30, 2020 deadline, registration will become permanently closed for the 2020 Summer Program. Since registration for the Summer Program is a commitment for the entire summer, changes to enrollment including withdrawing from the summer program, will not be permitted after 6:01pm on April 30, 2020.

Beginning on July 1st, 2020, registration will reopen for all families for the 2020-2021 School Year Program. After this date, all families must contact the Program Director at 402-672-4810 or by email at Isindelar@bennps.org to register for the 2019-2020 school year program.

For more information, please visit <http://www.benningtonschoolsfoundation.org/programs/allstar>

2020-2021 ADDITIONAL REGISTRATION INFORMATION

* The Bennington Public Schools Foundation is committed to providing quality child care that is convenient in location and competitive in price. Research is completed each year to ensure that our tuition rates are comparable to local child care programs and surrounding district programs.

*The 2020-2021 registration packet contain forms for both summer and school year programs.

*All Star Kids currently operates under a "School Age License" for all site locations. In order to be eligible to enroll into the All Star Kids program, all children must be currently enrolled in the Bennington Public Schools System and be of "school age". **"School Age" starts the first day of kindergarten and goes through 5th grade.** Due to this restriction, all incoming Kindergarteners will not be able to attend our summer program until after they have completed Kindergarten.

*Please keep in mind that, while the All Star Kids program is offered in each of the Bennington Elementary Schools, we are a separate entity and any information you provide to the school will also need to be provided to the program.

***In order to become completely registered, the following items must be submitted:**

- **A completed registration checklist** (*one form per family for the 2020-2021 program year*)
- **A completed registration form-*all fields must be completed*** (*one form per family for the 2019-2020 program year*)
- **A copy of your child's immunization records** (*this only applies to new families and children*)
- **A completed Tuition Express Form and voided check** (*all new families must submit this form-returning families only need to submit a Tuition Express form & voided check if they wish to make changes to their account*)
- **Signed Payment Agreement** (*one form per family per program*)

**** All Star Kids has updated all policies and procedures regarding payment and will no longer accept cash, checks, or money orders.** All tuition and fees must be paid via Tuition Express, **no exceptions**. If you fail to submit a Tuition Express form with your registration packet, your family will not be enrolled into the All Star Kids program. Thank you for your full cooperation.

**Please remember, if your registration packet is missing any information (including employment address/telephone number, immunization records, etc.) your registration packet will not be processed and will be returned to you immediately. Please be sure to read all directions, complete all designated fields and submit all required documents.

****Please direct any questions to Lance Sindelar, Program Director, at 402-672-4810 or by email at lsindelar@bennps.org.**

****The All Star Kids Program will be sending all registration correspondence via email for the 2020-2021 program year.**

Communication Timeline

Registration Packets	(will become available on March 9, 2020 both online and at all four site locations)
Enrollment Verification Letters	(will be <u>emailed</u> within <u>fourteen business days</u> of receiving your registration packet)
Summer Welcome Letters	(will be <u>emailed</u> on May 4, 2020 and will include a summer brochure and field trip list)
School Year Welcome Letter	(will be <u>emailed</u> on August 3, 2020 and will include a school year brochure)

2020 All Star Kids Summer Fee Schedule

Registration Fee: The annual registration fee is \$25 for the family's first child and \$15 for each additional child in the family. This fee covers enrollment in All Star Kids from May 26, 2020 - May 21, 2021 (both Summer and School Year Programs), and **will be included in your first Tuition Express pull of the 2020-2021 program year** (either May 26, 2020 if attending the 2020 summer program or August 12, 2020 if attending 2020-2021 school year program).

Sunscreen Fee: A sunscreen fee of \$25 per child will be added to your first Tuition Express pull of the 2020 summer program on May 26, 2020. **This fee is mandatory and non-refundable.** Exceptions will be made for medical conditions accompanied with a note from your child's physician.

Annual Rates for the 2020 Summer Program

Tuition is based on enrollment and not attendance. Payment is due whether your child attends or not.

