

# the little school at Kids Cottage

Quality Education, Inspiring Young Minds, Creating Excellence

## AFTER-SCHOOL CLUB

2022-2023

Do you need a safe, structured, fun environment for your school-age child(ren) before and/or after school? The little school at Kids Cottage offers an After-School Club for children ages 5-12 who are enrolled in an elementary or middle school program (K-8). The program will offer homework help, enrichment activities, and indoor and outdoor free play. We know how important it is to offer safe and engaging opportunities between the last school bell and the end of the workday. The After-School Club will provide your child/ren with a well-structured and supervised schedule to yield positive outcomes for students and their families.

Transportation will be provided by Capital School District for children attending Booker T. Washington Elementary, North Dover Elementary, Fairview Elementary, William Henry Middle School, and Central Middle School. Also, Academy of Dover, Providence Creek, Campus Community, Holy Cross, and St. Anne's Episcopal School will pick up and drop off at the little school at Kids Cottage. Car riders are also welcome.

The little school at Kids Cottage will be open before and after school, Monday through Friday, on school days for the 2022-2023 school year. The little school at Kids Cottage opens at 7:30 am and closes at 5:30pm. A non-refundable \$100 registration fee per child is required to enroll in this program.

**NOTE:** Care is available on a limited basis on snow days, in-service days, and other public/private school holidays. Please call to inquire about availability on these days.

For more information please contact the office at (302) 734-3040.

105 Mont Blanc Blvd., Dover, DE 19904

302-734-3040

Fax: 302-734-5127

[www.thelittleschool.us](http://www.thelittleschool.us)

SY 2022-2023

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## After-School Club Registration Form

- All children using the little school at Kids Cottage as a bus stop must have a completed registration form and an updated health appraisal on file in the main office. You can return this form and your health appraisal to the office at 105 Mont Blanc Blvd., Dover, DE 19904.
- Children must be between the ages of 5 and 12 and be enrolled in an elementary or middle school program to participate in the After-School Club.
- A non-refundable \$100.00 registration fee per child is required to enroll.
- Children will be billed a weekly rate of \$165.
- After-School Club rates begin for the 2022-2023 school year when your child begins his/her first week of school and will end the week your child completes his/her school year.
- The little school at Kids Cottage opens at 7:30am and closes at 5:30pm Monday – Friday.
- Late pick up fees are calculated at \$5 per minute.

**NOTE:** Care is available on a limited basis on snow days, in-service days, and other public/private school holidays after 1:00 pm. Please call to inquire about availability on these days. (302) 734-3040

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent/Guardian 1's Relationship and Name: \_\_\_\_\_

Parent/Guardian 2's Relationship and Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone-Parent/Guardian 1: \_\_\_\_\_ Cell Phone-Parent/Guardian 2: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Contact Name and # for School: \_\_\_\_\_

Bus Company, Phone Number and Bus #: \_\_\_\_\_

Bus Driver Name and Phone Number: \_\_\_\_\_

Parent/Guardian 1's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 2's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail (Primary): \_\_\_\_\_

Emergency Contact other than those listed above (Name and Number): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Brothers/Sisters (Name/Ages): \_\_\_\_\_

Known Allergies or Medical Problems: \_\_\_\_\_

Comments: \_\_\_\_\_

Typical Weekly Schedule: \_\_\_\_\_

Parent's/Guardian's Name (Please Print): \_\_\_\_\_

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

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## Concurrence Form

Please **INITIAL** that you have read and understood the following statements.

\_\_\_\_\_ All After-School Club registration forms must be accompanied by a \$100 registration fee and an automatic debit form. If you choose to have your balance deducted from a credit card a 5% merchant service fee will be added each time we run your card. There will be a charge of \$40.00 for any returned checks, ACH payments, or declined credit cards.

\_\_\_\_\_ A late fee of 5% of the total due will be charged to the account if payment is not paid on the due date per the concurrence form.

\_\_\_\_\_ Past due accounts will be placed with a collection agency. Any account sent to collections will incur a 40% interest charge which will be added to your account at little school at Kids Cottage. You will be responsible for all collection costs which may include collection fees, attorney fees, and other fees charged by the collection agency. This may include but is not limited to a fee for a partial payment made on the past due account.

Parent Signature/ Date \_\_\_\_\_

Please **INITIAL** your choice and statement underneath.

\_\_\_\_\_ **(Plan A)** Monthly payments are taken between the 1<sup>st</sup>-7<sup>th</sup> of each month. If you choose this option your account balance will automatically be deducted from your bank account (ACH) each month. **By selecting this plan, an automatic ACH authorization must accompany your concurrence and registration forms with a blank voided check.**

\_\_\_\_\_ **(Plan B)** Monthly payments are taken between the 1<sup>st</sup>-7<sup>th</sup> of each month. If you choose this option your account balance will be automatically deducted from your debit or credit card (i.e., Mastercard, Visa, Discover, or American Express). **By selecting this plan, a 5% merchant service fee will be added each time we run your card. By choosing this option an automatic debit authorization must accompany your concurrence and registration forms.**

\_\_\_\_\_ Please note, regardless of the plan you choose all miscellaneous charges including, but not limited to, movie nights, extended care, birthday parties, etc. will be deducted between the 1<sup>st</sup>-7<sup>th</sup> of each month. Also, all final extended care and miscellaneous monthly charges will be deducted from your card or ACH on file on the Monday following the last day of school for the 2022-2023 school year.

Please see the office if you have any questions.

### Automatic Account Authorization

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All charges posted to your account monthly (i.e. after school club, late fees, etc.) will be processed during the first seven business days of each month and deducted from your ACH account or credit card.

## ACH/ Checking Account *\*PLEASE ATTACH A BLANK VOIDED CHECK\**

Child/ren Name: \_\_\_\_\_ Name on account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I UNDERSTAND THAT A \$40 SERVICE FEE WILL BE APPLIED TO MY LITTLE SCHOOL ACCOUNT FOR ANY RETURNED ACH PAYMENT.

(PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_

I UNDERSTAND THAT IF MY PAYMENT IS RETURNED AND AN ALTERNATIVE PAYMENT HAS NOT BEEN RECEIVED WITHIN 5 BUSINESS DAYS FROM THE DATE OF DECLINE I WILL BE CHARGED A 5% LATE FEE.

(PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_

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## Credit Card

Child/ren Name: \_\_\_\_\_ Name on card: \_\_\_\_\_

Type of Card (circle): Mastercard— Visa— Discover— AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I UNDERSTAND THAT BY CHOOSING THIS OPTION I WILL BE CHARGED A 5% MERCHANT SERVICES FEE EACH TIME MY CARD IS RUN.

(PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_

I UNDERSTAND THAT A \$40 SERVICE FEE WILL BE APPLIED TO MY LITTLE SCHOOL ACCOUNT FOR ANY DECLINED PAYMENT.

(PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_

I UNDERSTAND THAT IF MY CARD DECLINES AND AN ALTERNATIVE PAYMENT HAS NOT BEEN RECEIVED WITHIN 5 BUSINESS DAYS FROM THE DATE OF DECLINE I WILL BE CHARGED A 5% LATE FEE.

(PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_