

# 2023-2024 ALL STAR KIDS Registration Packet

- The registration period for the 2023-2024 Programs will OPEN for CURRENT AND WAITLIST FAMILIES on March 6<sup>th</sup>.
- The registration period for the 2023-2024 Programs will OPEN for ALL FAMILIES on April 3<sup>rd</sup>, 2023.
- The registration period for the 2023-2024 Programs will CLOSE for ALL FAMILIES on April 28<sup>th</sup>, 2023 at 6:01pm.

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

## 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!**

**CURRENTLY ENROLLED AND WAITLIST FAMILIES:** Beginning on March 6<sup>th</sup>, 2023, completed registration packets can be submitted via email, faxed (402-243-0707), or postal mail. Please email your completed packets to the email that corresponds to your school year location:

Anchor Point: [askape@bennps.org](mailto:askape@bennps.org); Bennington: [askbes@bennps.org](mailto:askbes@bennps.org); Stratford Park: [askses@bennps.org](mailto:askses@bennps.org)  
Heritage: [askhes@bennps.org](mailto:askhes@bennps.org); Pine Creek: [askpce@bennps.org](mailto:askpce@bennps.org)

**If sending via postal mail, please address to the following:** 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 3<sup>rd</sup>, 2023, completed registration packets can be submitted via email, faxed (402-243-0707), or postal mail. Please email your completed packets to the email that corresponds to your school year location:

Anchor Point: [askape@bennps.org](mailto:askape@bennps.org); Bennington: [askbes@bennps.org](mailto:askbes@bennps.org); Stratford Park: [askses@bennps.org](mailto:askses@bennps.org)  
Heritage: [askhes@bennps.org](mailto:askhes@bennps.org); Pine Creek: [askpce@bennps.org](mailto:askpce@bennps.org)

**If sending via postal mail, please address to the following:** 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 fifteen (15) 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 28th deadline to register my family?

After the April 28, 2023 deadline, registration will become permanently closed for the 2023 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 28, 2023.

Beginning on July 3<sup>rd</sup>, 2023, registration will reopen for all families for the 2023-2024 School Year Program. After this date, all families must contact the Program Director at 402-672-4810 or by email at [Isindelar@bennps.org](mailto:Isindelar@bennps.org) to register for the 2023-2024 school year program.

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

# 2023-2024 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 2023-2024 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 2023-2024 program year*)
- **A completed registration form-*all fields must be completed*** (*one form per family for the 2023-2024 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*)

\*\*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](mailto:lsindelar@bennps.org).

**\*\*The All Star Kids Program will be sending all registration correspondence via email for the 2023-2024 program year.**

## Communication Timeline

**Enrollment Verification Letters** (will be emailed within fifteen business days of receiving your registration packet)

**Summer Welcome Letters** (will be emailed on May 8, 2023 and will include a summer brochure and field trip list)

**School Year Welcome Letter** (will be emailed on August 1, 2023 and will include a school year brochure)

# 2023 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 30, 2023 - May 26, 2024 (both Summer and School Year Programs), and **will be included in your first Tuition Express pull of the 2023-2024 program year** (either May 30, 2023 if attending the 2023 summer program or August 16, 2023 if attending 2023-2024 school year program).

**Sunscreen Fee:** A sunscreen fee of \$25 per child will be added to your first Tuition Express pull of the 2023 summer program on May 30, 2023. **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 2023 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**

**\$1890 for the first child** (Equal Deduction Amount: \$315)

**\$1575 for each additional child in the same family** (Biweekly Equal Deduction Amount: \$262)

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

**\$1386 for the first child** (Equal Deduction Amount: \$231)

**\$1260 for each additional child in the same family** (Biweekly Equal Deduction Amount: \$210)

Annual tuition fees will be split into 6 equal deductions and will be deducted every other week. The first deduction of the 2023 summer program will take place on the first day of summer program, Tuesday, May 30, 2023. 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 2023 Summer Program Tuition Express Deduction Schedule listed below for exact dates.

## 2023 Summer Tuition Express Deduction Schedule:

**May 30, 2023      June 12, 2023      June 26, 2023      July 10, 2023      July 24, 2023      August 7, 2023**

## 2023 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 2023 Summer Program Deduction Schedule.**

**\*\* Changes in enrollment category are not permitted following the deadline of 6:01pm on May 5, 2023.**

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.**

Families may withdraw from the summer program or make changes to their summer program enrollment status through the May 5, 2023 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](http://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 402-243-0707 attn: All Star Kids or by emailing the Program Director at [lsindelar@bennps.org](mailto:lsindelar@bennps.org).

# 2023-2024 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 30, 2023 - May 26, 2024 (both Summer and School Year Programs), and **will be included in your first Tuition Express pull of the 2023-2024 program year** (either May 30, 2023 if attending the 2023 summer program or August 16, 2023 if attending 2023-2024 school year program).

