

# Enrollment Form 2024/25

## Ardmore United Methodist Church



Please email to [phillykinder@gmail.com](mailto:phillykinder@gmail.com)  
 or send to:  
 Anja Hilliard  
 Attn: PhillyKinder  
 24 E. Stratford Ave  
 Lansdowne, PA 19050

**Parent 1** (Main contact): \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Parent 2:** (Should this contact receive emails too? Yes No)  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Address** (for new families or if address has changed):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency contact** (if parents cannot be reached):  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

Does your child have any special needs which PhillyKinder should be aware of (allergies, sensitivities, illnesses etc.)?  
 \_\_\_\_\_

If yes, does your child use an EpiPen or inhaler? Yes No

Classes are held exclusively in German. It is important to us that our students are able to enjoy their PhillyKinder experience. Is your student able to follow instructions in German?  
Yes No Sometimes

First and last name	Birthdate (MM/YY)	Grade in 24/25	Class/prices (check <a href="#">website</a> for details)	Fees
Oldest child			Junge Entdecker, ABC Schützen, Schlaue Fuchse (90min) <b>\$600</b>	
			Kleine Freunde with parents (90min) <b>\$450</b>	
Second child (25% rebate)			Junge Entdecker, ABC Schützen, Schlaue Fuchse (90min) <b>\$450</b>	
			Kleine Freunde with parents (90min) <b>\$338</b>	
Third child (25% rebate)			Junge Entdecker, ABC Schützen, Schlaue Fuchse (90min) <b>\$450</b>	
			Kleine Freunde with parents (90min) <b>\$338</b>	
<b>Total</b>				
<b>PayPal payment transaction fee, add 2.5%</b>				
<b>Donation</b> (any amount is greatly appreciated, thank you!)				
<b>Total payment</b>				

Please make checks out to **PhillyKinder**, and send to PhillyKinder, 24 East Stratford Ave, Lansdowne, PA 19050.  
 If you pay via PayPal, please send your payment including the 2.5% transaction fee to '[phillykinder@gmail.com](mailto:phillykinder@gmail.com)'.  
**If you are experiencing financial hardship, please contact us at [phillykinder@gmail.com](mailto:phillykinder@gmail.com).**

## Photo Permission

I give permission for photos of my child to be taken and used for in-class projects and limited program promotion, such as the PhillyKinder website or Facebook page, the German Society of Pennsylvania's newsletter and similar publications, etc., as long as no names are mentioned.

YES       NO

## I agree to the following Health and Safety procedures, please initial all:

\_\_\_\_\_ I am responsible for my child at all times before and after class. I agree to leave the premises promptly after pick-up.

\_\_\_\_\_ I understand that at dismissal, students need to be picked up in the classroom by a parent/guardian. In case of a person other than a parent/guardian picking up, please inform the teacher and administration.

\_\_\_\_\_ Students who are enrolled in the *Schlaue Füchse* classes are allowed to leave the class unaccompanied to find their parents after dismissal. I understand that after my child leaves the class room, he or she is no longer in the care of PhillyKinder and I am responsible to arrange for my child to find me or to get a ride home.

\_\_\_\_\_ I agree to follow the PhillyKinder Covid-19 health and safety policies including the mask policy. Those policies may change during the school year depending on the Covid-19 case numbers in the area and the policies of Ardmore United Methodist Church. PhillyKinder will provide the policy at the beginning of the school year and will email updates if applicable.

\_\_\_\_\_ If I or my child show any signs of illness, including, but not limited to, fever, shortness of breath, or persistent dry cough, loss of taste or smell anytime in the 72 hours prior to class, we will stay at home. In addition, I understand that if my child has taken any fever reducing medications in the past 24h, they may not attend class.

\_\_\_\_\_ Families and staff are requested to observe all existing health mandates and recommendations in their personal interactions outside this program in order to avoid possible Covid-19 exposure.

\_\_\_\_\_ I understand that the program may need to close on short notice due to government order, student, parent or staff illness, or other emergencies. Individual classes may need to be cancelled on short notice due to weather-related or other emergencies.

## Accidents/Emergencies

Most of our staff is trained and certified in First Aid and CPR. We follow the American Heart Association's guidelines in regard to 911 calls.

## Enrollment, Payment, and Cancellations

- The program fees can be paid either by check or via PayPal (a 2.5% transaction fee does apply to PayPal payments).
- Classes must be paid in full before the start of the program.
- If you pay for three or more students, the program fees can be paid in two installments. Please contact the PhillyKinder administration to arrange for a payment plan.
- In case of financial hardship please contact the PhillyKinder administration.
- Cancellations must be made via email to [phillykinder@gmail.com](mailto:phillykinder@gmail.com).
- If PhillyKinder has to cancel a program due to lack of enrollment, all paid fees will be refunded.

## Coronavirus (COVID-19) Warning

PhillyKinder has developed policies and procedures for its programs based on state and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend Covid-19 vaccination, mask wearing and social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in PhillyKinder programs or accessing PhillyKinder-rented facilities could increase the risk of contracting COVID-19. PhillyKinder in no way warrants that COVID-19 infection will not occur through participation in PhillyKinder programs or accessing facilities rented by PhillyKinder.

## PhillyKinder Event Waiver and Release

In consideration of being permitted to utilize the facilities, services and programs of PhillyKinder (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in program, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program and its protocols including, but not limited to Covid-19 prevention procedures. It is further warranted that such entry into the facility for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program including Covid-19 prevention procedures have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

The undersigned is aware of the different types of activities, equipment, and facilities offered by the organization, and is aware of the risks inherent in the participation in such activities and use of such equipment and facilities, including, but not limited to possible Covid-19 exposure.

In further consideration of being permitted to enter the facility for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the organization, the undersigned hereby agrees to the following:

1. The undersigned on his or her behalf and behalf of such children, hereby releases, waives, discharges and covenants not to sue PhillyKinder, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury or illness, including, but not limited to Covid-19, to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with PhillyKinder.

2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the premises or in any way observing or using any facilities or equipment of the organization or participating in any program whether caused by the negligence of the releasees or otherwise.

3. The undersigned hereby assumes full responsibility for and risk of bodily injury, illness, including, but not limited to Covid-19, death or property damage to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with PhillyKinder.

The undersigned further expressly agrees that the foregoing release waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE, AND I ACCEPT AND AGREE TO ALL OF THESE TERMS AND CONDITIONS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_