



KINGDOM KIDS 2017-2018 ENROLLMENT FORM

Date Rec'd _____
 Amount _____
 Check / CC _____
 Initials _____
 Approval _____

Please return completed enrollment form to:
Kingdom Kids
 4400 55th Street NW
 Rochester, MN 55901
 Tel: 507.282.4840
 Fax: 507.286.1278

- **Before May 1st** please include \$65/family non-refundable registration fee.
- **After May 1st** please include \$65/family registration fee, \$25/child supply/activity fee and the first month's tuition.
- All are non-refundable.

CHILD'S INFORMATION

Name _____ **Nickname or name child goes by:** _____
Child's Birthday ____/____/____ **Child's Gender (circle one):** Male / Female

What is the primary language spoken in the home? _____

Does your child have an IEP (Individualized Education Plan): Yes / No
 If yes, a copy must be on file prior to admission.
 Please indicate your 1st, 2nd, and 3 choice. All tuition rates are per month.

2 YEAR OLD (2 by Sept 1)		
Mornings 9:00 - 11:30am	2's Friends 'N Fun 12:30 - 3:00pm	2's Late Pick Up 3:00 - 5:30pm
<input type="checkbox"/> MW \$151	<input type="checkbox"/> M	<input type="checkbox"/> M
<input type="checkbox"/> TTh \$151	<input type="checkbox"/> W	<input type="checkbox"/> W
<input type="checkbox"/> MWF \$201	<input type="checkbox"/> F	<input type="checkbox"/> F
<input type="checkbox"/> T \$71		
<input type="checkbox"/> Th \$71		
<input type="checkbox"/> F \$71		

3 YEAR OLD (3 by Sept 1)		
Mornings 9:00 - 11:30am	Afternoons 12:30 - 3:00pm	Full Day 9:00am - 3:00pm
<input type="checkbox"/> MW \$151	<input type="checkbox"/> TTh \$151	<input type="checkbox"/> MWF \$345
<input type="checkbox"/> TTh \$151	<input type="checkbox"/> MWF \$201	
<input type="checkbox"/> MWF \$201		

4/5 YEAR OLD (4 by Sept 1)		
Mornings 9:00 - 11:30am	Afternoons 12:30 - 3:00pm	Full Day 9:00am - 3:00pm
<input type="checkbox"/> MW \$151	<input type="checkbox"/> MW \$151	<input type="checkbox"/> TTh \$259
<input type="checkbox"/> TTh \$151	<input type="checkbox"/> TTh \$151	<input type="checkbox"/> *MWF \$345
<input type="checkbox"/> MWF \$201	<input type="checkbox"/> MWF \$201	* KinderPrep must be 4 ½ by Sept 1
<input type="checkbox"/> MTWThF \$293	<input type="checkbox"/> *MTWTh \$254	
	* KinderChallenge requires assessment and teacher approval	

ENRICHMENT CLASSES (3 by Sept 1 to age 5)	
1 class = \$79 3 classes = \$211 5 classes = \$319	
Mornings 9:00 - 11:30am	Afternoons 12:30 - 3:00pm
<input type="checkbox"/> M Art	<input type="checkbox"/> M Junior Gym
<input type="checkbox"/> T Discovering God's World	<input type="checkbox"/> T JAM
<input type="checkbox"/> W Young Explorers	<input type="checkbox"/> W Young Explorers
<input type="checkbox"/> Th JAM	<input type="checkbox"/> Th Spanish
<input type="checkbox"/> F Mother Goose & Math	<input type="checkbox"/> F Creative Adventures

EXTRA SERVICE OPTIONS (ages 2 to 5)			
Early Drop Off 7:30 - 9:00	Lunch Buddies 11:30 - 12:30	Friends 'N Fun 12:30 - 3:00	Late Pick Up 3:00 - 5:30
<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> M
<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T
<input type="checkbox"/> W	<input type="checkbox"/> W	<input type="checkbox"/> W	<input type="checkbox"/> W
<input type="checkbox"/> Th	<input type="checkbox"/> Th	<input type="checkbox"/> Th	<input type="checkbox"/> Th
<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F



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CHILD'S NAME _____

FAMILY INFORMATION

Mother: _____

Father: _____

Address: _____

Address: _____

Primary Phone: _____

Primary Phone: _____

Alternate phone: _____

Alternate phone: _____

Employer & Phone: _____

Employer & Phone: _____

Email: _____

Email: _____

Do you have a home church? Yes / No If so, where? _____

How did you hear about us? _____

Child lives with: Mother Father Both Other (circle one)

ORDER TO CONTACT PARENTS:

Name	Relationship	Telephone
1. _____	_____	_____
2. _____	_____	_____

EMERGENCY CONTACTS / AUTHORIZED PICK UP (other than parents)

- These individuals may pick up your child, with notice to the teacher.
- These individuals will be called in the event that parents cannot be reached, and **must live in the Rochester area.**
- You **MUST** provide at least **TWO** contacts.

1) Name _____ Relationship _____
 Address _____
 Home Phone _____ Alternate Phone _____

2) Name _____ Relationship _____
 Address _____
 Home Phone _____ Alternate Phone _____

3) Name _____ Relationship _____
 Address _____
 Home Phone _____ Alternate Phone _____

4) Name _____ Relationship _____
 Address _____

RESTRICTED PERSONS - These individuals **MAY NOT** pick my child up from preschool.

Name & Relationship to child	Information that Kingdom Kids should know
1 _____	_____
2 _____	_____
3 _____	_____



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CHILD'S NAME _____

RELEASE OF INFORMATION

Please initial next to those statements with which you agree.

- _____ I understand the policies of Kingdom Kids as outlined in the Parent Handbook. This includes the payment schedule, withdrawal/refund policies and late fees.
- _____ I give permission for my child to be photographed for use on Facebook, Twitter, and within the school/classroom setting.
- _____ I give permission for Kingdom Kids to include our family information (name, address and phone numbers) in the school directory.
- _____ Kingdom Kids may give my name, address and phone number to parents interested in carpooling.

MEDICAL INFORMATION – This information is required prior to attendance, along with a current immunization record and Health Care Summary.

CHILD'S DOCTOR

Name _____

Address _____

Phone _____

CHILD'S DENTIST

Name _____

Address _____

Phone _____

HOSPITAL PREFERENCE (PLEASE CIRCLE CHOICE): St. Marys Hospital or Olmsted Medical Center

ALLERGIES AND MEDICATION:

Drug Allergies: _____

Food Allergies: _____

Special Medical Needs: _____

Other: _____

AUTHORIZATION FOR MEDICAL TREATMENT

If I cannot be reached or am delayed in arriving, I authorize the nearest source of emergency medical care to care for and to treat my child.

Parent Signature: _____ Date: _____

ADDITIONAL INFORMATION – Please provide any information that might be helpful in teaching your child (example: family traditions, struggles with transitions, loves to read, etc.)

AGREEMENT and ACKNOWLEDGEMENT

I understand that it is my responsibility to keep my child's information up to date. Kingdom Kids is not liable if this information is inaccurate or outdated.

Parent's Name (Printed): _____

Signature: _____ Date: _____