

The Adventure Club, Inc. (TAC) requires this agreement to be completed for enrollment in our before and after school program. The first and last month needs to be paid in full before attending.

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 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 Munster: <input type="checkbox"/> Eads <input type="checkbox"/> Elliott <input type="checkbox"/> Frank H. Hammond Rensselaer: <input type="checkbox"/> Rensselaer Central Primary				Check all that apply. If these days change, notify your TAC Site. See parent handbook/website for phone numbers.						
				AM	Mon	Tue	Wed	Thurs	Fri	Days will vary
				PM						
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) Child Size: S M L Adult Size: S M L XL						

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 monthly invoice via email. If no, it is your responsibility to pick up monthly invoices at your TAC site. All payments are due monthly. If you do not pay by the 8th of each month a certified letter will be sent out.

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 7:00 am-School Start	PM School Ends-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 Ends-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.

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.

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 _____

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.

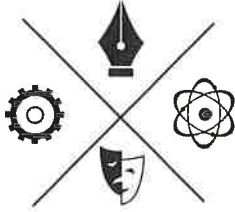
Thank you for enrolling your child at The Adventure Club. It is our mission to provide a before and after school program that is an Enriching, Inspiring, Educating and Exciting place for your child to learn and grow while meeting the childcare needs of our parents, the school and communities we serve.

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.



ADVENTURE CLUB

ENRICHING INSPIRING EDUCATING

2022-2023 Contract

This contract is between The Adventure Club and _____, the parent(S)/ guardian(s) of

This contract covers before and after school service to be provided for the 2021-2022 school year. After school care shall begin on August 17, 2021 and ends June 2, 2022. Below is a summary of charges when applicable. Please read all the policies carefully before signing this contract.

Afternoon Charges		
Check 1		
	5 Days (AM)	\$100.00
	5 Days (PM)	\$185.00
	5 Days (AM/PM)	\$285.00

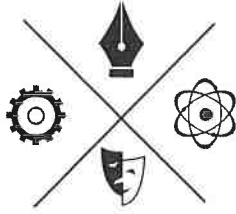
- **Registration**

A Prepayment is due upon registration of first and last month's tuition. Prepayment must be paid prior to child(ren) attending first day.

- **Tuition**

Your monthly tuition will be posted to your account on the first of each month. TUITION IS DUE EACH MONTH BY THE LAST BUSINESS DAY OF THE MONTH PRIOR TO SERVICE BEING PROVIDED. A late fee of \$25.00 will be charged to your account if payment is not made by the last business day of the month.

After the 10th of the month, if tuition has not been paid, your child will not be able to attend the program until full payment (including the late fee of \$25.00) is made. You are responsible for all charges on your account. All balances due shall be paid within thirty (30) days. In the event of delinquency, The Adventure Club shall be entitled to collect the delinquent amount and all costs associated with its efforts to collect the delinquency, including reasonable attorney fees.



ADVENTURE CLUB

ENRICHING INSPIRING EDUCATING

Merrillville Intermediate School
2022-2023 Contract

This contract is between The Adventure Club and _____, the parent(S)/ guardian(s) of _____.

This contract covers before and after school service to be provided for the 2021-2022 school year. After school care shall begin on August 17, 2021 and ends June 2, 2022. Below is a summary of charges when applicable. Please read all the policies carefully before signing this contract.

Afternoon Charges		
Check 1		
	5 Days (PM)	\$185.00

- Registration**
 A Prepayment is due upon registration of first and last month's tuition. Prepayment must be paid prior to child(ren) attending first day.
- Tuition**
 Your monthly tuition will be posted to your account on the first of each month. TUITION IS DUE EACH MONTH BUT THE LAST BUSINESS DAY OF THE MONTH PRIOR TO SERVICE BEING PROVIDED. **A late fee of \$25.00 will be charged to your account if payment is not made by the last business day of the month.**

After the 10th of the month, if tuition has not been paid, your child will not be able to attend the program until full payment (including the late fee of \$25.00) is made. You are responsible for all charges on your account. All balances due shall be paid within thirty (30) days. In the event of delinquency, The Adventure Club shall be entitled to collect the delinquent amount and all costs associated with its efforts to collect the delinquency, including reasonable attorney fees.

1. No School Attendance Days/School Breaks

This contract does not include Fall Break (10/28-10/31), Winter Break (12/23-1/6), and Spring Break (4/3-4/7). However, The Adventure Club does provide services during these breaks at the rate of \$25.00/day or \$115/week for services provided from 6:30am-6:00pm. There is not a prorated fee available for these days.

There is no service provided on the following days: Labor Day (9/5); Thanksgiving Holiday (11/23, 11/24, & 11/25), Winter Break (12/24, 12/25, 12/31, & 1/1), Martin Luther King Day (1/16), President's Day (2/17-2/20), and Memorial Day (5/29).

2. Calling OFF Child/Changes In Schedule

Your child(ren) is scheduled to be at TAC every day. If there is a change in plans, it is important that you call off using the following procedures:

- Call the TAC site and leave a message that your child will not be in attendance.
- Call the school office and leave a message that your child(ren) will not be in attendance.

If you do not make the two calls and TAC needs to make a phone call to find out if your child(ren) is safe at home, there will be a \$5.00 change fee applied to your account.

3. Early Withdrawal

If the need arises for you to withdraw your child(ren) from the program, you must submit a change of billing form and two week written notice to the corporate office of The Adventure Club either via US mail (105 East Joliet, Schererville, Indiana 46375) or via email at info@theadventureclub.net.

4. Handbook

It is posted on our website at <http://www.theadventureclub.com/pdfs/parent-handbook.pdf> and it is your responsibility to read our terms and conditions.

I (We), _____ have read this contract and understand the charges and fees that will be applied to my account. I (We) further understand that failure to make tuition payments on time will result in the temporary removal of my child(ren) from the program. Further non-payment will result in the termination of this contract and all charges are due on my account within thirty (30) days.

Parent Guardian's Signature

Date

Child's Name: _____

Child's Grade _____ School _____



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



ADVENTURE CLUB
EMERGENCY RESPONSE TO SCIENCE

Payment Terms
Authorization to Bill Credit Card

Name of Student (s) _____

Name of Student (s) _____

School _____

Today's Date: _____

Payment Terms: CHECK CREDIT CARD

Name on Credit Card: _____

Credit Card Type: VISA MASTERCARD OTHER

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

I hereby authorize The Adventure Club, Inc. to bill my credit card monthly prior to the start of new months' services (Usually the last week of the month).

AUTHORIZING SIGNATURE: _____

(MUST BE THE PERSON WHOSE NAME IS ON THE CARD BEING BILLED)

FOR OFFICE USE ONLY

TAC Staff Signature: _____ Date: _____