



**Active Louisville Kids**  
1970 Centennial Drive  
Louisville, CO 80027  
303-665-9665

Director: **Kristen Argow**  
303-324-8228  
ka@activeboulderkids.com  
fax: 303-665-9948

Form can be used for regular enrollment or camps

# ENROLLMENT FORM

## CHILD INFORMATION

**Start Date:** \_\_\_/\_\_\_/\_\_\_ **Enrollment Date:** \_\_\_/\_\_\_/\_\_\_

**Child's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male  Female

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Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male  Female

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

**Father's Name:** \_\_\_\_\_ Soc. Sec. # \_\_\_ - \_\_\_ - \_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed By: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_ - \_\_\_ - \_\_\_ Work Phone # \_\_\_ - \_\_\_ - \_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Soc. Sec. # \_\_\_ - \_\_\_ - \_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed By: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_ - \_\_\_ - \_\_\_ Work Phone # \_\_\_ - \_\_\_ - \_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**Person to contact in case of emergency:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_ - \_\_\_ - \_\_\_ Work Phone # \_\_\_ - \_\_\_ - \_\_\_

Relationship to child: \_\_\_\_\_

**Person to contact in case of emergency:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_ - \_\_\_ - \_\_\_ Work Phone # \_\_\_ - \_\_\_ - \_\_\_

Relationship to child: \_\_\_\_\_

**Person to contact in case of emergency:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_ - \_\_\_ - \_\_\_ Work Phone # \_\_\_ - \_\_\_ - \_\_\_

Relationship to child: \_\_\_\_\_

ATTENTION: PLEASE MAKE SURE THE EMERGENCY CONTACT INDIVIDUALS ARE ALSO LISTED ON THE PICK-UP PERMISSION FORM

Who referred you to ACTIVE BOULDER KIDS? \_\_\_\_\_



A c t i v e  
L o u i s v i l l e  
K I D S

Child's Name: \_\_\_\_\_

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# Personality Profile

How would you describe your child's normal disposition? \_\_\_\_\_

Does he/she have any specific fears or phobias? If so please describe them. \_\_\_\_\_

What means of discipline do you find most effective? \_\_\_\_\_

Describe the experience your child has had playing with other children. \_\_\_\_\_

What Language(s) is spoken at home: \_\_\_\_\_

Is the child adopted?  Yes  No At what age? \_\_\_\_\_ has he/she been told about the adoption?  Yes  No

By Nature, is your child:  friendly  shy  aggressive? Other: \_\_\_\_\_

What frustrates your child, or makes them angry? \_\_\_\_\_

What is the best way to communicate with your child? \_\_\_\_\_

Who does most of the disciplining in your household? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Has your child had a frightening experience with:  Animals  Loud Noises  The Dark?

Other: \_\_\_\_\_

Is there anything out-of-the-ordinary that might help us in understanding and working with your child more effectively? \_\_\_\_\_

(i.e. new baby, divorce, death, new step-parent, etc.)

Has your child ever attend a Childcare Center?  Yes  No How Long? \_\_\_\_\_ Where? \_\_\_\_\_

What areas or special attention you would like us to focus on this year? \_\_\_\_\_

## Health/Physical Profile

Known Allergies \_\_\_\_\_

Regular or Necessary Medication \_\_\_\_\_

Physical Disabilities or Limitations \_\_\_\_\_

Any other Health Problems the Center should be aware of \_\_\_\_\_

## Developmental Profile

Toilet Habits \_\_\_\_\_

Is your child Potty Trained?  Yes  No

if No does he/she use?  Diapers  Pull ups  Other \_\_\_\_\_

Can we depend on your child to tell us when they need to go to the bathroom?  Yes  No

Any special words your child may use \_\_\_\_\_

## Sleeping Habits

Special Nap time Instructions? \_\_\_\_\_

Normal Bedtime Awaken? Nap? Length? Bedtime Buddy? \_\_\_\_\_

Special Sleeping Routine (song, story, etc.) \_\_\_\_\_



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# Rates

**7:30 A.M. - 5:30 P.M. • Monday - Friday • 6 weeks - 6 years**

**Registration Fee** - \$50 per child (Non Refundable) paid to hold spot

\*We accept Boulder County CCAP (Colorado Childcare Assistance Program) If you qualify CCAP will determine your monthly parent fee.

