

Child's Name:
Parent's/Guardian's Name(s):
Phone: Cell #1: Cell #2: (optional)
Address:
City, State, Zip:
E-mail:
Child's D.O.B: Age: Grade: Male/Female/
School child attends:(if enrolled in a school)
How did you hear about us:
 □ Referral from Friend/Family □ Online Search □ Social Media (Facebook, Instagram) □ Advertisement □ School □ Newsletter/Email Campaign □ Other (please specify)
Please check off the day(s) of the week that your child will be attending our center.
Mon Tue Wed Thur Fri
Start Date:/
Program(s) of Interest:
-Homeschool Daytime Wellness Circuit:After-school Wellness Circuit(with tutoring):
Summer Wellness Circuit(with tutoring*):One on one Tutoring* Vacation Camps:
For tutoring- Subject(s) student needs most focus on:
Grades K-5: Math, Science, Reading, Creative Writing, Physical Education, Art, Geography
Grades 6-8: Math, General Science, Life Science, Physical Science, Earth Science
Grades 9-10: Math (General homework help in all areas)



KidCove - Youth Program Policies

Initial: Payment: I UNDERSTAND AND AGREE TO PAY FEE AMOUNT PRIOR TO SERVICES. If a payment is not made on time, a \$5 late fee can be applied for each day the payment is late. Accepted payment methods: Cash, Check, Credit Card, Venmo.
Please initial next to how you will be making your payments:
in person onlinecredit card on filepaid for by LEARN365 Grant Payments must be made prior to service.
Initial: Please respect our hours for each specific program.
Initial:Absences: Parents must notify the center when their child will not be attending KidCove
by call, text or email. 24-hour notice required for cancellations to avoid a service fee.
Parent Signature: Date:
Registration Requirements: \$25.00 Non-Refundable Registration Fee (free for limited time)
Device Agreement
Photo Permission
Behavior Policy and Waiver
Handbook was given, digitally or printed (can find on website)
Credit Card on File (optional)