learning grove

Before and After School Program Enrollment Packet

Mission:
Learning Grove develops and supports innovative quality learning experiences that empower children, youth, and families across diverse communities.

Vision:
We envision a world where all children and youth reach their full potential, and all families thrive.

Our Diversity, Equity, and Inclusion Statement:
At Learning Grove, we are striving to be anti-racist in thought, deed, and action:

- We stand against all policies, attitudes and behavior that are barriers to love for all people.
- We humble ourselves when we acknowledge and correct our racism.
- We value and accept our children, youth, families and staff as individuals. We celebrate our differences.
- We embrace our ethical responsibility to advance equity and overcome racism.

What Makes Learning Grove School Age Programs Unique?
Learning Grove School Age Programs provide safe, structured and academically enriching opportunities where children learn, grow and gain new experiences. Before and after school programs are co-located in partner schools. Activities follow a planned curriculum that facilitates enhanced learning beyond the school day through recreational activities, games, and projects. A Social Emotional Learning (SEL) environment builds confidence and foundational skills for success in school and life. Academic skills are strengthened in a fun format through Enrichment activities in STEAM (Science, Technology, Engineering, Art and Math). Time is allotted for homework. Children also receive a healthy snack and have time for physical activity/fitness.

Licensing and Accreditation Bodies:
All school age programs are licensed by the KY Cabinet for Health and Family Services and participate in routine inspections. Programs participate in the KY All STARS quality rating program.

Enrollment and Registration Fee
Learning Grove School Age Programs have an open, year-round registration. Space is limited as per licensing capacity and staffing; students are enrolled on a first come first served basis. *To enroll, complete the packet in its entirety and return with immunization records and the $25 PER FAMILY non-refundable registration fee (Make check payable to Learning Grove, or call-in payment) to* delliott@learning-grove.org. Please allow 3 business days for paperwork to be processed. You will be contacted to confirm a start date, children may not participate until all paperwork is *complete* and returned.

Weekly Tuition:

Before School Program	2 – 3 days / week	$37.00
	4 – 5 days / week	$50.00
After School Program		
Boone and Grant County Sites	2 – 3 days / week	$50.00
	4 – 5 days / week	$70.00
St. Pius (opens at 1:30pm)	2 – 3 days / week	$60.00
	4 – 5 days / week	$80.00
St. Augustine	2 – 3 days / week	$47.00
	4 – 5 days / week	$65.00

*For safety, families must provide the scheduled days a child will attend each week.

Locations and Hours:
Before school programming serves children Kindergarten thru 6th grade at Collins Elementary, Erpenbeck Elementary, Kelly Elementary, Longbranch Elementary, and New Haven Elementary. The program operates on the calendar school year Monday – Friday 6:30am until the start of school, 7:00am start at Longbranch Elementary.

After school programming serves children Kindergarten thru 6th grade (thru 8th grade at St. Pius X) . The program operates on the calendar school year Monday – Friday from the end of the school day until 6:00pm.

Before and After School Program Locations:

Erpenbeck Elementary
9001 Wetherington Blvd.
Florence, KY 41042

Kelly Elementary
6775 Mc Ville Rd.
Burlington, KY 41005

Longbranch Elementary
2805 Longbranch Rd.
Union, KY 41091

New Haven Elementary
10854 U.S. 42
Union, KY 41091

Collins Elementary
9000 Spruce Dr.
Florence, KY 41042

After School Program Locations:

Beechwood Elementary
54 Beechwood Rd.
Ft. Mitchell, KY 41017

Blessed Sacrament Elementary
2407 Dixie Hwy.
Ft. Mitchell, KY 41017

Crittenden – Mt. Zion Elementary
270 Crittenden-Mt. Zion Rd.
Dry Ridge, KY 41035

St. Agnes
1322 Sleepy Hollow Rd.
Ft. Wright, KY 41011

St. Augustine School
1840 Jefferson Ave.
Covington, KY 41014

St. Pius X Elementary
348 Dudley Rd.
Edgewood, KY 41017

Steeplechase Elementary
12000 Grand National Blvd.
Walton, KY 41094

For general program inquiries, enrollment, and billing questions please contact:
Diana Elliott
859-431-2075
delliott@learning-grove.org

Director of Program Operations
Laura Wright
859-431-2075
lwright@learning-grove.org

Learning Grove Before and After School Enrollment Packet

RETURN COMPLETED ENROLLMENT PACKET WITH $25 REGISTRATION FEE AND IMMUNIZATION RECORDS TO:
Learning Grove, 333 Madison Ave., Covington, KY 41011 Email: delliott@learning-grove.org Fax: 859-431-3134
An enrollment packet is required for each child you are registering!

