**Child Information**

|  |  |  |
| --- | --- | --- |
| Last Name First Name (Nickname) | Enrollment Date  | Date of withdrawal |
| Child’s Home Address |
|   Girl Boy | Date of Birth | Child’s Home Phone Number( )  |
| In case of an emergency if **parents/guardians cannot be reached, g**ive the **name, address and phone number** of an individual to call. | Relationship |
| While we always offer full time care, part time care may be offered, space permitting. Please indicate which program you are registering for below.  Full Time Part Time M/W/F Part Time T/TH School Age Care |
| Child’s Legal Guardian: Both Parents Mother Father Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child’s Living Arrangements: Both Parents Mother Father Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List telephone numbers where parents/guardians may be reached while child will be in KRK care. |
| 1st Parent ( Account will be listed under this parent’s name) | 2nd Parent |
| Last Name : First Name:  | Last Name : First Name:  |
| Street: | Street: |
| City: State: Zip: | City: State: Zip: |
| Home Phone: ( ) | Home Phone: ( ) |
| Cell Phone: ( ) | Cell Phone: ( ) |
| Work Phone: ( ) | Work Phone: ( ) |
| Place of Employment: | Place of Employment: |
| Address of Employment: | Address of Employment: |
| Normal work hours/days: | Normal work hours/days: |
| Email: | Email: |

**Water Activities (Please check appropriate boxes) – I hereby □ give □ do not give consent for my child to participate in these water activities: □ Splash Pad □ Water Table Play**

**Siblings**

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | School/Classroom |
|  |  |  |
|  |  |  |
|  |  |  |

Signature – Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual Needs**

Page 1

|  |
| --- |
| Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and / your child’s teacher to help your child in these situations? Does your child have any limitations or require any special provisions or accommodations? |
|  |

**Health Information**

|  |
| --- |
| List any medical issues that your child may have, such as allergies, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregiver’s should be aware of: |
|  |

**School Age Children**

|  |
| --- |
| Please indicate if your child will need before/after school care: yes no before after both |
| My child attends the following elementary school: |
| Name of school | Address | Phone Number |
| My child’s immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.Vision and Hearing screening records are also on file. |
| Signature – Parent or Legal Guardian | Date |

**Room Assignment/Rates/Fees/Additional Information**

|  |  |
| --- | --- |
| Starting Room: | Room Rate: |
| A non-refundable registration fee of $125 ($185 family) is required upon enrollment, and $100 individual/$130 family annual supply fee thereafter, unless specified differently per program. | Signature: |
| Another registration fee will be due if the child is withdrawn and then re-enrolls. | Signature: |
| Tuition is due by Tuesday of each week. Tuition not paid by Tuesday close of business will incur a $15 late fee. An additional $5 per day fee is added for each late day of payment.  | Signature: |
| There are no deductions for holidays or partial week attendance. See handbook regarding vacation credit qualifications. | Signature: |
| A $30 fee will be charged for all returned checks. | Signature: |
| A two week written notice is required when withdrawing. A charge of up to two weeks tuition will be incurred for improper notification. | Signature: |
| I agree to pay the current weekly tuition rate throughout my child’s enrollment including the two week withdrawal notice period. | Signature: |
| I agree to keep the center informed as to changes in telephone numbers, addresses, and changes to health conditions of the child. | Signature: |
| To insure that my child is able to participate in all activities and events, I will make sure that my child has closed toed shoes. | Signature: |
| I agree to label all items brought into the center and understand any item brought into the center not labeled will be labeled by the child’s teacher. Labeling needs to consist of first and last name. | Signature: |

Signature – Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 2