

Kid's Place Preschool Enrollment July 1, 2018- June 30, 2019

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Child's Gender \_\_\_\_ T-shirt size \_\_\_\_  
 Guardian 1 \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Address \_\_\_\_\_ With whom does the child reside \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ EXT \_\_\_\_\_ Cell \_\_\_\_\_ Eve Phone \_\_\_\_\_  
 Guardian 2 \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Employer \_\_\_\_\_  
 Home Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ EXT \_\_\_\_\_  
 Cell \_\_\_\_\_ Eve Phone \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ Phone Number during center hour's \_\_\_\_\_

List all persons authorized to pick up child at the end of the day. Include yourself if appropriate. **ONLY THOSE LISTED MAY PICK UP YOUR CHILD** (Please Print) \_\_\_\_\_

Please list any information you feel may help your child adjust to the program. If your child has special health care needs you must list them below. This includes ADD/ ADHD, Asthma, Allergies, Seizures, or comments that your Pediatrician has written on your child's medical form other than normal development. This information is required for the safety of your child. The Office of Children and Family Services requires additional medical forms to be completed. Omitting medical information or failing to discuss particulars of your child with staff during the time of enrollment is cause for termination of childcare. Kid's Place is licensed to administration over the counter topical ointments only.

**Payments are expected by the first of each month. Late payments forfeit all discounts. Kid's Place is a 501 (c) (3) not for profit program that relies on your monthly fees for our daily operations. A \$25 late fee will be placed on your account. We require that all participants have their fees paid prior to attendance. I understand I will forfeit my deposit if payments are not made according to fee schedule. A NON REFUNDABLE ONE-WEEK DEPOSIT AND A \$75.00 REGISTRATION FEE IS DUE WITH THIS APPLICATION. If you would like to withdraw your child from the program three weeks' notice is required. Once a month has begun full payment is expected for that month. Failure to provide three weeks' notice will forfeit your deposit.** This program is licensed by the Office of Children and Family Services. This agency requires all children submit a properly completed medical form to the center before any child may attend the program. The medical forms are required to be updated on an annual basis. No adjustments will be made to fees due to absence for any reason including failure to supply the properly completed medical form, illness, or failure to adjust to the program. I understand that Kid's Place A Place For Kids To Be, Inc. staff will make every effort to provide a positive experience for my child. However, if my child cannot live within the rules of the center or if her/ his behavior or the behavior of the Parent adversely affects the experience of the other children I understand that he/ she will be dismissed. No refunds will be provided. Kid's Place A Place For Kids To Be Inc., reserves the right to cancel any activities due to occurrences beyond their control. Kid's Place A Place For Kids To Be, Inc. has my permission to take photos of my child, which can be used in promotions I understand that neither my child or myself will be compensated for these promotions. The program has my permission to transport and take my child on trips inside or away from the center. I also grant the program permission to seek emergency medical treatment for my child with the understanding I will be notified as soon as possible. I \_\_\_\_\_ am the custodial Parent or Legal Guardian of the above named child. I understand it is my responsibility to provide any and all court documentation that would limit the rights of a Parent or Guardian. I have been advised of the programs policies including medication administration, fee schedules, and services provided and I agree to abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please check the days your child will attend    Mon    Tues    Wed    Thurs    Fri

Program Fees :	Five days	Four days	Three day	Two day	One day
<i>Commuter Hours 6:30am-6:30pm</i>	\$235.00	\$210.00	\$180.00	\$130.00	\$65.00
<i>Business Hours 7:30am to 5:30pm</i>	\$215.00	\$195.00	\$160.00	\$110.00	\$55.00
<i>Banker Hours 9am - 3pm</i>	\$190.00	\$165.00	\$135.00	\$90.00	\$45.00
<i>Nursery School 9am - 12 pm</i>	\$135.00	\$105.00	\$80.00	\$55.00	\$30.00

**Sibling Discount** For two or more children in attendance 10 % (if fees are unequal the discount is applied to lowest fee paid) Office Use Only -----

Date registered \_\_\_\_\_ Deposit Amount \_\_\_\_\_ Name of siblings \_\_\_\_\_ Referred by \_\_\_\_\_