Full Time – Reserves a space four or five days per week

\$1620 for the first child (Equal Deduction Amount: \$280)

\$1380 for each additional child in the same family (Biweekly Equal Deduction Amount: \$230)

Part Time – Reserves a space three or less days per week

\$1200 for the first child (Equal Deduction Amount: \$200)

\$1080 for each additional child in the same family (Biweekly Equal Deduction Amount: \$180)

Annual tuition fees will be split into 6 equal deductions and will be deducted every other week. The first deduction of the 2020 summer program will take place on the first day of summer program, Tuesday, May 26, 2020. All following deductions will take place on Mondays with the exception of federal holidays, in which case tuition will be deducted the following business day. Please see the 2020 Summer Program Tuition Express Deduction Schedule listed below for exact dates.

2020 Summer Tuition Express Deduction Schedule:

May 26, 2020 June 8, 2020 June 22, 2020 July 6, 2020 July 20, 2020 August 3, 2020

2020 Summer Tuition Reminders

****Tuition is strictly based on enrollment; not attendance or the number of dates between deduction dates. It is based on an annual rate that is broken down into six equal, biweekly payments as listed on the 2020 Summer Program Deduction Schedule.**

**** Changes in enrollment category are not permitted following the deadline of 6:01pm on May 8, 2020.**

Request must be received by the All Star Kids Program Director prior to this deadline, to be honored.

**** Registration for the chosen enrollment category is a commitment for the entire summer.**

If you withdraw your child during summer and do not pay the balance of summer, your child will also be withdrawn from the All Star Kids 2020-2021 School Year program. Families may withdraw from the summer program or make changes to their summer program enrollment status through the May 8, 2020 deadline at 6:01pm without being charged the entire summer balance.

**** Families can receive one tuition-free vacation week with a 14 day advance notice, during summer program only.**

Vacation days must be consecutive and cannot be divided. Please complete the Summer Vacation Request form which is available at site and online at benningtonschoolsfoundation.org/programs/allstar. You may return your completed form to a site director or by mailing it to 11620 N 156 Street P.O. Box 309, Bennington, NE 68007. You may also fax this form to 402-238-2185 attn: All Star Kids or by emailing the Program Director at lsindelar@bennps.org.

**** A Sunscreen Fee of \$25 per child has been implemented for the 2020 summer program.**

Instead of having to provide your child(ren) with sunscreen throughout the entire summer program, we have implemented a mandatory sunscreen fee of \$25 per child. Spray-on sunscreen with an SPF of 50 or higher will be purchased to apply to your child(ren) throughout the entirety of the 2020 summer program. This fee does not apply to the school year program.

2020-2021 All Star Kids School Year Fee Schedule

Registration Fee: The annual registration fee is \$25 for the family's first child and \$15 for each additional child in the family. This fee covers enrollment in All Star Kids from May 26, 2020 - May 21, 2021 (both Summer and School Year Programs), and **will be included in your first Tuition Express pull of the 2020-2021 program year** (either May 26, 2020 if attending the 2020 summer program or August 12, 2020 if attending 2020-2021 school year program).

Annual Rates for School Year 2020-2021

Tuition is based on enrollment and not attendance. Payment is due whether your child attends or not.

Full Time – Reserves a space each morning and afternoon

\$2900 for the first child (Equal Deduction Amount: \$145)

\$2700 for each additional child in the same family (Equal Deduction Amount: \$135)

PM – Reserves a space each afternoon

\$2200 for the first child (Equal Deduction Amount: \$110)

\$2000 for each additional child in the same family (Equal Deduction Amount: \$100)

AM - Reserves a space each morning

\$2000 for the first child (Equal Deduction Amount: \$100)

\$1800 for each additional child in the same family (Equal Deduction Amount: \$90)

2 Days/Week - Reserves a space each morning and afternoon on two specified days of the week

\$1800 for the first child (Equal Deduction Amount: \$90)

\$1600 for each additional child in the same family (Equal Deduction Amount: \$80)

Annual tuition fees will be split into 20 equal deductions and will be deducted every other week. The first deduction of the 2020-2021 school year will take place on the first day of school, Wednesday, August 12, 2020. All following deductions will take place on Mondays with the exception of federal holidays, which tuition will be deducted the following business day.

As a reminder, Tuition is strictly based on enrollment; not attendance or the number of dates between deduction dates. **All non-school days have already been deducted from each enrollment category's annual amount.** Tuition is based on an annual rate that is then broken down into twenty equal, biweekly payment deductions for each category as listed on the 2020-2021 School Year Program Tuition Express Deduction Schedule (listed below).

The only time your scheduled deduction amount would change is if a snow day were to occur (credit applied) or if you were to attend a consolidation day (additional charge applied).