## Annual Rates for School Year 2023-2024

*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

**\$3200 for the first child** (Equal Deduction Amount: \$160)

**\$3000 for each additional child in the same family** (Equal Deduction Amount: \$150)

### PM – Reserves a space each afternoon

**\$2500 for the first child** (Equal Deduction Amount: \$125)

**\$2300 for each additional child in the same family** (Equal Deduction Amount: \$115)

### AM - Reserves a space each morning

**\$2300 for the first child** (Equal Deduction Amount: \$115)

**\$2100 for each additional child in the same family** (Equal Deduction Amount: \$105)

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

**\$2100 for the first child** (Equal Deduction Amount: \$105)

**\$1900 for each additional child in the same family** (Equal Deduction Amount: \$95)

### Consolidation Only- Only utilize program for Consolidation days (requires registration form for each consolidation attending prior to attending)

**See daily rates below**

Annual tuition fees will be split into 20 equal deductions and will be deducted every other week. The first deduction of the 2023-2024 school year will take place on the first day of school, Wednesday, August 16, 2023. 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 2023-2024 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 2023-2024

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

**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**

### 2023-2024 School Year Tuition Express Deduction Schedule

August 16, 2023	January 8, 2024
August 28, 2023	January 22, 2024
September 11, 2023	February 5, 2024
September 25, 2023	February 19, 2024
October 9, 2023	March 4, 2024
October 23, 2023	March 18, 2024
November 6, 2023	April 1, 2024
November 20, 2023	April 15, 2024
December 4, 2023	April 29, 2024
December 18, 2023	May 13, 2024

### 2023-2024 Consolidation Day Deduction Schedule

October 23, 2023	October 19 & 20 charges
December 4, 2023	November 22 charges
January 8, 2024	Winter Break charges
January 22, 2024	January 15 charges
February 19, 2024	February 15,16 & 19 charges
April 1, 2024	Spring Break 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 2023-2024 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 2023-2024 SCHOOL YEAR Site Location:

Bennington     Heritage     Pine Creek     Anchor Pointe     Stratford Park

## Please select your child's 2023-2024 SCHOOL YEAR Enrollment Category

Not Attending     Fulltime     AM Only     PM Only     2 Days/Week     Consolidation Only

## Please select your child's 2023 SUMMER PROGRAM Enrollment Category

**(Anchor Pointe, Stratford, and Pine Creek students attend Anchor Pointe; Heritage and Bennington students attend Heritage)**

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

## 2023 Summer Program T-Shirt Order Form (complete only if enrolling for the 2023 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 2023-2024 Program YEAR Family Registration Form-Please complete BOTH sides of this form

## CHILD(REN) INFORMATION

2023-2024 SCHOOL YEAR Location : \_\_\_\_\_

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

#1 Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade (23-24) \_\_\_\_\_ #2 Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade (23-24) \_\_\_\_\_

#3 Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade (23-24) \_\_\_\_\_ #4 Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade (23-24) \_\_\_\_\_

**2023 Summer Program Status (CHECK ONE):**  Not Attending the 2023 Summer Program  Full Time (Up to 5 Days per Week)  Part Time (3 days or less/week)

**2023-2024 School Year Status (CHECK ONE):**  Not Attending 23-24 School Year  Full Time  AM Only  PM Only  2 Days/Week  Consolidation Only

### Parent/Guardian # 1

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

### Parent/Guardian # 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 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)

**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 2023-2024 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 26, 2024 or the last day of the 2023-2024 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.***



# 2023-2024 All Star Kids SCHOOL YEAR Program Payment Agreement

**Not Attending the 2023-2024 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  Bennington  Heritage  Anchor Pointe  Stratford Park

STATUS	Total Annual Tuition Amount	Total Equal Deduction Amount
Full Time One Child	\$3200	\$160
Full Time Add'l Child	\$3000	\$150
PM Only One Child	\$2500	\$125
PM Only Add'l Child	\$2300	\$115
AM Only One Child	\$2300	\$115
AM Only Add'l Child	\$2100	\$105
2 days per Week One Child	\$2100	\$105
2 Days per Week Add'l Child	\$1900	\$95

**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 2023-2024 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)*

<i>Parent/Guardian Name (Printed)</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>
<i>Parent/Guardian Name (Printed)</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

**(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)*

# 2023 All Star Kids Summer Program Payment Agreement

     **Not Attending the 2023 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	\$1890	\$315
Full Time Add'l Child	\$1575	\$262
Part Time One Child	\$1386	\$231
Part Time Add'l Child	\$1260	\$210

**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 2023-2024 School Year program. **I understand that I may withdraw from the summer program through the May 5, 2023 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 2023-2024 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](http://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		

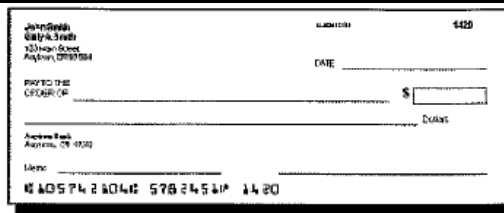
Routing Transit Number (see sample below) _____	Account Number (see sample below) _____
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This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford 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 _____
-----------------	------------

**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.

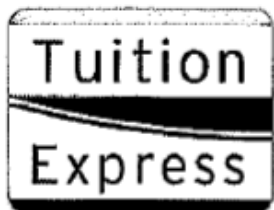


Routing Transit Account Check  
Number Number Number

**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](http://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.**

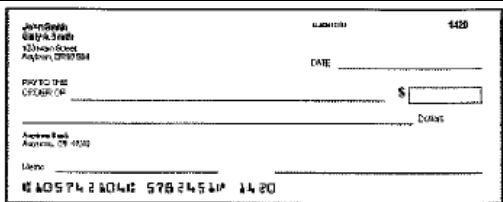
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see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

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.

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Routing Transit Account Check  
Number Number Number

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