

THRIVE TIME ENROLLMENT FORM

PROGRAM SELECTION & PAYMENT INFORMATION

Please select the program(s) your child will attend:

- Monday–Thursday: 3:00 PM – 6:00 PM
- Friday Full Day: 7:30 AM – 6:00 PM
- Friday Half Day (if offered): 9:00 AM – 12:30 PM

Start Date: _____

Notes (schedule details, specific days, etc.):

Billing Name: _____

Billing Address (if different):

Phone: _____ Email: _____

Payment Method on File (required):

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV: _____ Zip: _____

I authorize Thrive Time to charge the payment method above for tuition, fees, and any applicable charges related to enrollment. I understand payments may be processed on a recurring basis and that I am responsible for keeping payment information current.

Signature: _____

Date: _____

CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School Attending: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

AUTHORIZED PICK-UP CONTACTS

The following individuals are authorized to pick up my child:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Additional Notes (custody, restrictions, etc.):

Government-issued photo identification may be required at pick-up.

EMERGENCY CONTACTS

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Physician Name: _____ Phone: _____

HEALTH INFORMATION

Allergies (food, medication, environmental):

Medical Conditions / Special Needs:

Medications (if applicable):

Medication must be provided in original packaging with written authorization.

PROGRAM POLICIES & AGREEMENTS

By enrolling in Thrive Time, I acknowledge and agree to the following:

Arrival & Pick-Up Procedures

Children must be escorted into the program and signed in by an authorized adult. Children will only be released to individuals listed on this form unless written authorization is provided. Pick-up must occur by program closing time. Late pick-ups may result in additional fees and may lead to suspension or termination if repeated.

Health & Illness Policy

Children must not attend if they have a fever of 100.4°F or higher, vomiting or diarrhea within the past 24 hours, a contagious illness, or an unidentified rash. Children must be symptom-free for at least 24 hours without medication before returning. If a child becomes ill during program hours, a parent/guardian will be contacted for immediate pick-up.

Medication & Allergies

Medication will only be administered with written authorization and must be in its original container with proper labeling. Emergency medications require a care plan. Allergies must be disclosed to ensure a safe environment.

Behavior Expectations

Children are expected to follow safety rules, use respectful language, and participate appropriately. Aggressive, unsafe, or disruptive behavior may result in parent notification, behavior plans, suspension, or termination if necessary.

Tuition & Attendance

Tuition is due in advance according to the program schedule. No refunds are issued for absences. Continued enrollment is dependent on timely payment and consistent attendance.

Personal Belongings

Children may bring a water bottle and lunch if applicable. Toys, electronics, and unsafe items are not permitted. The program is not responsible for lost or damaged personal items.

Safety & Emergencies

Emergency procedures are in place and practiced regularly. Parents/guardians will be notified as soon as safely possible in the event of an emergency involving their child.

Confidentiality & Media

All child and family information is kept confidential. Photos or media may be used for program purposes unless otherwise communicated in writing.

Program Compliance

Failure to follow program policies may result in suspension or termination of enrollment.

PARENT / GUARDIAN ACKNOWLEDGMENT

I acknowledge that I have provided accurate and complete information. I have received, read, and understand the Thrive Time policies outlined above and agree to comply with all program requirements.

I understand that failure to follow these policies may result in suspension or termination of my child's enrollment.

Parent/Guardian Name: _____

Signature: _____

Date: _____