## Preschool Program & Potty Trained

**3 YEARS AND UP**

### Morning (8:30-12:15)

5 Days	\$155.00 per week (\$31/day)
4	\$128.00 per week (\$32/day)
3	\$99.00 per week (\$33/day)
2	\$68.00 per week (\$34/day)
1	\$35.00 per week

### Full Day (8:30-3:30)

5 Days	\$225.00 per week (\$45/day)
4	\$196.00 per week (\$49/day)
3	\$159.00 per week (\$53/day)
2	\$112.00 per week (\$56/day)
1	\$58.00 per week

### Extended Day (7:30-5:30)

5 Days	\$290.00 per week (\$58/day)
4	\$240.00 per week (\$60/day)
3	\$192.00 per week (\$64/day)
2	\$138.00 per week (\$69/day)
1	\$72.00 per week

**\*Drop in rates:** Preschool- \$9/hr  
 Toddler- \$11/hr  
 Infants- \$13/hr

**Early Drop Off for preschool:** \$9/day or \$36/week

**Multi-child Discount:** 25% less second child fee

Hours can be added to our half/full day schedule at our drop in rates for all children.

\*Referred by Active Louisville Kids

## Infants

**6 WEEKS - 18 MONTHS**

### Half Day (7:30-12PM) (1-5:30PM)

5 Days	\$225.00 per week (\$45/day)
4	\$200.00 per week (\$50/day)
3	\$165.00 per week (\$55/day)

### Full Day (7:30-5:30)

5 Days	\$350.00 per week (\$70/day)
4	\$296.00 per week (\$74/day)
3	\$234.00 per week (\$78/day)
2	\$164.00 per week (\$82/day)

## Toddlers

**12 MONTHS + WALKING - 3 YRS**

### Half Day (8:30-12:30) (1PM-5PM)

5 Days	\$180.00 per week (\$36/day)
4	\$152.00 per week (\$38/day)
3	\$120.00 per week (\$40/day)
2	\$84.00 per week (\$42/day)
1	\$44.00 per week

### Full Day (8:30-3:30)

5 Days	\$280.00 per week (\$56/day)
4	\$232.00 per week (\$58/day)
3	\$180.00 per week (\$60/day)
2	\$126.00 per week (\$63/day)
1	\$65.00 per week

### Extended Day (7:30-5:30)

5 Days	\$320.00 per week (\$64/day)
4	\$264.00 per week (\$66/day)
3	\$207.00 per week (\$69/day)
2	\$144.00 per week (\$72/day)
1	\$78.00 per week



Child's Name: \_\_\_\_\_

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# Fee Agreement

## FEES:

- Fees are due whether child is in attendance or not
- All holidays will be charged at the regular rate.
- Fees are due in advance:
  - Weekly payment due on first day child attends each week and Monthly payment due on first week day of the month.
- Minimum one month written notice required for withdrawal after one month trial period or regular tuition due that month.

## LATE PAYMENT FEES:

- A 5% late fee will be added to fees not paid w/in week due. It will be added weekly until paid.

## LATE PICKUP FEES:

- After 5:30pm there is a \$1/minute charge added.
- Late pickup during the day will be charged at our hourly rate. Billed by the 1/2 hour.

Please write your child(ren)'s Name, schedule and rate depending on if you will pay weekly or monthly.

Child(ren)'s Name's: \_\_\_\_\_  
\_\_\_\_\_

Schedule Request:  Morning  Full  Extended

Mon	Tue	Wed	Th	Fr
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate:  Pay Weekly  Pay Monthly  
(payment schedule)

*By signing below I am stating that I understand and agree to the terms of the above fee agreement. I further agree to pay all fees and late fees as stated above:*

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_