

**ENROLLMENT FORM FOR KEY ELEMENT LEARNING JERSEY CITY NJ  
(KELJC) SUMMER CAMP 2022**

Child 1 Name _____	Gender _____	Birth Date _____	Caregiver Name _____
Child 2 Name _____	Gender _____	Birth Date _____	Caregiver Name _____
Parent Name _____	Cell Phone _____	Email _____	Home Address _____

Please Choose the enrollment types:

Child 1	Child 2	Age range	Target Language(s) (French, Mandarin Chinese, Spanish)	Locations (338 Grove Street) (207 Van Vorst St)	Schedule Half Day (8:30-12:00) Full Day (8:30-3:30) Extended Day (8:00-6:30) Early Care: 7:30-8:30 After Care: 6:30-7:00	Enrollment of Weeks
<input type="checkbox"/>	<input type="checkbox"/>	2 yrs to 3 yrs	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	4 yrs to 5yrs	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	6 yrs to 7yrs	_____	_____	_____	_____

<p><b><u>Session Enrollment</u></b></p> <p><input type="checkbox"/> Session One June 6 – July 1</p> <p><input type="checkbox"/> Session Two July 5 – July 29</p> <p><input type="checkbox"/> Session Three August – August 31</p>	<p><b><u>Weekly enrollment</u></b></p> <p><input type="checkbox"/> A: June 6 – June 10</p> <p><input type="checkbox"/> B: June 13 – June 17</p> <p><input type="checkbox"/> C: June 20 – June 24</p> <p><input type="checkbox"/> D: June 27– July 1</p> <p><input type="checkbox"/> E: July 5 – July 8</p> <p><input type="checkbox"/> F: July 11 – July 15</p>	<p><input type="checkbox"/> G: July 18 – July 22</p> <p><input type="checkbox"/> H: July 25 – July 29</p> <p><input type="checkbox"/> I: August 1 – August 5</p> <p><input type="checkbox"/> J: August 8 – August 12</p> <p><input type="checkbox"/> K: August 15 – August 19</p> <p><input type="checkbox"/> L: August 22 – August 26</p> <p><input type="checkbox"/> M: August 29– August 31</p>
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**Registration Fee is \$150 per family. A tuition deposit will be required to reserve the spot.**

Monthly tuition payments are due on the last Thursday of the preceding month for the following month by checks, Chase Quickpay or credit card (credit card with 3% convenience fee charge)

- Checks: Please make the check payable to: Key Element Learning
- Chase QuickPay: Recipient: Key Element Learning; email: [info@keyelementlearning.com](mailto:info@keyelementlearning.com)

To pay by credit card please complete below: \* KELJC RESERVES THE RIGHT TO ADJUST TO CORRECT

Name of Cardholder \_\_\_\_\_ Amount \$ \_\_\_\_\_\*

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type: Visa MasterCard Amex Discover Other \_\_\_\_\_ Billing Address \_\_\_\_\_

Payment Options: Pay in Full \_\_\_\_\_ Monthly Payment. \_\_\_\_\_

**PLEASE READ TUITION POLICY AND SIGN BELOW. UNSIGNED ENROLLMENTS WILL NOT BE ACCEPTED. THANK YOU FOR YOUR ENROLLMENT.**

I have read and agree to the tuition policy of Key Element Learning.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**EMERGENCY CONTACT (other than parent):**

In case of emergency, give names of persons who can be called and are authorized to pick up your child if we cannot reach a parent.

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**PARENTS' INFORMATION**

Parent \_\_\_\_\_  
Last Name First Name

Employer /Company Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

Tel. \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Parent \_\_\_\_\_  
Last Name First Name

Employer /Company Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

Tel. \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

**ALLERGIES**

If your child has any allergies or health concerns that Key Element Learning should be made aware of, please list them here:

\_\_\_\_\_

**MEDICAL AUTHORIZATION**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_ . However, if I cannot be reached I hereby authorize Key Element Learning to transport my child to the nearest hospital and to secure for my child the necessary medical treatment. I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than Key Element Learning staff are my responsibility. I understand that the staff members are trained in the basics of First Aid and I authorize them to give my child First Aid when appropriate.

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

**TUITION POLICY**

**Monthly Tuition Payment**

Monthly tuition payments are due on the last Thursday of the preceding month for the following month. Key Element Learning Tuition Policy requires payment of tuition whether or not your child is absent, on vacation or it is a school holiday.

**Security Deposit**

A deposit equal to one month's tuition is required at the time of enrollment. This security deposit can only be applied to your child's last month of attendance if notice of withdrawal is submitted in writing one calendar month in advance of withdrawal date. Tuition cannot be pro-rated. If you choose to increase the number of days your child attends Key Element Learning, an additional security deposit equal to your current tuition will be required.

**Late Pick-up**

\$35.00 per every 10 minutes or any part thereof per child.

**Returned Checks**

Checks returned by your bank, payment must be replaced in cash along with a penalty charge of \$50.00. Upon notification of a returned check, you will have 24 hours to replace the payment in cash. If this amount is not paid after 24 hours a cumulative latepayment fee of \$10 per day will be added as service charge.

**Service Charge**

Daily charge of \$10 per day will be added to monthly tuition for all payments received after the 1st of each month and for all outstanding balances.

**Withdrawal**

One full calendar month written notice is required prior to withdrawal. Tuition will not be prorated for early &/or mid-month withdrawal regardless of notice given. Written notification must be submitted by the 1st of the month. If notification is submitted after 1st of the month, the following month will be considered the first full month's notice of withdrawal. In the event that you do not given proper notice by the first day of your last month, you will be responsible for payment of the full tuition for the following month in accordance with the tuition schedule.

**Change in Start Date or Program**

As a courtesy, parents are allowed one postponement of their original anticipated start date. This postponement cannot exceed 30 days from the original start date. If the child is unable to start within this period, the security deposit is forfeited. Parents who wish to change their child's current program (days/times of attendance) at Key Element Learning must submit a written request at least one full calendar month prior from their desired date of the program change. The school Director will notify the family in writing if the new schedule is available and of any tuition/fee modifications required.

I \_\_\_\_\_ the undersigned, have understood, read and agree to the above tuition policy.

**Signature** \_\_\_\_\_ **Print** \_\_\_\_\_ **Date** \_\_\_\_\_