



# KINGDOM KIDS 2018-2019 ENROLLMENT FORM

Date Rec'd \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Check / CC / Cash / RCC / ACH \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Approval \_\_\_\_\_

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

- **Before May 1<sup>st</sup>** please include \$65/family non-refundable registration fee.
- **After May 1<sup>st</sup>** 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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice. All tuition rates are per month.

<b>2 YEAR OLD</b> (2 by Sept 1)		
<b>Mornings 9:00 - 11:30am</b>	<b>2's Friends 'N Fun 12:30 - 3:00pm</b>	<b>2's Late Pick Up 3:00 - 5:30pm</b>
___ MW \$159	___ M	___ M
___ TTh \$159	___ W	___ W
___ MWF \$212	___ F	___ F
___ F \$75		

<b>3 YEAR OLD</b> (3 by Sept 1)		
<b>Mornings 9:00 - 11:30am</b>	<b>Afternoons 12:30 - 3:00pm</b>	<b>Full Day 9:00am - 3:00pm</b>
___ MW \$159	___ TTh \$159	___ MWF \$395
___ TTh \$159	___ MWF \$212	
___ MWF \$212		

<b>4/5 YEAR OLD</b> (4 by Sept 1)		
<b>Mornings 9:00 - 11:30am</b>	<b>Afternoons 12:30 - 3:00pm</b>	<b>Full Day 9:00am - 3:00pm</b>
___ MW \$159	___ MW \$159	___ TTh \$271
___ TTh \$159	___ TTh \$159	___ *MWF \$395
___ MWF \$212	___ MWF \$212	* <b>KinderPrep</b> must be 4 ½ by Sept 1
___ MTWThF \$307	___ MTWTh \$259	

<b>ENRICHMENT CLASSES</b> (3 by Sept 1 to age 5)	
1 class = \$81 3 classes = \$211 5 classes = \$327	
<b>Mornings 9:00 - 11:30am</b>	<b>Afternoons 12:30 - 3:00pm</b>
___ M Art	___ M Junior Gym
___ T Discovering God's World	___ T JAM
___ W Young Explorers	___ W Young Explorers
___ Th JAM	___ Th Spanish
___ F Mother Goose & Math	___ F Creative Adventures

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



# KINGDOM KIDS 2018-2019 ENROLLMENT FORM

CHILD'S NAME \_\_\_\_\_

## FAMILY INFORMATION

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Mobile 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 _____
	Mobile Phone _____	Work Phone _____
2)	Name _____	Relationship _____
	Address _____	Home _____
	Mobile Phone _____	Work Phone _____
3)	Name _____	Relationship _____
	Address _____	Home _____
	Mobile Phone _____	Work Phone _____
4)	Name _____	Relationship _____
	Address _____	Home _____
	Mobile Phone _____	Work Phone _____

## 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	_____	_____



# KINGDOM KIDS 2018-2019 ENROLLMENT FORM

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 within the school/classroom setting.
- \_\_\_\_\_ I give permission for my child to be photographed for use on Facebook, Twitter and KK website.

## 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: \_\_\_\_\_