



The Adventure Club, Inc. (TAC) requires this agreement to be completed for enrollment in our before and after school program and for the registration fee to be paid before your child's first day.

TAC does not discriminate on the basis of a person's religion, color, race, gender, sexual orientation, age, national origin, disability, or other factors protected by the law.

Child Information

First Name		Last Name		Nickname																						
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Home Address		Primary Phone																						
Siblings Attending TAC (Names/Grades)																										
Select school your elementary child attends. For a middle school child, select school and write in TAC Site. Provide grade, start date, and schedule.																										
Lake Central: <input type="checkbox"/> Bibich <input type="checkbox"/> Homan <input type="checkbox"/> Kolling <input type="checkbox"/> Peifer <input type="checkbox"/> Protsman <input type="checkbox"/> Watson <input type="checkbox"/> St. John E. <input type="checkbox"/> Clark <input type="checkbox"/> Grimmer <input type="checkbox"/> Kahler (TAC Site Attending: _____)				Grade _____ Start Date _____																						
Lowell: <input type="checkbox"/> Oak Hill <input type="checkbox"/> LH Prairie <input type="checkbox"/> Three Creek				Check all that apply. If these days change, notify your TAC Site. See parent handbook/website for phone numbers.																						
Merrillville: <input type="checkbox"/> Fieler <input type="checkbox"/> Iddings <input type="checkbox"/> Miller <input type="checkbox"/> Salk <input type="checkbox"/> Wood <input type="checkbox"/> Aquinas <input type="checkbox"/> MIS				<table border="1"> <thead> <tr> <th></th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> <th>Days will vary</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Mon	Tue	Wed	Thurs	Fri	Days will vary	AM							PM						
	Mon	Tue	Wed	Thurs	Fri	Days will vary																				
AM																										
PM																										
Munster: <input type="checkbox"/> Eads <input type="checkbox"/> Elliott <input type="checkbox"/> Frank H. Hammond																										
Rensselaer: <input type="checkbox"/> Rensselaer Central Primary																										
Enrollment Time Period: Select One Only																										
<input type="checkbox"/> Full School year (August-May) <input type="checkbox"/> Mid-School year (January-May) <input type="checkbox"/> Summer (June-July)																										
For Summer School Registration Only (June & July)																										
What school will your child attend this Fall?		Child's T-Shirt Size (Circle One)		Billing (Must select only one)																						
_____		Child Size: S M L Adult Size: S M L XL		<input type="checkbox"/> Weekly <input type="checkbox"/> Hourly																						

Parent/Guardian

Note: TAC will not disseminate any information included on this registration form such as child data, financial arrangements, student attendance, or year-end tax statements to anyone other than the primary parent who filled out this registration form.

Is Parent/Guardian Employed by School? No Yes If yes, what position: _____ Which school: _____

Primary Parent First Name		Last Name		Relation to Child	Primary Phone		Secondary Phone	
Home Address			Email (Home)		Submit a copy of a Government Issued Photo ID			
Employer Address				Email (Work)		Work Phone/Extension		
Secondary Parent First Name		Last Name		Relation to Child	Primary Phone		Secondary Phone	
Home Address			Email (Home)		Submit a copy of a Government Issued Photo ID			
Employer Address				Email (Work)		Work Phone/Extension		

Yes Paperless Billing No Paperless Billing

If yes, you will receive a weekly invoice via email. If no, it is your responsibility to pick up weekly invoices at your TAC site. All payments are due weekly. Late fees of \$5 per week are assessed if you do not pay by Friday at 6:00 pm (excluding Merrillville).

Provide 2 personal questions and answers for new pick-up authorization.

Question _____ Answer _____

Question _____ Answer _____

Emergency Contacts/Authorized Pick-Up Persons

Please notify your TAC Site whenever an emergency contact/authorized pick up person will pick-up your child.

First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone

- You are authorizing the people listed above to pick-up your child from TAC.
- TAC requires all authorized people including parents/guardians to show a government issued photo ID at the time of pick-up.
- Identification questions listed on Page 1 will be used to confirm identity when calling in additional pick-up authorizations.
- In the case of an emergency when the TAC's staff cannot reach you, we will call the persons designated above.

