



Twinfield Learning Center
 c/o Twinfield Union School
 106 Nasmith Brook RD, Plainfield, VT 05667
 802-426-3213 Ext.208

Student Registration 2014-2015

Name _____ Date of Birth _____ Gender F___ M___
 Grade in 2014/2015 _____ Teacher _____

FAMILY INFORMATION

Parent/Guardian	Parent/Guardian
Name _____	Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Mailing Address _____	Mailing Address _____
_____	_____

If we are unable to reach a parent/guardian, please provide the names and numbers of TWO other people we could contact in the event of an emergency. (Name, relationship, phone number, and address)

1. _____
2. _____

In addition to the people noted above, please list any other people who have permission to pick up your child from TLC.

STUDENT TLC SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please describe any parent/guardian work or personal schedules that we need to know about:

If your child goes to day care when not at TLC, please give us the name and phone number of their day care provider:

Does your child have any allergies, medical problems, or other conditions/issues that may affect her/his participation in the program? (Use separate sheet if more space is needed.)

Family Doctor _____ Phone _____

Child's Dentist _____ Phone _____

RELEASE AND PERMISSION

Please initial each applicable item and sign below.

I give permission for my child to participate in the activities offered by TLC.

I give my child permission to participate in the field trips that are offered by TLC.

I give consent for my child to be transported to and from any special TLC program activity in the vehicle of a staff member (except teenage staff). I understand that my child will be in a seat belt and that driving staff members hold current/valid driver's licenses, have adequate insurance coverage, and are driving inspected vehicles. **Advance notice will happen for these programs.**

I give my permission for photographs to be taken of my child as part of the program, and I understand that these photographs (with or without my child's name) may be used in reports about the program including, but not limited to, the news media, the program's web page, reports to local, state, or federal government agencies, and granting organizations.

I hereby indemnify, and agree to hold harmless TLC, their partners, employees, and volunteers from any claim arising out of an injury to my child or to myself.

I give permission for my child to receive emergency medical treatment deemed necessary during TLC activities.

Billing and Tuition Payments

Tuition: \$14.00 per child per day

Returned Check Fee: \$25 per check

Note: These fees are subject to change

Payment Policy

- Payment may be made in person when you pick up your child. All school year balances must be paid in full before following year participation. **Please make payments by Check or Money Order.** Please make all checks or money orders payable to Twinfield Union School. In the memo section, please make note that it is for TLC.
- TLC operates from the tuition fees paid by the parents of enrolled children. It is essential that fees be paid on time. Tuition fees are based on the number of days a child is enrolled and **not** actual attendance. **TLC does not credit for absences.**
- **Tuitions are to be paid a week in advance.** Payment is due Monday for the upcoming week.
- A statement for each week in the upcoming month will be mailed monthly.
- The first payment for the year will be for the current week and the upcoming week.
- All weekly payments will be considered late on Friday. Late payments will incur a \$5.00 fee which will be added to your next statement.
- **If tuition remains unpaid for 14 days after the due date, your child(ren) may not attend the program until payment is made in full.**

Vermont Child Care Subsidy Program

- Applications for the VT Child Care Subsidy are provided by the Washington County Family Center and TLC; these must be promptly and accurately submitted by you, the parent or guardian, to the Community Child Care Specialist at the Washington County Family Center. Please see the TLC Director if you are in need of an application for the Child Care Subsidy Program. **It is the parent's responsibility to apply for the VT Child Care Subsidy Program. TLC must receive confirmation of your Child Care Subsidy prior to your child's attendance.**
- In cases where a family's subsidy does not cover the TLC daily or weekly fees, the family will be responsible for paying the difference. If you are eligible for a VT Child Care Subsidy but do not apply, or have your account closed due to non-compliance with the Subsidy regulations, you will then be responsible for paying both the Parent fees and the Subsidy portion of your child's tuition.

Please check here if you have been approved for Subsidy or are interested in receiving information!

PLAN FOR UNSCHEDULED SCHOOL CLOSINGS

In the event of cancellation of TLC due to bad weather or other emergencies, my child should:

go home on the bus (# _____), even if TLC staff are unable to reach me first.

go home on the bus (# _____), provided _____ (name & relationship to your child) is also on the bus. (TLC staff can wait to call me **after** buses have left).

wait for TLC staff to call me **before** buses leave to confirm that s/he can go home on the bus. If you cannot reach me, keep my child at TLC until I can be reached to come get her/him.

other:

Signature of Parent or Guardian _____ Date _____

This box for office Use only

Parent Contacted Y N Expected Start Date _____ Primary Contact Confirmed _____