

*I promise to see the administrator in person if this changes during the year. Your child will not be released to anyone who is not on your list without your written permission. If our teachers are unsure of someone's identity, they will be asked to show proof of who they are before the child is released, this may include a photo ID. This is for your child's safety.

Initial here please. _____ I understand my child's pick up procedures.

Names of adults in household and relationship to child: _____

Other children of the household are:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

Please list two other people we could contact in case of an emergency: (after trying to notify parents by home, cell, and work)

1) _____ Phone: _____ Relationship: _____

2) _____ Phone: _____ Relationship: _____

Parent/Guardian Consent and Agreement for Emergencies

As Parent/Guardian of _____, I consent to have my child receive first aid by faculty staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 12 Calendar Months. **Initial** _____

The Kiddie Kollege Preschool and/or Kiddie Kare of the Winona Lake Community Church has my permission to seek medical treatment for _____ (child's name) as prescribed by a doctor or EMT.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This information will be kept at a convenient teacher location and taken out of building during field trips. Please help keep this information current as possible for the safety of your child.

Information Regarding Child (Please answer as completely as possible).

Doctor: _____ Phone: _____

Address: _____

Allergies (Including Food):

Reactions to allergy: _____

What is your child's reaction to a Bee Sting? _____

Any Restrictions? _____

Medications: (Please fill out additional information on Medication Form) _____

Medical Conditions: _____

Is there any other information of which our staff should be made aware? (Toilet habits, any area of anticipated difficulty for your child, physical restrictions not listed above, speech) _____

Are there recent events in the family that we should know about such as the death of a family member or a recent move? _____

How do you discipline your child? _____

Please list other schools your child has attended or is attending. Was this experience enjoyable, and if not, why? _____

How did you find out about Kiddie Kollege Preschool? _____

Do you currently have a church that your family regularly attends? _____

Would you be interested in learning more about **Winona Lake Community Church**? _____

Would you like to serve as a parent volunteer in the classroom? _____

I give my permission for _____ to go on field trips, if I have forgotten to send in the permission slip.

I _____ give permission for _____ (child's name) to be photographed and my permission for his or her picture to be published in a newspaper, used for television, KK Facebook page, Parent Brightwheel app, or church's directory.

Arrangements for child's care: _____ Phone: _____

(If you would like to sign up for **Kiddie Kare**, please fill out the last section on Page 4. Kiddie Kare has a separate fee from Kiddie Kollege)

KIDDIE KOLLEGE TUITION INFORMATION: Please **circle** the appropriate monthly cost:

Explorer's Two Yr. Olds **\$140/month**

Preschool and Pre-K 3 days **\$140/month**

Pre-K 5 days **\$160/month**

***10% discount to each additional sibling(s) when they are in same household and are enrolled at same time.**

The monthly tuition fee is to be paid to the mailbox in the Kiddie Kollege hallway or to the church office by the first of each month.

Kiddie Kollege/Kare Registration Fee: The \$30 registration fee is due at time of registration. This is non-refundable.

Kiddie Kollege Snack/Equipment Fee: \$40 for those attending 3 days per week, and \$50 for those attending 5 days.

I agree with these terms, and I agree to provide prompt payment to the Kiddie Kollege Preschool and/or Kiddie Kare. I also agree to notify the school immediately of any withdrawal of above student. Failure to do so will continue to incur additional tuition fees.

Parent or Guardian Signature _____ Date: _____

Parent or Guardian Signature _____ Date: _____

If you are interested in our Kiddie Kare Child Care Ministry, please fill out the following information:

Start Date: _____

End Date: _____

Summer/School Year/Both: _____

Please specify the exact days, potential days, and specific times your child will be expected.

Days needed: Monday Tuesday Wednesday Thursday Friday

Specific Time: _____

Hours of operation are: 7:30 a.m.-5:30 p.m. Mondays & Fridays

Tuesday, Wednesday, and Thursday: 7:30 a.m.- 8:50 a.m. & 11:30 a.m.- 5:30 p.m.

Kiddie Kare Daycare has a flat rate of \$25.00 a day.

Office Use Only:

Registration **Received Date** _____ amount _____ Cash/Check/Brightwheel _____

Snack/Equip Fee **Received Date** _____ amount _____ Cash/Check/Brightwheel _____

September tuition **Received Date** _____ amount _____ Cash/Check/Brightwheel _____

Last Revised 1/9/2023