

Kid's Place Toddler 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 _____ Cell _____
 Eve Phone _____ Emergency Contact Name (other than parent) _____
 Relationship to child _____ Phone Number during center hours _____

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. 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.

Payment is expected on the first of each month. Late payments forfeit all discounts. A fee of \$25 will be applied to all late payments. Kid's Place is a not for profit program that relies on your monthly fees for our daily operations. 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. The one week deposit will be applied to your last week of care. We require a three weeks' notice when withdrawing from the program. Failure to provide three weeks' notice will forfeit your deposit. Once a month has started you are responsible for the entire monthly fees. 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 they may attend the program. 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. There are no make- up days due to illness or holidays. 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 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

Discounts: All fees paid in full by the first of each month will be as follows, per week:

Program Fees :	Five days	Four days	Three day	Two day	One Day
Commuter Hours 6:30am-6:30pm	\$245.00	\$215.00	\$195.00	\$145.00	\$75.00
Business Hours 7:30am to 5:30pm	\$235.00	\$205.00	\$170.00	\$120.00	\$60.00
Banker Hours 9am - 3pm	\$195.00	\$175.00	\$145.00	\$95.00	\$50.00
Nursery School 9am - 12 pm	\$140.00	\$120.00	\$95.00	\$60.00	\$35.00

Sibling Discount For two or more children in attendance 10 % (if fees are unequal the discount is applied to lowest fee paid)
 Date registered _____ Deposit Amount _____ Name of siblings _____ Referred by _____