Daily Rates for School Year 2020-2021

Tuition is based on attendance only and will be deducted from your Tuition Express account.

Drop-In Rate – Reserved for **occasional** care and only if space permits. This category is not available during the summer, at sites with a waiting list, and is not eligible for care on consolidation days. **This option may only be used a maximum of once per month.**

\$25.00/day/child

Consolidation Day Rate – Offered on non-school days, with the exception of days All Star Kids is closed.

\$30 for the first child

\$25 for each additional child in the same family

2020-2021 School Year Tuition Express Deduction Schedule

August 12, 2020	January 4, 2021
August 24, 2020	January 18, 2021
September 8, 2020	February 1, 2021
September 21, 2020	February 15, 2021
October 5, 2020	March 1, 2021
October 19, 2020	March 15, 2021
November 2, 2020	March 29, 2021
November 16, 2020	April 12, 2021
November 30, 2020	April 26, 2021
December 14, 2020	May 10, 2021

2020-2021 Consolidation Day Deduction Schedule

October 19, 2020	October 15 & 16 charges
November 30, 2020	November 25 charges
January 4, 2021	Winter Break charges
February 1, 2021	January 18 charges
March 1, 2021	February 18 & 19 charges
March 15, 2021	March 12 charges
April 12, 2021	April 1 & 5 charges

All Star Kids will be closed on Snow Days. If a snow day should occur, your tuition will be pro-rated on the following scheduled deduction.

All Star Kids Registration Checklist

All of the following items must be submitted in order to become registered into the All Star Kids Program!

Name(s) of Child(ren) _____

The following items must be submitted in order to successfully register for the 2020-2021 Programs:

- Completed Registration Checklist *complete & submit this form for your family*
- Completed Registration Form *complete one form for your family (complete BOTH sides-do not leave fields blank)*
- Signed Payment Agreement *payment agreement must be submitted*
- Tuition Express Form & Voided Check *all new families must complete this form*
- Copy of Immunization Records *for new families & children only*
- Medication Permission Form *if applicable-forms available at site/online-doctor's note must also be submitted*

Please select your child's 2020-2021 SCHOOL YEAR Site Location:

Bennington Elem. Heritage Elem. Pine Creek Elem. Anchor Pointe Elem.

Please select your child's 2020-2021 SCHOOL YEAR Enrollment Category

Not Attending Fulltime AM Only PM Only 2 Days/Week Drop-In

Please select your child's 2020 SUMMER PROGRAM Enrollment Category (held at Pine Creek Elementary)

Not Attending Fulltime (4 or 5 days per week) Part Time (3 or less days per week)

2020 Summer Program T-Shirt Order Form (complete only if enrolling for the 2020 summer program)

*(Every child enrolled in the summer program will receive **ONE** t-shirt, free of charge. If you would like to purchase additional t-shirts for your child, the cost is \$10 per shirt. Please indicate below if your child would like an additional shirt, as **there will NOT be an opportunity to purchase extra shirts during the summer program**)*

Name of Child _____	Shirt Size _____	Total # of Shirts _____
Name of Child _____	Shirt Size _____	Total # of Shirts _____
Name of Child _____	Shirt Size _____	Total # of Shirts _____
Name of Child _____	Shirt Size _____	Total # of Shirts _____

Total Cost of Extra Shirts (if applicable) _____



All Star Kids 2020-2021 Program YEAR Family Registration Form-Please complete BOTH sides of this form

CHILD(REN) INFORMATION

2020-2021 SCHOOL YEAR Location (circle ONE):

Bennington Pine Creek Heritage Anchor Pointe Registration Date: _____

#1 Name _____ Gender _____ DOB _____ Grade (20-21) _____ #2 Name _____ Gender _____ DOB _____ Grade (20-21) _____

#3 Name _____ Gender _____ DOB _____ Grade (20-21) _____ #4 Name _____ Gender _____ DOB _____ Grade (20-21) _____

2020 Summer Program Status (CHECK ONE): Not Attending the 2020 Summer Program Full Time (Up to 5 Days per Week) Part Time (3 days or less/week)

2020-2021 School Year Status (CHECK ONE): Not Attending 20-21 School Year program Full Time AM Only PM Only 2 Days/Week Drop-In

Parent/GUARDIAN INFORMATION # 1

(All fields are required-do not leave blank!)

