FOURCORNERS
MONTESSORI ACADEMY

1075 E Gardenia Ave. | Madison Heights, MI 48071
p (248) 542.7001 | f (248) 542.7901

Kids Club Enrollment Agreement 2025-2026
(Preschool - 8th grade)

Four Corners Montessori Academy (FCMA) offers supervised after school care, Monday-Thursday, from 3:30 p.m. – 6:00 p.m. and 1:30 p.m. – 6:00 p.m. on Fridays for students enrolled in the Kids Club program. **There is a $25.00 registration fee, per each child enrolled**. There is a flat rate of $5 per hour, per child enrolled. Healthy snacks will be provided.

In order to secure a spot for your child please fill out the attached enrollment agreement and return it to the office as soon as possible. ***Please note that with the high demand for Kids Club, families who need 5 days per week will have first consideration for the spots available.*** Also, we ask that you let us know (on the Enrollment Agreement) what your child(ren)'s anticipated use of Kids Club will be.

FCMA's Kids Club uses the Procare Child Care Management Software which provides:

- Attendance Tracker
- Automatically Updated Family Balance Record
- Ability to pay via credit or debit

Payments for accumulated time used should be made monthly.
CASH and CHECK payments are to be dropped off in the office.
(There is a $25.00 fee for returned checks.)

THERE IS NO KIDS CLUB ON THE FOLLOWING DATES: September 2, 2025, the first day of school or June 12, 2026, the last day of school. Also, Kids Club will not be offered on snow days.

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Student Name _____ Date of Birth: _____ Grade: _____

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2025-2026 Kids Club Fees

$25 Registration Fee (per child) Paid $ _____ Check Number_____

(Please make checks payable to Four Corners Montessori Academy)

Total Monthly Payment Due at the end of each month (see $ value-owed at check-in/check-out).

Non-sufficient funds check fee $25.00

PM Care Available: 3:30pm – 6:00pm (M-Th) & 1:30 p.m. – 6:00 p.m. (F)

Expected pick-up times:

Mon:_____ Tues:_____ Wed:_____ Thurs:_____

Fri:_____

A NON-REFUNDABLE REGISTRATION FEE OF $25.00 IS DUE AT THE TIME OF ENROLLMENT.

- Four Corners Montessori Academy, reserves the right to ask for withdrawal of your child from the Kids Club for non-payment of tuition for **30 days**.
- Four Corners Montessori Academy reserves the right at all times and in its sole discretion to dismiss the student for repeated failure of the child or the child's parents to follow rules and policies as established for the safety of all our children and personnel.
- Parents are responsible for signing children in and out each day.
- Students are to be picked up no later than 6:00pm each day. A late fee of $5.00 for every 5 minutes or portion will be assessed.

Release and Waiver

1. We agree to release Four Corners Montessori Academy, its Board Members, employees and volunteers from all claims, causes of action, damages, liabilities, and losses arising out of or resulting from the student's participation in Four Corners Montessori Academy programs, to the extent permitted by law, except for acts or omissions involving willful conduct by a board member, employee or volunteer of Four Corners Montessori Academy.
2. Permission is given for the students to participate in walks in the neighborhood and in playground activities with Four Corners Montessori Academy staff and parents.

Four Corners Montessori Academy does not discriminate in its admissions, school policies and educational policies, on the grounds of race, religion, national origin or gender. We are an equal opportunity employer and hold no political beliefs in administration of its educational policies, admission, or other school-administered programs.

I have read and understand, accept and agree to the terms and conditions on all pages of this agreement.

_____ _____

Signature of Mother/Legal Guardian Required **Date**

_____ _____

Signature of Father/Legal Guardian Required **Date**

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Parent/Legal Guardian's Name	Home Phone ( )	Parent/Legal Guardian's Name (Optional)		Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City / State / Zip Code		City	State	Zip Code
Email Address (optional)		Email Address		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	**( )**	**2.**	**( )**
3.	**( )**	**4.**	**( )**

Parent/Legal Guardian Initials:

_____I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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