

Kids Kare
Enrollment Form

Name: _____ Birthday: _____
Address: _____ city/St./zip _____ Phone: _____
Mother: _____ Employer: _____ Phone: _____
Father: _____ Employer: _____ Phone: _____
Church home: _____

Mother's Day Out
Registration fee \$25.00

Kittens (nursery) 2 days _____ (\$120.00) T/TR
1 day _____ Tues. Thur. _____ (\$65.00)
Lambs (Toddler) 2 days _____ (\$120.00) T/TR
1 day _____ Tues. Thur. _____ (\$65.00)

Preschool
Registration fee \$50.00

Bunnies (2's) 2 days _____ (\$120.00) T/TR
3 days _____ (\$165.00) T/W/TR

Puppies (3's) 2 days _____ (\$120.00) T/TR
3 days _____ (\$165.00) T/W/TR

Bears (4's) 2 days _____ (\$120.00) T/TR
3 days _____ (\$165.00) T/W/TR

Tigers (Pre-K) 3 days _____ (\$200.00) T/W/TR only

Registration Fee: _____ Check # _____

The applicant agrees to abide by the regulations of the school

Signed: _____

Date: _____

Kids Kare Authorization Form

Child's Name: _____

I hereby grant permission for my child to use all play equipment, and participate in all school activities.

I hereby grant permission for my child to leave the school premises under staff supervision for neighborhood walks or field trips.

I hereby grant permission for my child to go on any field trip with this school during the summer. I understand that my child may ride with a staff or parent in vehicles that have seat belts which shall be used for all trips or in the church van or bus. I will NOT hold the school or any staff member liable or accountable for any accident that may occur on the trip, or any time during the day at KIDS KARE.

I hereby grant permission for the Director, or acting Director, to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian (including use of the Enrollment Information form, "Persons to be Called in case of Emergency" section.
2. Attempt to contact the child's physician.

If we can not contact you, or your child's physician, we will do any or all of the following:

1. Call another physician or paramedic
2. Call an ambulance.
3. Have the child taken to the emergency room hospital in the company of a staff member.

Any expense incurred under the above will be borne by the child's family. The school will NOT be responsible for anything that may happen as a result of false information given at the time of enrollment.

PERSONS OTHER THAN PARENT TO BE CALLED IN CASE OF EMERGENCY:

Name: _____

Name: _____

AUTHORIZED PERSONS OTHER THAN PARENT TO PICK UP THE CHILD:

Name: _____

Name: _____

Medical Information

Name: _____ Birthday: _____

List your child's allergies: _____

List medication child receives: _____
How often? _____

Does your child have any special needs? _____
If so, please list them: _____

Health Insurance Company: _____

Physician: _____ Phone: _____

Emergency Hospital Preference: _____

Has your child had all recommended vaccinations? Yes NO
Is your child in good health? Yes No

Signed: _____ Date: _____
Parent or legal guardian only