Parent/Guardian Information # 2

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Address: _____ City/State/Zip Code: _____

Address: _____ City/State/Zip Code: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Employer: _____

Employer: _____

Employer Address & Phone Number: _____

Employer Address & Phone Number: _____

****If divorced/separated, who has legal custody? _____ May the non-custodial parent pick up the child? _____ (If the answer is no, legal documentation must be presented) *****

Authorized Contacts for Pick-Up - All Star Kids is authorized to release my child to (in addition to parents/guardians):

1. Name: _____ Phone: _____ Address: _____ Relationship to child: _____

2.) Name: _____ Phone: _____ Address: _____ Relationship to child: _____

Medical/Emergency Information - In case of an emergency, if unable to contact parents/guardians, please contact: (At least one contact must be listed!)

1.) Name: _____ Phone: _____ Address: _____ Relationship to child: _____

2.) Name: _____ Phone: _____ Address: _____ Relationship to child: _____

Consent to Contact Physician in Emergency- In the event I cannot be reached to make arrangements, I hereby give my consent to BPSF All Star Kids to contact and, if necessary take my child(ren) to the following doctor(s), clinics, or hospitals:

Name of Physician	Phone	Address	Hospital(s)	Phone	Address	Health Insurance Provider (Optional)
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Child(ren)'s Medical & Special Accommodations Information- Please list any health issues, special concerns, or activities in which your child(ren) should not engage in below:

If your child(ren) do not have any health issues, special concerns, or activities that they should not be allowed to participate in, please list the name of each child enrolled and write N/A for each "Concern/Accommodation" field.

1: Name _____ Concern/Accommodation _____ # 2: Name _____ Concern/Accommodation _____

3: Name _____ Concern/Accommodation _____ # 4: Name _____ Concern/Accommodation _____

Reminder: If medication is to be given at site (Prescriptions, Tylenol, Cough Syrup, Epi-Pen, Inhaler, etc.), a physician's note & medication permission form must be provided!

All Star Kids PARENT/GUARDIAN Authorizations

Authorization for Emergency Medical and First Aid: I hereby authorize the Bennington Public Schools Foundation (hereinafter referred to as BPSF) staff, representing All Star Kids, to give consent for any and all necessary medical and First Aid care for my child(ren), while in All Star Kids custody.

Parent/Guardian Signature #1: _____ Date _____

Parent/Guardian Signature #2: _____ Date _____

Authorization for Medication & Sunscreen: I have determined that BPSF All Star Kids is competent to give or apply medication to my child(ren). I understand that BPSF All Star Kids Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child(ren). I understand that all medication must be in the original container with the child's name, type of medication, date and amount and time of dosage. Medication will only be administered with a doctor's written recommendation.

Parent/Guardian Signature #1: _____ Date _____

Parent/Guardian Signature #2: _____ Date _____

Authorization for Photography/Publicity: I give permission for my child(ren) to be photographed/filmed participating in activities at BPSF All Star Kids. I consent to the use of my child(ren)'s photograph and artwork in promotion and publicity materials published by the BPSF.

Parent/Guardian Signature #1: _____ Date _____

Parent/Guardian Signature #2: _____ Date _____

Authorization for Activities/Transportation/Field trips: I give permission for my child(ren) to participate in supervised activities away from the regular site. This includes permission to be transported to activities by bus or van. *I understand that I will be notified in advance of activities off the premises.* Parents/Guardians are required by state law to supply BPSF All Star Kids with a federally approved child safety seat. I understand that there are foreseeable and inherent risks associated with field trip experiences. I further understand that the BPSF, the Bennington Public School District Board of Education and its employees, agents and representatives makes no representation as to the condition of the facilities. I agree to hold BPSF and the Bennington Public School District Board of Education and its employees, agents and representatives harmless from any and all claims whatsoever for damage to person and/or property that may result from these activities. Furthermore, I give my permission for my child(ren) to attend off-site BPSF All Star Kids field trips during the 2020-2021 program year. I agree to hold the BPSF harmless of any accidental injury. I understand that, on all days that All Star Kids has field trips, all scheduled staff members will be in attendance at the field trip. If I choose that my child will not attend a field trip, I understand that I am responsible for that day's payment and no care will be provided at the All Star Kids site, as all scheduled staff members will be supervising the field trip. I also understand that I will be responsible for finding care for my child(ren) on the day(s) I choose that they not attend the field trip.

