



# KINGDOM KIDS 2011-2012 ENROLLMENT FORM

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 \$65/family non-refundable registration fee.</li> <li><b>After May 1<sup>st</sup></b> please include \$65/family registration fee, \$25/child supply/activity fee and the first month's tuition.</li> <li>All are non-refundable.</li> </ul>
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**CHILD'S NAME** \_\_\_\_\_ **BIRTHDAY** \_\_\_/\_\_\_/\_\_\_ **GENDER** M / F

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

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

**Tel:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer & Phone:** \_\_\_\_\_ **Employer & Phone:** \_\_\_\_\_

**Do you have a home church? Yes / No**      **If so, where?** \_\_\_\_\_

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

## CLASSES

Please indicate your first, second and third choice. Tuition rates are per month.

### TRADITIONAL CLASSES

#### 2 ½ YEAR OLD (30 months by Sept 1)

_____	MW	9:00 -	11:30am	\$121
_____	MWF	9:00 -	11:30am	\$ 160
_____	Th	9:00 -	11:30am	\$ 60
_____	F	9:00 -	11:30am	\$ 60

#### 3 YEAR OLD (3 by Sept 1)

_____	MW	9:00 -	11:30am	\$121
_____	MW	12:30 -	3:00pm	\$121
_____	TTh	9:00 -	11:30am	\$121
_____	TTh	12:30 -	3:00pm	\$121
_____	MWF	9:00 -	11:30am	\$160
_____	MWF	12:30 -	3:00pm	\$160
_____	T	12:30 -	3:00pm	\$ 60

#### 4/5 YEAR OLD (4 by Sept 1)

_____	MW	9:00 -	11:30am	\$121
_____	MW	12:30 -	3:00pm	\$121
_____	TTh	9:00 -	11:30am	\$121
_____	TTh	12:30 -	3:00pm	\$121
_____	MWF	9:00 -	11:30am	\$160
_____	MWF	12:30 -	3:00pm	\$160
_____	MWTh	12:30 -	3:00pm	\$160
_____	MTWThF	12:30 -	3:00pm	\$232

### KINDERCHALLENGE (4 ½ by Sept 1)

\*\* Must have teacher recommendation and/or director approval and complete an assessment

_____	MTWTh	9:00 -	11:30am	\$207
_____	MTWTh	12:30 -	3:00pm	\$207

### ENRICHMENT CLASSES (3½ by Sept 1 to age 5)

1 class = \$61  
 3 classes = \$165  
 5 classes = \$257

#### Mornings 9:00 – 11:30am

_____	M	Art
_____	T	Discovering God's World
_____	W	Young Explorers
_____	Th	JAM
_____	F	Mother Goose on the Loose
_____	F	Music

#### Afternoons 12:30 – 3:00pm

_____	M	Art
_____	M	Junior Gym
_____	T	Discovering God's World
_____	W	Spanish
_____	W	Young Explorers
_____	Th	JAM
_____	F	Music

### CREATIVE ADVENTURES (5 by Sept 1)

_____	T	12:30 – 3:00pm	Creative Adventures 1
_____	Th	12:30 – 3:00pm	Creative Adventures 2

### FRIENDS N FUN (3 ½ by Sept 1 to age 5)

Each 8-week session = \$80; No registration or supply fee

_____	F	9:30 – 11:00am	Sept 16 – Nov 11
_____	F	9:30 – 11:00am	Jan 13 – March 9



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

## CONTACT INFORMATION

CHILD LIVES WITH:    Mother        Father        Both        Other        (circle one)

## ORDER TO CONTACT PARENTS:

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

## AUTHORIZED TO PICK UP (Other than Parents)

- These individuals may pick up your child with your verbal permission.
- Written permission from the parent is required to release child to anyone not listed here.
- You **MUST** provide at least one contact.

	Name	Address	Primary Tel*	Alternate Tel
1	_____			
2	_____			
3	_____			

## EMERGENCY CONTACTS (Other than Parents)

- These individuals will be called in the event that parents cannot be reached.
- These individuals must live locally.
- You **MUST** provide at least **two** contacts.

	Name	Address	Primary Tel*	Alternate Tel
1	_____			
2	_____			
3	_____			

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

	Name	Information that Kingdom Kids should know
1	_____	
2	_____	
3	_____	



# KINGDOM KIDS 2011-2012 ENROLLMENT FORM

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

## RELEASE OF INFORMATION

Please put a check mark next to those statements with which you agree.

- \_\_\_\_\_ I understand the financial 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.
- \_\_\_\_\_ Kingdom Kids may give my name, address and phone number to parents interested in carpooling.
- \_\_\_\_\_ I would like to receive monthly statements for my account.

## 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. Mary's 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: \_\_\_\_\_

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