



IMPORTANT INFORMATION SIGN UP NEXT SCHOOL YEAR AND SUMMER CAMP 2023/2024 SCHOOL YEAR

Hello Colfax families,
As this school year is swiftly ending, PEAK would like to thank you and your family for another amazing year!

We are happy to let you know that we are now accepting students for the 2023/2024 school year. Please be advised there are only a certain number of spots available for each grade level, as per our state mandated capacity limits.

These spots fill quickly. Secure your child's placement ASAP so you can relax this summer knowing your childcare next school year is set.

Please remember all paperwork must be filled out each year. We have attached all necessary paperwork to enroll for the upcoming school year.

We are looking forward to fun filled summer. Check out our summer camp @ <https://www.peak-adventure.com/wilbur-charter>

This year we will hold our summer camp at Wilbur Charter School.

Colfax parents will receive additional 25% off per week.
Discount Code "PEAKCOLFAXSUMMER"

Sincerely,
PEAK Staff



2023 - 2024 Tuition Schedule

ANNUAL REGISTRATION FEE: \$60 (Due Upon Enrollment. Non-Refundable)

SIBLING DISCOUNT: 10% off the lesser tuition. Please note that this discount is not 10% off the combined tuition.

TUITION BREAKDOWN

Peak Adventure Care begins on the first day of school in August and ends on the last day of school in June. Tuition is based on the number of school days during the school year and does NOT include NO SCHOOL days and breaks (Fall, Winter, Spring, Summer)

Tuition is calculated annually and broken into weekly payments. As a reminder, a 2-week written notice is needed for any changes to your weekly schedule (number of days, schedule days, etc.) Includes all Minimum Days and Early Release Days There is no credit if your child does not attend.

TK - 5th Grade	Afterschool Rates
# Of Days Per Week	Weekly Cost - Afterschool (from school dismissal to 6pm)
Full Time 4/5 Days (Minimum Days Included)	\$105.00
4 Days per week (Minimum Days Included)	\$99.00
3 Days per week (Set Days-Parent picks days)	\$95.00
2 Days per week (Set Days-Parent picks days)	\$85.00

CIRCLE DAYS: M / T / W / TH / F

CIRCLE ONE (O)

\$105.00 – Full Time (4/5 days) per week \$99.00 - 4 days per week

\$95.00 – 3 days per week \$85.00 - 2 days per week

Scholarships: Contact CCRC – 818-717-1000

PARENTS: TO FINALIZE YOUR CHILD'S REGISTRATION PACKET PLEASE INCLUDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS.

Peak Programs Inc. 27-3235505 (Non-profit organization))
26802 Pine Cliff Place, Stevenson Ranch, CA • 92625
PH: 661-219-5185 • Email: peakenrichment@gmail.com
www.Peak-Adventure.com

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

EMAIL: _____

TEACHER: _____ GR: _____

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR _____

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE _____

DATE _____

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION _____

DATE LEFT _____



Credit Card Authorization Form

Child's Name: _____ Date: _____ **COLFAX CHARTER**

I, _____, hereby authorize this credit card to be used for childcare payments for my child's After School Program.

CREDIT CARD INFORMATION

Name as it appears on the card: _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

Zip Code: _____ DISCOUNT: 10% OFF 2ND CHILD AND 15% OFF 3RD CHILD

DAYS PER WEEK: M / T / W / TH / F

FULL TIME 4/5 DAYS: \$105 / 4 Days: \$99 / 3 Days: \$95 / 2 Days: \$85

PAYMENT: FIRST 3 WEEKS PLUS REGISTRATION FEE

3 weeks x (\$ _____) x 1st child + \$60 Registration fee = \$ _____

3 weeks x (\$ _____) x 2nd child + \$60 Registration fee x 10% off = \$ _____

3 weeks x (\$ _____) x 3rd child + \$60 Registration fee x 15% off = \$ _____

FIRST PAYMENT AMOUNT: \$ _____

Credit Card Billing Address:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Cardholder Signature: _____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()