



CalKids Learning Academy

Private School, Tutoring, Camps & More

Where every child's a STAR

26370 Diamond Pl. #503 Santa Clarita, CA 91350
661.600.6121
530 LA Avenue #105 B Moorpark, CA 93021



Private School • After School Program • Santa Clarita & Moorpark Locations

Student(s) _____ Date _____

Location (Circle One) Santa Clarita Moorpark

First Name _____ Last Name _____

Birthday / Date _____ Age (Today) _____ Grade _____

Days Attending (Circle): MON TUE WED THU FRI WEEKLY

School _____ Teacher's Name _____ Room # _____

Regular Dismissal Time ____:____ Short Dismissal Time ____:____ Minimum Dismissal Time ____:____

My child requires the following for safe and legal transportation (Circle): Car Seat Booster None

My child will normally be picked up from the center by ____:____pm

First Name _____ Last Name _____ Grade _____

Days Attending (Circle): MON TUE WED THU FRI WEEKLY

School _____ Teacher's Name _____ Room # _____

Regular Dismissal Time ____:____ Short Dismissal Time ____:____ Minimum Dismissal Time ____:____

My child requires the following for safe and legal transportation (Circle): Car Seat Booster None

My child will normally be picked up from the center by ____:____pm

Parent #1/Guardian #1

Parent #2/Guardian #2

_____ Email _____

_____ Email _____

_____ Phone _____

_____ Phone _____

_____ Address _____

_____ Address _____

OFFICE USE ONLY

Registration Fee (\$100.00/family) \$ _____

Materials Fee (\$50.00/child) (\$50.00 X _____) \$ _____

Book Fee (\$250.00/child) (\$250.00 X _____) \$ _____

Tuition Payment Option:

Monthly \$ _____

Weekly \$ _____

Pre-Pay \$ _____

Cash Check # _____ Automatic: Credit/Debit

TOTAL PAID \$ _____

OFFICE USE ONLY

Start Date: _____

Complete Online Registration form with up-to-date emergency contact information

Complete Billing Information

Parent Goals and Expectations

Add to master shuttle schedule

Receive School Calendar

Receive State test scores and/or Previous Report Card

School Teacher Contact form

How did you hear about us? Google Facebook Friend School Referred by: _____

Notes: _____

Parent _____

Director _____



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Enrollment – Tuition – Transportation Policy Updates June 2026



Students Name: _____

Date: _____

Tuition and Payment Policies:

_____ **(Weekly Payment Only)** I agree to pay tuition, in advance, no later than the first business day prior to my child's attendance. If tuition is not received by 6:00pm on the due date, I will have a 3 day grace period. If the debt is still outstanding, a late payment of \$35.00 will be assessed.

_____ **(Full Year Monthly Payment Only)** I understand that my monthly tuition will be billed in 12 equal monthly installments. Tuition invoices will be sent out at the beginning of each said month and payment is due on the 1st of the month. If tuition is not received by 6:00pm on the due date, I will have a 3 day grace period. If the debt is still outstanding, a late payment of \$35.00 will be assessed.

_____ **We are open during the Spring, Fall, and Winter Breaks and tuition is due for all students during those weeks whether the child is attending. This applies to both the Private School students and those being picked up after school.**

_____ **I understand that I am responsible for my child's tuition regardless of time off for illness or family vacations. Part-time students may make up sick days within the same calendar month.**

_____ I understand that individual tutoring students must provide a 24 hour notice of cancellation or remit the full amount due

_____ I understand both a \$45.00 returned check fee and a \$35.00 late payment fee will be charged for each returned check and I agree to pay this fee within one week of notification. I understand that after the second check has been returned, I will be required to pay remaining fees by money order, cashier's check, or Zelle.

Service Cancellation Policies:

_____ CalKids Learning Academy, Inc. hires staff, purchases supplies, and reserves field trip tickets & transportation in advance, according to student enrollments, therefore no credits or refunds are given for daily absences.

_____ All cancellations must be made, in writing, 2 weeks in advance in order for a refund/credit to be considered. Canceling with less than 2 weeks' notice will require full payment for the tuition cost of that particular week. If a tuition discount was given, tuition will be calculated at the regular weekly rates of attendance and the refund will consist of the remaining balance.

