

**ENROLLMENT FORM FOR KEY ELEMENT LEARNING JERSEY CITY NJ  
(KELJC) SUMMER CAMP 2024**

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 9 yrs	_____	_____	_____	_____

<p><b><u>Enrollment</u></b></p> <p><input type="checkbox"/> 338 Grove Street</p> <p><input type="checkbox"/> 207 Van Vorst Street</p>	<p><b><u>Weeks</u></b></p> <p><input type="checkbox"/> A: June 10 – June 14</p> <p><input type="checkbox"/> B: June 17 – June 21*</p> <p><input type="checkbox"/> C: June 24– June 28</p> <p><input type="checkbox"/> D: July 1 – July 5 *</p> <p><input type="checkbox"/> E: July 8 – July 12</p>	<p><input type="checkbox"/> F: July 15 – July 19</p> <p><input type="checkbox"/> G: July 22 – July 26</p> <p><input type="checkbox"/> H: July 29 – August 2</p> <p><input type="checkbox"/> I: August 5 -August 9</p> <p><input type="checkbox"/> J: August 12 -August 16</p> <p><input type="checkbox"/> K: August 19 -August 23</p> <p><input type="checkbox"/> L: August 26 -August 27 *</p>
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KEL closure days: June 19<sup>th</sup>, July 4<sup>th</sup> and July 5<sup>th</sup>, August 28<sup>th</sup>, August 29<sup>th</sup> and August 30<sup>th</sup>.

**Registration fee and tuition deposit (\$1,500) is required to reserve the spot or tuition shall be paid in full if the enrollment is less than 4 weeks. Enrollment for 4 weeks or above will pay session tuition.**

- Checks: Please make the check payable to: Key Element Learning
- Zelle
- Brightwheel App payment
- Credit Card: 3% convenience charge: And please complete the following

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:**

Tuition policy:

1. Enrollment for 4 weeks (no need to be consecutive weeks) and above can pay session tuition.
2. The tuition deposit is due upon the registration in order to reserve the spot. The tuition deposit is \$1,500 for enrollment for 4 weeks or above (or pay in full if the enrollment is less than 4 weeks). The tuition deposit is nonrefundable and can only be used as a school credit for future enrollment if the cancellation is made by written notice by May 1st 2024.
3. Sibling discount for summer camp: 5%.
4. The summer camp registration fee is for new families only and is waived for current families or returning campers.

Weekly registration fee: \$50 (new families only)

Session registration fee: \$200 (4-12 weeks, new families only).

5. Monthly meal program (breakfast, lunch and snacks): \$150
6. Monthly early drop off (early care: 7:30-8:30AM) or aftercare (6:30-7:00PM) tuition: \$150.
7. Key Element Learning Tuition Policy requires payment of tuition whether or not your child is absent, on vacation or it is a school holiday. For enrollment of week D or L only, the tuition will be prorated.

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

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