Parent/Guardian Signature #1: _____ Date _____

Parent/Guardian Signature #2: _____ Date _____

Receipt of DHHS Parent information brochure: I have received a copy of the Nebraska Department of Health and Human Services Parent Information Brochure, located on page 28 of the All Star Kids Family Handbook. I understand that it is my responsibility to read and understand the information listed in this brochure.

Parent/Guardian Signature #1: _____ Date _____

Parent/Guardian Signature #2: _____ Date _____

Family Handbook Policies Agreement: I do hereby request the BPSF All Star Kids to provide care for my child(ren). I acknowledge that I am the natural parent or legal guardian of said child(ren) and am authorized to sign this contract. In return for the care provided by the BPSF All Star Kids program, I agree to all tuition as outlined via my payment contract with the Bennington Public Schools Foundation, All Star Kids program, which shall be due and payable on the Monday of every other week, payable to the Bennington Public Schools Foundation. I acknowledge that nonpayment may result in the forfeiture of the space allowed to my child(ren) in the All Star Kids program.

Furthermore, I understand that it is my responsibility to read and understand the policies listed in the BPSF All Star Kids Family Handbook, which can be found on the Bennington Public Schools Foundation website, including but not limited to, discipline and behavior policies set forth therein. I understand that the BPSF All Star Kids provides care only for children who are of school age, toilet trained, have age-appropriate eating, dressing, and hygiene skills, are able to abide by the rules of the program as outlined in the BPSF All Star Kids Family Handbook, and are able to function effectively in a setting with 1 adult to each 15 children. I certify that my child(ren) meet(s) these standards.

I have received a copy of the BPSF All Star Kids Family Handbook, which includes a copy of the Parent Information Brochure provided by the Department of Health and Human Services of Nebraska, and I have read, understand, and agree to abide by the policies set forth therein. I have also received the current Fee Schedule and any addendum thereto.

This contract shall remain in full force and effect through May 21, 2020 or the last day of the 2020-2021 school year program, unless otherwise amended.

Parent/Guardian Signature #1: _____ Date _____

Parent/Guardian Signature #2: _____ Date _____

This is a binding contract. Breach of same may warrant further action, including collection and/or legal action taken against you.

2020-2021 All Star Kids SCHOOL YEAR Program Payment Agreement

 Not Attending the 2020-2021 School Year Program (please check only if you are not enrolling for the school year program)

Name(s) of Child(ren): _____

Please check one: Pine Creek Elementary Bennington Elementary Heritage Elementary Anchor Pointe

STATUS	Total Annual Tuition Amount	Total Equal Deduction Amount
Full Time One Child	\$2900	\$145
Full Time Add'l Child	\$2700	\$135
PM Only One Child	\$2200	\$110
PM Only Add'l Child	\$2000	\$100
AM Only One Child	\$2000	\$100
AM Only Add'l Child	\$1800	\$90
2 days per Week One Child	\$1800	\$90
2 Days per Week Add'l Child	\$1600	\$80

Number of children attending: _____ **Total Equal Deduction amount:** _____

I have read and understand the BPSF All Star Kids Family Handbook and agree to pay the total equal deduction amount of \$_____ every other week as outlined in the Tuition Express Deduction Schedule provided to me at the time of registration. I also recognize that all charges accrued from attendance on Consolidation Days set forth by the program will be included in my scheduled Tuition Express deductions as outlined in the Tuition Express Deduction Schedule provided to me at the time of registration. Furthermore, I understand that the annual registration fee will be included in my first scheduled deduction for the 2020-2021 program year and, if applicable, will be split between parties according to the guidelines listed below.

Returning Families: May we use your Tuition Express Account Information on File (Circle One) Yes No
(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)

Parent/Guardian Name (Printed) *Parent/Guardian Signature* *Date*

Parent/Guardian Name (Printed) *Parent/Guardian Signature* *Date*

(OPTIONAL-complete this bottom portion only if splitting payments between two parties)
A separate Tuition Express Registration Form will need to be submitted for all parties paying tuition on your child(ren)'s account.