Court Ordered Denied Pick-Up

The following individuals are prohibited from picking up my child(ren) and/or having contact with my child(ren) by court order. TAC must have a copy of the court order on file in order to deny pick-up.

First Name	Last Name	Relationship to Child	Phone #
First Name	Last Name	Relationship to Child	Phone #

Enrollment Agreement Child's Health Information

Health Issues & Allergies

None

Health Issue/Allergy	Effect/Reaction	Life Threatening?	Special Instructions Including Inhaler/Epi-Pen Usage
<input type="checkbox"/> Diabetes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Seizures		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Vision		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Hearing		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Food		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Respiratory/Asthma		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Bee Sting		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Other		<input type="checkbox"/> No <input type="checkbox"/> Yes	

TAC does not administer medication with the exception of asthma inhalers and/or Epi-Pens. Ask for Medical Release Form.

Medical Information

Dentist's Name	Phone Number
Physician's Name	Phone Number
Preferred Hospital/Clinic for Emergency Care	

Medical Policies

1. If any changes regarding health issues or medical information occur, I agree to provide new information promptly.
2. If my child is ill, I agree to pick up my child no later than one (1) hour after being contacted.
3. I understand that each of the TAC Sites has staff certified by the American Heart Association in CPR and First Aid in order to handle minor injuries. If any injury appears serious or indeterminate, the staff will immediately call 911 as well as the parent/guardian or emergency contact numbers. I understand that the Adventure Club is standing in "local parentis" (in place of parents) and I/we hereby authorize The Adventure Club to exercise the duties and authority arising therefrom. I/we understand that The Adventure Club is acting on behalf of the parents with regard to my child, as such, I/we hereby grant permission for The Adventure Club staff to take whatever steps necessary to obtain medical care for my child.

I have read and agree with all TAC's Medical Policies.

Parent/Guardian Signature

Date

Enrollment Agreement Financial Responsibility

Program Hours

School Corporations	AM 6:30 am – School Start	PM School End – 6:00 pm	Summer (TBD) 6:30 am – 6:00 pm	Holiday Breaks (TBD) 6:30 am – 6:00 pm
Lake Central	•	•	•	•
Merrillville	•	•	•	•
Munster	•	•	•	
Tri-Creek	•	•		
School Corporations	AM 6:30 am-School Start	PM School End-6:00 pm	Summer (TBD) 6:30 am – 6:00 pm	Holiday Breaks (TBD) 6:30 am – 6:00 pm
Aquinas	•	•		
M.I.S		•		
School Corporations	AM 6:30 am-School Start	PM School End-6:00 pm	Summer (TBD) 6:30 am – 6:00 pm	Holiday Breaks (TBD) 6:30 am – 6:00 pm
Rensselaer	•	•		

Emergency Dismissal

If school is dismissed early because of hazardous weather conditions or other emergencies, TAC will not be open. It is important that you have a family emergency plan in case of early dismissal because TAC will not notify you.

Delayed Start

In the event of a delayed start to the school day, TAC will be open. Delayed start fees are not included in the before school flat rate fee. Additional rates will begin at the time school normally starts.

Fee Schedule and Financial Terms (For Merrillville: please call 219-865-6283)

1. Enrollment fees are non-refundable and non-transferrable. Each school year, parents need to enroll their child by completing an enrollment form, paying the enrollment fee, and providing a copy of their drivers' licenses. If there is an outstanding balance at the time of any enrollment, all monies must be paid in full.

Select One (1) Only	Enrollment Time Period	Enrollment Fee (Per Child)
<input type="checkbox"/>	Full School year (August-May)	\$55.00
<input type="checkbox"/>	Mid-School year (January-May)	\$27.50
<input type="checkbox"/>	Summer (June-July)	\$35.00

2. Enrollment applications are required each summer and enrollment fees are additional.
3. Before school rates are a flat fee based on the school corporation. All before care begins at 6:30 am and ends when school starts (8:00 am for LC and 9:00-9:30 am for Munster). If school has a delayed start, there is an additional hourly fee charged. After school care begins when school ends until 6:00 pm. It is an hourly rate with a one hour minimum. One-half hour rates apply after the first hour. For both before and after care, TAC gives discounts to families with 2, 3 and 4 children. Discounts are also given to school employees during school year. See our rate sheet at www.TheAdventureClub.com or call Corporate Office at (219) 865-6283 from 9:00 am – 6:00 pm.