Child Information				
School Child Attends	**Circle if you are enrolling your child in Before or After School (Full-Time or Part-Time), and also circle days attending:** **Before School:** Full-Time (4-5 Days) Part-Time (2-3 Days) **Days:** Monday Tuesday Wednesday Thursday Friday			
Desired Start Date* *At least three full business days from submission.	**After School:** Full-Time (4-5 Days) Part-Time (2-3 Days) **Days:** Monday Tuesday Wednesday Thursday Friday			
Last Name (Child)	First Name (Child)	Age	Date of Birth	Grade
Circle: Male Female	Race	Do you give permission to grant Emergency Medical Authorization (Circle Yes or No)? Yes No		
Address		Phone		

Parent/Guardian 1 (Main Contact. Financially responsible for tuition payment)		
Last	First	Employer
Work Phone	Mobile	Email **(Required)**

Parent/Guardian 2 (Main Contact. Financially responsible for tuition payment)		
Last	First	Employer
Work Phone	Mobile	Email **(Required)**
Address (If different from child)		

How do you prefer to receive information about your child's activities and experiences at the program?

○ At Pick Up	○ Text Message	○ Phone Call
○ Email	○ Other:	

What language(s) are spoken in the home?

Are there any family heritage traditions that your family observes?

Emergency Contacts and Authorization to Pick Up

_____

Child Name

Emergency Contacts: Parents cannot be listed as emergency contacts. List at least on person (18+ years) who can be reached in the event of an emergency/illness it the parents/guardians cannot be reached.

Name	Phone
Address ○ Authorized to pick up	Relationship
Name	Phone
Address ○ Authorized to pick up	Relationship
Name	Phone
Address ○ Authorized to pick up	Relationship

Authorized to Pick Up: Designated person(s) the school age program can release the child to (18+ years)

Name	Phone
Address	Relationship
Name	Phone
Address	Relationship
Parent Signature	Date

Please list any information regarding custody arrangements/restraining orders (persons who may NOT visit or take your child under ANY circumstances). The center cannot refuse pickup to any custodial parent without a court order on site.

_____

_____

Family and Child Information

_____

Child Name

What are my expectations for my child's time in the program?

_____

_____

Do you have any worries/concerns about your child's transition into our program?

- I would like to receive information on transition support activities

_____

What is a goal you have for your child while in the program?

_____

_____

Is there anything you want us to know about your child's history (Adoption, family history, etc.)? Or are there any special circumstances in the family which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.)?

_____

_____

What are your child's favorite activities, games, and books?

_____

Please describe your child's strengths:

_____

_____

What makes your child upset?

_____

How do you calm/comfort him/her?

_____

_____

What methods do you use to respond to your child's negative behavior?

_____

Does your child currently have an IEP or 504 Plan? □ Yes □ No

Would you be willing to share this with the program? □ Yes □ No

Allergies, Special Health and Medical Conditions

Child Name

Primary Care Physician | Phone Number

Hospital | Phone Number

Does your child have any food, medication, or environmental allergies?

- ◯ No
- ◯ Yes – circle all that apply Food Medication Environmental

Please list and explain:

Does your child have a developmental delay or special health or medical condition?

- ◯ No
- ◯ Yes – please explain

Is your child currently using any medications or medical foods?

- ◯ No
- ◯ Yes – please explain

Does your child require emergency medication that will need to be on site during programming?*

- ◯ No
- ◯ Yes – please explain

*Families must provide the emergency medication on the first day of enrollment; including a complete prescription detailing the child's name, DOB, name of the medication and dosage instructions. Additional paperwork is required and will be provided by the Billing and Enrollment Specialist.

Acknowledgement of Before and After School Parent Handbook

_____
Child Name

I have received and reviewed a copy of the School Age Services Parent Handbook. ◯ Yes ◯ No

If no, a copy will be emailed.

Please initial the following:

☐ I have received a copy and have read and understand the School Age Services Parent Handbook and agree to abide by the policies.

☐ I agree to keep School Age Services informed of any changes in phone numbers and contact persons with the knowledge that this is for my child's safety.

☐ I understand that all paperwork, including immunization records, must be complete and returned to Learning Grove Billing and Enrollment Specialist as part of the registration process. Please allow up to 3 business days to process your application; you will be contacted once processed to confirm your start date.

☐ I understand that tuition is due on Monday of each week and agree to pay on time.

☐ I understand that tuition credits are only issues for days the program is closed. Credits are not issued for absences for any reason.

☐ I understand that Learning Grove is inclusive of all children, regardless of race, religion, physical or mental limitations, however, children enrolled must be able to cooperate in a group situation to ensure the safety of all children.

_____ _____
Parent Signature Date

Consent for Photographic, Cinematic, and/or Voice Reproduction

This release is based on the following conditions:

- Materials produced become the property of Learning Grove, Inc.
- Release is given without promise of compensation
- Release is effective until terminated by a written retraction from the person granting this authorization
- The parent or legal guardian and child/client release to Learning Grove, Inc. any right, title, and/or interest of any kind they may have in the records produced.