Tuition Express Account #1

Name on Tuition Express Account: _____

Signature of Account Holder: _____ **Date:** _____

Total % of tuition to come out of this account: _____ *(example: 50%)*

Total equal deduction amount: _____ **Total annual amount:** _____

Returning Families: May we use your Tuition Express Account Information on File (Circle One) Yes No
(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)

Tuition Express Account #2

Name on Tuition Express Account: _____

Signature of Account Holder: _____ **Date:** _____

Total % of tuition to come out of this account: _____ *(example: 50%)*

Total equal deduction amount: _____ **Total annual amount:** _____

Returning Families: May we use your Tuition Express Account Information on File (Circle One) Yes No
(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)

2020 All Star Kids Summer Program Payment Agreement

 Not Attending the 2020 Summer Program (please check only if you are not enrolling for the summer program)

Name(s) of Child(ren): _____

STATUS	Total Annual Tuition Amount for Summer Program	Total Equal Deduction Amount
Full Time One Child	\$1620	\$280
Full Time Add'l Child	\$1380	\$230
Part Time One Child	\$1200	\$200
Part Time Add'l Child	\$1080	\$180

Number of children attending: _____ Total Equal Deduction Amount: _____

I have read and understand the BPSF All Star Kids Family Handbook and agree to pay the total equal deduction amount of \$ _____ every other week as outlined in the Tuition Express Deduction Schedule provided to me at the time of registration. I also understand that registration for the chosen enrollment category is a commitment for the entire summer and that if I withdraw my child(ren) during summer and do not pay the balance of summer, my child(ren) will also be withdrawn from the All Star Kids 2020-2021 School Year program. **I understand that I may withdraw from the summer program through the May 8, 2020 deadline at 6:01pm without being charged the entire summer balance.** Furthermore, I understand that the annual registration fee and sunscreen fee will be included in my first scheduled deduction for the 2020-2021 program year and, if applicable, will be split between parties according to the guidelines listed below.

Returning Families: May we use your Tuition Express Account Information on File (Circle One) Yes No
(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)

Parent/Guardian Name (Printed) Parent/Guardian Signature Date

Parent/Guardian Name (Printed) Parent/Guardian Signature Date

(OPTIONAL-complete this bottom portion only if splitting payments between two parties)
A separate Tuition Express Registration Form will need to be submitted for all parties paying tuition on your child(ren)'s account.

Tuition Express Account #1

Name on Tuition Express Account: _____

Signature of Account Holder: _____ Date: _____

Total % of tuition to come out of this account: _____ (example: 50%)

Total equal deduction amount: _____ Total annual amount: _____

Returning Families: May we use your Tuition Express Account Information on File (Circle One) Yes No
(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)

Tuition Express Account #2

Name on Tuition Express Account: _____

Signature of Account Holder: _____ Date: _____

Total % of tuition to come out of this account: _____ (example: 50%)

Total equal deduction amount: _____ Total annual amount: _____

Returning Families: May we use your Tuition Express Account Information on File (Circle One) Yes No
(If answered no, you will need to provide an updated Tuition Express Form & Voided Check-Forms are available online & at site)

Tuition Express Account # 1:

This form only needs to be completed if you are a new family or if you are changing your existing Tuition Express information.



**Hop aboard the Tuition Express
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize BPSF All Star Kids, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

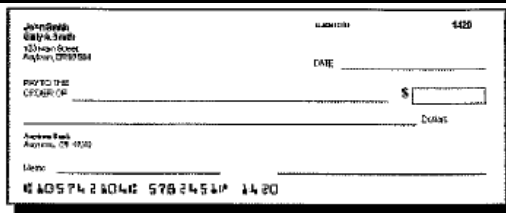
Routing Transit Number (see sample below) _____	Account Number (see sample below) _____
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This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____	Date _____
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

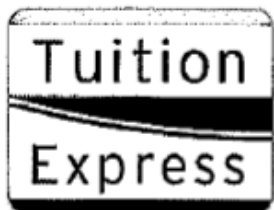


Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

Tuition Express Account # 2:

This form only needs to be completed if you are splitting tuition payments between two parties or if you need to update your account information for the second Tuition Express account on your child's file.



**Hop aboard the Tuition Express
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize BPSF All Star Kids, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

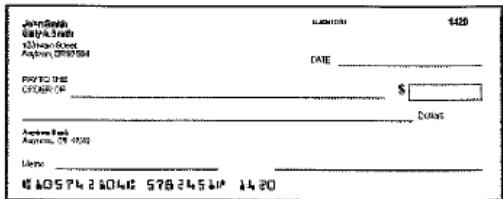
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

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Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.