

# Kidville School Age Childcare: Enrollment Form

## Family Information:

Parent/Guardians

Mothers/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fathers/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus # \_\_\_\_\_

## Child's Information:

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Allergies \_\_\_\_\_

## Authorized Pick up:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Unauthorized Pick up/Order of Protection:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Licenses Physician Authorization to give emergency care to my child:

Physician Name \_\_\_\_\_ Clinic Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Clinic Address \_\_\_\_\_

Parent Insurance Name \_\_\_\_\_

Contract Name \_\_\_\_\_ Group Number \_\_\_\_\_

If the above named Physician is not available another Physician may treat my child: YES NO

## Licensed Dentist authorized to give emergency care to my child:

Dentist Name \_\_\_\_\_ Dentist Phone Number \_\_\_\_\_

Parent Insurance Name \_\_\_\_\_

Contract Name \_\_\_\_\_ Group Number \_\_\_\_\_

If the above named Dentist is not available another Dentist may treat my child: YES NO

**School Closing Information:**

If school is released early due to weather we will remain open for one hour after school is dismissed.  
(Late fees will be charged after 1 hour)

In case school were to close early, my child should...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bus# \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Phone: \_\_\_\_\_

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**In signing this contract, I understand and agree to the following:**

- I have included the non-refundable registration fee by the registration date (\$10 K-5<sup>th</sup> & \$20 Pre-K).
- I have included the monthly schedule.
- Cash/check payments are due every Tuesday. Credit/Debit Card transactions are due the 15th and 30th of the month.
- I understand late payments will result in a late fee of \$25
- Late pick up fees apply when children are not picked up by their scheduled time.
- This contract will apply to every week of the school year session, excluding school release days.
- I will pay my tuition rate regardless if my child(ren) is in attendance or not.
- If I wish to withdraw my child from the program, I will give a two week written notice. I am responsible for the charges accrued during this period.
- I will adhere to all the policies and procedures required by the program and school district. Abuse of any of the policies could result in the dismissal of my child from the program.
- I grant permission for my child to apply sunscreen under the direction of staff.
- I understand that it is my responsibility to notify childcare staff of any changes in family information.
- I give permission for staff to take photos of my child and for those photos to be used in/on promotional items, school website and childcare website.
- I give permission for my child(ren) to leave the facility for field trips.
- I agree to release Kidville, District 8 and its employees of any liability for accidents or injuries. I understand that I will be responsibility for all medical expenses.
- I understand that it is my job to inform staff if my child receives special services, has an allergy or takes prescription medications:\_\_\_\_\_
- I would like to opt out of a paper invoice. I understand that an invoice will be emailed every two weeks and a tax receipt will be emailed in January.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date