4. Invoices are generated every Monday for Lake Central and Wednesday for all other schools for care provided the prior week. Fees are due in full every Friday by 6:00 pm. Payments received by 6:00 pm each Friday will be reflected on the current invoice.
5. A \$5 late fee, per week, will be assessed to all accounts not paid in full each Friday.
6. If a tuition balance remains outstanding after one week, a delinquent notice will be issued at the site for pick-up by the parent and a \$5 late fee will be assessed to the account each week that tuition remains outstanding (\$15 maximum charge). If a tuition balance remains outstanding for two weeks or more, the following will occur: a suspension notice will be issued at the site, a suspension notice and statement will be mailed or emailed to the primary parent, a suspension notice will be mailed via certified mail to the primary parent and school administration, an additional \$5 late fee will be assessed, and the student will be suspended and dis-enrolled immediately from the program and unable to return until account is paid in full.
7. TAC provides one weekly invoice and one year-end-statement via email or hard copy to the primary parent. Parents sharing separate financial responsibility are responsible for calculating and submitting one payment as we do not calculate separate bills. Year-end tax statements with the company's tax identification number will be available after January 31st. A \$5 charge will be added to your account for each additional copy of statements.
8. Include your child's full name and invoice number with all payments. TAC accepts the following forms of payment:
 - MasterCard, Visa, Discover, and American Express via PayPal (No fees)
 - Pay by phone at (219) 865-6283
 - Checks or money orders made payable to TAC (The Adventure Club)
 - There is a service charge of \$35 for each returned check. NSF checks must be paid by money order or bank check and given to the Site Coordinator. After two NSF checks, fees must be paid by money order or bank check.
 - **NO CASH PAYMENTS ACCEPTED**
9. Parents will have two weeks, from the invoice issue date, to dispute their invoices.
10. TAC Staff must know when to expect your child so you are responsible for submitting your child's schedule one week in advance. If your child's schedule changes, you must notify TAC by calling your Site's answering machine. Failure to report any unscheduled changes either on or off will result in a \$5.00 service charge per occurrence. See the Parent Handbook or the TAC website for the phone numbers at each site.
11. Questions regarding billing should be directed to our billing department Monday through Friday from 9:00 am – 6:00 pm at (219) 865-6283 or emailed to info@TheAdventureClub.net.

I have read all the above information on the TAC Fees and Financial Terms. I acknowledge and agree to download/pick-up my weekly invoices, pay tuition every Friday by 6:00 pm along with any late fees of \$5 if tuition is not paid on time weekly. I further agree to pay \$15 per child for every 15 minutes my child(ren) is/are not picked up by closing time of 6:00 pm.

Parent/Guardian Signature

Date

Enrollment Agreement Terms & Certifications

Special Permissions

Walking Trips

I give permission for my child to leave the Site for outdoor fitness and educational purposes, with the understanding that my child will be accompanied by TAC staff and under supervision at all times.

Parent/Guardian

Signature _____

Date _____

Transportation

I hereby grant permission for my child to participate in and be transported by commercial transportation companies while under staff supervision at all times for field trips and other TAC sponsored activities. I understand that children not attending TAC fieldtrips will remain on-site with TAC staff.

Parent/Guardian

Signature _____

Date _____

Playground/Water Activities

I give permission for TAC to include my child in supervised playground and water activities. My child has my permission to use all the play equipment and take part in all TAC activities.

Parent/Guardian

Signature _____

Date _____

Parent Handbook

I have received, read, and agree to abide by the Parent Handbook.

Parent/Guardian

Signature _____

Date _____

Sunscreen Permission (Summer Only)

I understand that TAC is not responsible for any injuries that may result from the sun. I give permission for my child to apply/wear SPF 30 sunscreen that I supply.

