



KINGDOM KIDS 2012-2013 ENROLLMENT FORM

Date Rec'd _____
 Amount _____
 Check No _____
 Initials _____
 Approval _____

Please return completed enrollment form to: Kingdom Kids 4400 55 th Street NW Rochester, MN 55901 Tel: 507.282.4840 Fax: 507.286.1278	<ul style="list-style-type: none"> 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.
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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	\$124
_____	MWF	9:00	-	11:30am	\$165
_____	Th	9:00	-	11:30am	\$ 63
_____	F	9:00	-	11:30am	\$ 63

3 YEAR OLD (3 by Sept 1)

_____	MW	9:00	-	11:30am	\$124
_____	MW	12:30	-	3:00pm	\$124
_____	TTh	9:00	-	11:30am	\$124
_____	TTh	12:30	-	3:00pm	\$124
_____	*TTh	12:30	-	3:00pm	\$124
_____	*Creative 3s				
_____	MWF	9:00	-	11:30am	\$165
_____	MWF	12:30	-	3:00pm	\$165

4/5 YEAR OLD (4 by Sept 1)

_____	MW	9:00	-	11:30am	\$124
_____	MW	12:30	-	3:00pm	\$124
_____	TTh	9:00	-	11:30am	\$124
_____	TTh	12:30	-	3:00pm	\$124
_____	MWF	9:00	-	11:30am	\$165
_____	MWF	12:30	-	3:00pm	\$165
_____	MWTh	12:30	-	3:00pm	\$165
_____	MTWThF	12:30	-	3:00pm	\$238

KINDERCHALLENGE (4 ½ by Sept 1)

** with assessment and teacher/director approval

_____	MTWTh	9:00	-	11:30am	\$213
_____	MTWTh	12:30	-	3:00pm	\$213

ENRICHMENT CLASSES (3½ by Sept 1 to age 5)

1 class = \$63
 3 classes = \$171
 5 classes = \$267

Mornings 9:00 – 11:30am

_____	M	Art
_____	T	Discovering God's World
_____	W	Young Explorers
_____	Th	JAM
_____	F	Mother Goose & Math
_____	F	Music

Afternoons 12:30 – 3:00pm

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

KINDERGARTEN CREATIVE ADVENTURES

(5 by Sept 1)

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

additional Supply/Activity fees apply when adding Creative Adventures



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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 in the Rochester area.
- 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	_____	



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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, 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.

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: _____

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: _____