Release for Photographic, Cinematic, and/or Voice Reproduction for publicity purposes:

I hereby grant Learning Grove, Inc. the right and authority to photograph, film, and/or vocally record:

_____	_____
Child Name	Age

The materials produced may be used for promotional or publicity purposes, and may be used in mass media publications, on the organization's websites and social media sites, televised, or used in film presentations. Media resources include, but are not limited to, newsletters, social media, annual reports, brochures, professional publications, and special event/promotional materials. Actual names of clients and families will not be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent further use of photographic, cinematic or recorded materials.

_____	_____
Parent Signature	Date
_____	_____
Witness (for authorization by phone)	Date

Consent for Assessment and Authorization for Release of Information

Child Name _____ Date _____

Parent Name _____ Site _____

Consent for Assessment

- I agree that my child will receive developmental screenings and assessments provided by the School Age Services department. I also agree that designated staff may observe my child in the classroom setting. Assessments and Surveys include, but may not be limited to, DESSA and Global Game Changers Student Empowerment Survey.

Authorization for Release of Information

- I authorize Learning Grove to release and exchange information with (Name of person or school that has the information):
  _____

The following information:

- IEP
- 504 Plan
- Diagnostic Assessment
- School Records/Reports
- Immunization Records
- Other: _____

For the following reason:

- Compliance with licensing
- Review child's progress
- Individual support plan
- Other: _____

The consent shall expire:

- On the date of program conclusion
- On the date specified here: _____

I authorize the release of this information and understand that it will only be used for the purposes listed above.

Parent Signature _____ Date _____

Tuition Payments

Payment Options:
Auto Payments can be made using credit card, debit card, or direct withdrawal through a bank account. To use this option, fill out the Tuition Express Parent Authorization Form on the reverse side and return to Diana Elliott delliott@learning-grove.org.

Online Payments can be made through the parent portal, called Myprocare. See below for more information.

On-Site Payments can be made in cash and check directly to the program. Program staff will provide a receipt on-site at the time of the transaction.

Checks should be made payable to Learning Grove.

Credit and Debit Card Transactions will be subject to a 2.00% processing fee for all transactions.

For more information please see Invoicing and Payments in Parent Handbook.

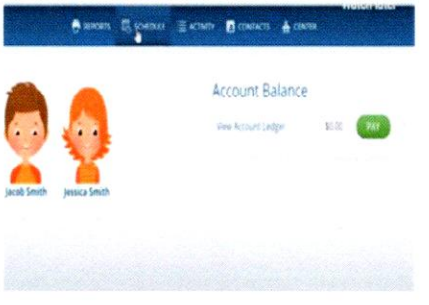
Accessing Tuition/Payment Information:
Myprocare is a parent portal that will allow you to make online payments, see previous payments, account balance, and see and update family contact information.

Setting up your account at myprocare.com (first time only)

1. You will need to verify your identity as an authorized payer by entering the email address we have on file. If you are unsure what email we have or if you don't have your email address on file please ask your center director for assistance.
2. MyProcare will send an email to the address with a confirmation code. Enter that code on the myprocare page and create a password.
3. You will use this email address and password to access your account in the future. If you forget your password you can use the "Forgot Password" feature at the top of the page to setup a new one (Learning Grove does not have access to password or the ability to reset the password).

Making a payment in myprocare:

1. Sign into your myprocare account at myprocare.com using the email address and password you just created.
2. You will see options to view reports (like previous statements), the ability to update your child's information/relationships/emergency contact info, and make a payment on your account.
3. Click the "Pay" button in the Account Balance box (your current balance will be shown in the Account Balance box).
4. Next, enter you credit/debit card information and the amount you would like to pay (there is a 2.00% fee charged for all credit/debit card transactions).
5. To save this card for future use simply select that option before submitting the payment.



Tuition® Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

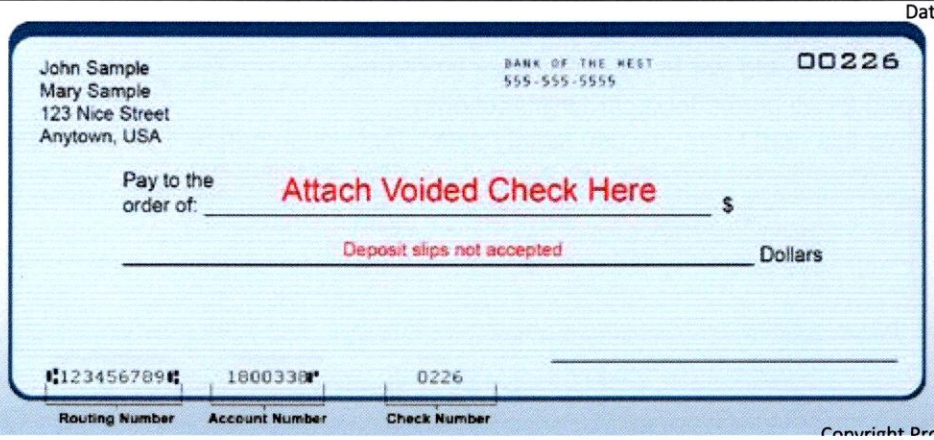
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



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