Parent/Guardian
Signature _____
Date _____

Parent Release Agreement

In consideration of the services to be provided by The Adventure Club, Inc., and for other good and valuable consideration, the undersigned, for myself and for my minor child, and any and all family members, heirs, representatives, executors, administrators, and assigns of myself or of my minor child, hereby accepts full responsibility and assumes all risk, for my minor child's use of any and all apparatuses, appliances, facilities, privileges or services, of any nature, which is/are owned, operated or provided by The Adventure Club, Inc. While engaging in any contact, game, function, exercise, competition or any other activity operating, organized, arranged, or sponsored by The Adventure Club, Inc. either on or off their premises, my minor child shall do so at his or her own risk.

I hereby release and hold forever harmless The Adventure Club, Inc., its owners, employees, representatives, and agents (collectively, "the releases"), and each of them, from any and all losses, claims, injuries, damages, or liability of any kind, sustained or incurred by us resulting therefrom, whether caused by the negligence of the releases or otherwise. I specifically agree to indemnify and hold harmless The Adventure Club, Inc., its owners, employees, representatives, and agents as to any loss, cost, claim, injury, damage or liability, sustained or incurred by using the facilities, equipment, or services, of The Adventure Club, Inc., which is caused by an act or omission, whether negligent or otherwise, of an employee, representative, or agent of The Adventure Club, Inc.

I understand/acknowledge that it is my responsibility to ensure that my minor child participates only in those activities for which he/she has the required physical conditioning. My signature below indicates that I have carefully read and freely signed this waiver, and constitutes my full acceptance of this waiver.

I understand that in an effort to prevent any potential conflict of interest, childcare outside TAC hours by TAC staff members is discouraged. However, should I hire TAC staff, it must be outside the TAC premises and with the understanding that such arrangements and payments for services are solely between me and the member. TAC does not sanction the arrangements, and I agree to hold TAC harmless from any such arrangement. If a center staff member chooses to baby-sit for an enrolled child, the Site staff member and I must request and sign a Liability Release Form to be kept in the child's file.

I give my full permission and consent to TAC to use and keep my child(ren)s artwork; photographs or moving pictures they may take or produce at the Club' or photographs or moving pictures in which my child(ren) may appear.

Thank you for enrolling your child at The Adventure Club. It is our mission to provide a before and after school program that is an Enriching, Inspiring, Educating and Exciting place for your child to learn and grow while meeting the childcare needs of our parents, the school and communities we serve.

Thank you for the opportunity to be a part of your child's life.

Parent/Guardian Signature

Date

Note: In order for your child to be officially enrolled with TAC, it is imperative that both your enrollment form and fees are completed/submitted at the same time. After submitting both the form and fees, confirm with TAC that they have been received. Either email a request to info@TheAdventureClub.net, call the corporate office at (219) 865-6283 or stop by the office at 105 E. Joliet Street, Schererville, IN 46375. Office hours are 9:00 am – 6:00 pm.

<p>OFFICE ****USE ONLY****</p>	<input type="checkbox"/> Completed Enrollment Agreement <input type="checkbox"/> Driver's License <input type="checkbox"/> Payment Amount _____ Date _____ Check No _____ PayPal No _____ <input type="checkbox"/> Account in System <input type="checkbox"/> Account Invoiced <input type="checkbox"/> Copy for Site <input type="checkbox"/> Site Notified <input type="checkbox"/> School Notified <input type="checkbox"/> Medical Release Form Completed (If Needed) <input type="checkbox"/> Exception/Variable
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The Adventure Club

DISCIPLINE/GUIDANCE POLICY

It is very important a school age's development is nurtured through caring and understanding. However, there may be times when our team needs to respond to your child's misdirected behavior. Hitting, kicking, spitting, hostile, intimidation, and threatening behavior is not permitted at The Adventure Club.

In response to these negative behaviors, our team members will not use:

- Threats or bribes
- Physical punishment
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to these misbehaviors, our team will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly
- Give clear choices
- Redirect your child to a new activity
- Move your child to a cool down

If your child's behavior is destructive, disruptive, or harmful to himself or other children, we will discuss the issues with you. You will also receive incident reports on these behaviors. If the situation can be resolved, the student may remain enrolled in the program. If we are unable to resolve the issue, you may be required to make other arrangements for your child's before and after school care.

As a parent, you may have some concerns or wish to offer suggestions. Use the lines below so we may modify the above plan with agreed upon suggestions.

Child's Name _____ Date of Birth _____

Additional techniques to be used with my child:

Parent/Guardian Signature

Date