_____ **Prepaid/Discounted/Unlimited/Semester** tuitions are non-refundable at any time and for any reason.

General Rules and Regulations:

_____ **Late pick up:** I understand that if my child is picked up after 6:00pm, I will be charged \$1.00 per minute payable at the time of pick-up.

_____ I understand that if the staff is unsuccessful in contacting any of the authorized person to pick up my child one hour after closing, the Department of Children's Services will be called to pick up my child.

_____ I understand I must sign my child in and out daily. Should I wish to have my child released to another adult, I will send my written authorization. This adult will be required to show photo identification.



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_____ **Snacks:** Snacks are not provided, however students are encouraged to bring their own snacks which may be consumed at a specified time each day. Please send extra snacks if your child needs additional nutrition.

_____ I realize that children attending the CalKids Learning Academy, Inc. Program, will be required to follow all program rules. Students may be expelled from the program with no refunds for failure to meet behavioral expectations. There will be a "Three Strikes Rule" whereby if my student is the primary subject of three separate incident reports, then their future will be evaluated and may result in termination without a refund.

_____ I understand that CalKids Learning Academy, Inc., and staff will not be held liable for student injury, or loss, damage, or theft of property while my child is in attendance.

_____ I understand my child will be participating in many types of enrichment activities. I hereby authorize my child to participate in these activities.

_____ I understand that if my child becomes or arrives ill at CalKids Learning Academy, Inc. that I am required to pick them up within two hours of notification.

_____ I will inform and provide CalKids Learning Academy, Inc. with any school calendar information, changes to that calendar or any other specialty dismissals as soon as possible to ensure safe and accurate attendance for my child.

_____ I understand that CalKids Learning Academy, Inc. has the right to discontinue or refuse service at any time.

Transportation and Shuttle Policies:

Afterschool pickup/shuttle transportation is available for Santa Clarita students only. Transportation services are not available for the Moorpark location.

_____ My child will NOT be utilizing transportation services through CalKids Learning Academy, Inc..

_____ To ensure we have drivers confirmed and routes planned, we kindly ask that you text your child's pickup schedule to Ms. Kira at 805.405.5127 by **Thursday evening** of the week prior. If we do not receive your schedule by Thursday evening, we won't be able to guarantee transportation for the following week, and you will need to make alternate arrangements.

_____ For Santa Clarita students using afterschool pickup/shuttle services, I understand and give my consent for my child to be transported in a CalKids Learning Academy, Inc. vehicle driven by a CalKids Learning Academy, Inc. employee or shuttle to or from school.

_____ **Shuttle Pick up Cancellation:** I understand that, with exception of being sent home from school due to illness, if my child is NOT present for a scheduled pick up without notifying CalKids Learning Academy, Inc. 8 hours in advance, I will be charged \$30.00/day. Failure to provide a notice 3 times may result in termination from the program.

_____ I understand that during transport in a vehicle affiliated with CalKids Learning Academy, Inc., my child is required to follow all transportation rules. These may include but are not limited to: sitting at all times, securing and wearing safety restraints, keeping hands and feet to themselves and in the vehicle, refraining from yelling or screaming, and being respectful to all passengers and the driver. If they fail to consistently follow all the rules mentioned above, they may be terminated from the program or other modes of transportation must be arranged.

_____ Field trips may be scheduled during non-school days or breaks. In some cases, the field trip may incur a fee.

Parent Signature: _____

Date: _____

This must be completed before any pick-ups can take place.



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Emergency Medical Treatment Consent Form



I, (Print name) _____

Parent/Guardian of _____

Born on _____, do hereby give my consent to **CalKids Learning Academy, Inc. faculty and staff**, to secure and authorize such emergency medical treatment as the above name might require while under the supervision of CalKids Learning Academy Inc. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above by a duly licensed physician (M.D), and/or dentist (D.D.S.).

I also agree to pay all the costs and fees as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/guardian, etc. in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____

Address: _____ Phone: _____

If the parents/guardian is unavailable, other relatives or persons to contact in emergency:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Child has the following medication allergies: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Other Contact information: _____

Signature of parents/guardian: _____

Directors Signature _____

Date: _____