



# Kingdom Kids Kindergarten Enrollment Form 2012-2013

Date Rec'd \_\_\_\_\_  
Amount \_\_\_\_\_  
Check No \_\_\_\_\_  
Initials \_\_\_\_\_  
Approval \_\_\_\_\_

Please return completed enrollment form to: <b>Kingdom Kids</b> 4400 55 <sup>th</sup> Street NW Rochester, MN 55901 Tel: 507.282.4840 Fax: 507.286.1278	<ul style="list-style-type: none"> <li>• <b>Before May 1<sup>st</sup></b> please include \$100 (\$125 for students also in enrichment classes) non-refundable registration fee.</li> <li>• <b>After May 1<sup>st</sup></b> please include registration fee, \$25/child (\$50 for students also in enrichment classes) supply/activity fee and the first month's tuition. All are non-refundable.</li> </ul>
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## STUDENT

Student's Name: \_\_\_\_\_ Gender **M / F**  
Last First Middle Initial Name child goes by and should write circle one

Home Address: \_\_\_\_\_  
Street Address City State Zip

Do you have a church home? Yes / No Birthdate: \_\_\_\_\_  
month day year

If so, where? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Student Lives With:  Parents  Mother  Father  Foster Parent/s  Guardian  
 Mother and Stepfather  Father and Stepmother  Other \_\_\_\_\_

## PARENTS

<b>Mother/Stepmother/Guardian</b>	
Name	_____
Email	_____
Address (if different)	_____
City	State Zip
Home Phone	Cell Phone
Employer	Work Phone

<b>Father/Stepfather/Guardian</b>	
Name	_____
Email	_____
Address (If different)	_____
City	State Zip
Home Phone	Cell Phone
Employer	Work Phone

## CLASS SCHEDULE Please indicate your selection. Tuition rates are per month.

\_\_\_ MWF 8:50 – 3:10 Kindergarten \$257

## ENRICHMENT OPTIONS

\_\_\_ Tues. 9:00 – 11:30 Discovering God's World \_\_\_ Thurs. 9:00 – 11:30 JAM  
Creative  
\_\_\_ Tues. 12:30 – 3:00 Creative Adventures \_\_\_ Thurs. 12:30 – 3:00 Adventures

1 enrichment class = \$63 2 enrichment classes = \$126 3 enrichment classes = \$171

\_\_\_ M-F 8:00 – 5:00 Kindergarten (plus T/Th enrichment options listed above) \$521



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Student's Name \_\_\_\_\_

## RELEASE OF INFORMATION

Please put a check mark 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, 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 Kingdom Kids to include our family information in the school directory.

## EMERGENCY CONTACTS / AUTHORIZED PICK UP (other than parents) - must provide at least two

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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

### **CHILD'S DOCTOR**

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

### **CHILD'S DENTIST**

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

**HOSPITAL PREFERENCE (PLEASE CIRCLE CHOICE):** St. Mary's Hospital or Olmsted Medical Center

Are there any health concerns/conditions/prescription medications the school should be aware of?

Yes       No      If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Special Medical Needs: \_\_\_\_\_

## **AGREEMENT**

I understand that it is my responsibility to update this information as needed. The school is not liable if the information is inaccurate or outdated.

In the case of a medical emergency, if I cannot be reached, I authorize emergency medical care for my child.

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

\_\_\_\_\_  
Date