Growing Roots
EARLY LEARNING CENTER
A MINISTRY OF IMMANUEL LIVING

315 School Addition Road
Somers, MT 59932
(406) 885-9962

SCHOOL AGE SUMMER REGISTRATION 2026 – SOMERS

June 15-Sept 1 (closed July 3 & Sept 2-4)
Completed K–12 years

ENROLLMENT DATE:_____

CHILD'S NAME:_____ BIRTHDATE:_____ AGE:_____
ADDRESS:_____ CITY:_____
STATE:_____ ZIP:_____ NEW:_____ RETURNING: _____

ADD'L SIBLING ENROLLED:_____ ADD'L PAYER SOURCE:_____

1ST PARENT/GUARDIAN:_____ EMPLOYER:_____
ADDRESS(if different):_____ CITY:_____
STATE:_____ ZIP:_____ EMAIL:_____
HOME PHONE:_____ CELL:_____ WORK:_____

2ND PARENT/GUARDIAN:_____ EMPLOYER:_____
ADDRESS(if different):_____ CITY:_____
STATE:_____ ZIP:_____ EMAIL:_____
HOME PHONE:_____ CELL:_____ WORK:_____

TUITION BILLING PROCEDURE: Tuition for the Summer Program is billed weekly and is based on the tuition plans selected for each enrollment week. Parents/Guardians are financially responsible for all reserved spots for the duration of the Summer Program. Tuition changes and withdrawals must be made by completing a Tuition Change Form. No refunds or credits will be issued for withdrawals or cancelled days that are requested with less than 30 days' notice. If additional days are needed with less than 30 days' notice, a Drop-In rate of $70 per day will be billed in addition to weekly billing. Tuition payments must be made in full, prior to your child attending the program. A 5% late fee will be assessed on any unpaid balance after the first day of service. Students will not be allowed to attend until all outstanding balances have been paid. A $25 fee will be charged for any returned checks. Accounts with a second returned check will be required to make all future payments in "cash only".

TUITION PLAN SELECTION – DAILY SCHOOL HOURS 8-5

plans are subject to class availability

2 Days	-	$140/wk	AM Extended Care (7-8)	$ 8/day
3 Days	-	$185/wk	PM Extended Care (5-6)	$ 8/day
4 Days	-	$220/wk	AM and PM Extended Care	$15/day
5 Days	-	$245/wk		

SUMMER ACTIVITY FEE (non-refundable): **$150**/child **PAYMENT :** Ck/Cash_____ Billing___

This fee is for transportation, food, and other program related costs. Fee must be paid to hold your child's spot

EXTENDED HOURS NEEDED (please circle) **AM PM BOTH NONE**

	M	T	W	TH	F
June 15 – June 19	___	___	___	___	___
June 22 – June 26	___	___	___	___	___
June 29 – July 02	___	___	___	___	CLOSED
July 06 – July 10	___	___	___	___	___
July 13 – July 17	___	___	___	___	___
July 20 – July 24	___	___	___	___	___
July 27 – July 31	___	___	___	___	___
Aug 03 – Aug 07	___	___	___	___	___
Aug 10 – Aug 14	___	___	___	___	___
Aug 17 – Aug 21	___	___	___	___	___
Aug 24 – Aug 28	___	___	___	___	___
Aug 31 – Sept 01	___	___	CLOSED	CLOSED	CLOSED

**** PLEASE READ, INITIAL, AND SIGN PAGE 2 ****

SCHOOL AGE SUMMER REGISTRATION 2026 – SOMERS

_____ I am enrolling _____at Growing Roots Early Learning Center.
(Childs First & Last Name)

_____ To guarantee my child's spot, I am including the NON-REFUNDABLE Summer Activity fee with this form.

_____ I have read the Tuition Billing Procedure on page one and agree to the terms and conditions.

_____ I have selected each weekly tuition plan I wish to enroll my child in. I understand that if I choose to make any changes to my tuition plan, I must complete a Tuition Change Form and return it to Growing Roots Early Learning Center no less than 30 days prior to requested change effective date.

_____ If it becomes necessary to withdrawal my child, I understand that I am financially responsible for ALL reserved days prior to 30-day notification.

_____ If additional days are needed, I understand that ALL additional days prior to 30-day notification will be billed at the Drop-In rate of $70 per day.

_____ I understand that Growing Roots Early Learning Center reserves the right to refuse care to families due to consistent tardiness in picking up their child, failure to make timely payments, or if a child has special needs that cannot be adequately supported at our facility.

_____ I understand that if my child's tuition is covered by an external payer source (i.e. Best Beginnings), I am financially responsible for any fees beyond this coverage. If this coverage is discontinued, I am responsible for notifying Growing Roots Early Learning Center of this change before the next billing cycle. I must either withdrawal my child following the proper process or assume responsibility for full tuition rates going forward. Additionally, if my child's tuition is fully covered by an external source and I choose to discontinue services, I must still follow the proper withdrawal process; otherwise, tuition fees will continue to accrue even if coverage does not.

_____ PROGRAM HOURS & LATE PICKUP POLICY - Our program operates from 8:00am to 5:00pm. Children should be dropped off NO EARLIER than 8:00am and must be picked up NO LATER than 5:00pm unless extended hours have been requested in registration. If you anticipate being unable to pick up your child by 5:00pm, please call ahead and attempt to make other arrangements. A late fee of $10 will be applied for pickups 1-15 minutes after your registered pick-up time. An additional $1.00 will be charged for every minute after 15 minutes. THIS POLICY IS STRICTLY ENFORCED.

To ensure appropriate staffing and maintain a high-quality learning environment, parent/guardians are required to commit to their child's designated preschool schedule. Your child is scheduled to attend from _____ to _____.
(Time) (Time)

If changes to your child's schedule are necessary, advanced notice must be provided to allow for proper staffing adjustments and classroom planning which will be subject to availability. Failure to provide timely notice may affect our ability to accommodate schedule modifications. By signing below, you acknowledge your commitment to the agreed-upon attendance schedule and policy to notify Growing Roots Early Learning Center of any changes as soon as possible.

_____ _____
Parent / Guardian Signature Date

_____ _____
Parent / Guardian Signature Date