



Kid's College Preschool Enrollment Packet

OFFICE USE ONLY

_____ Registration Fee

Date Registered_____

_____Influenza

Start Date_____

_____Immunization

Termination Date_____

Exp. Date:

Registration Fee_____

_____Physical

Supply Fee_____

Exp. Date:

_____ Food Application

Weekly Tuition_____

_____ Infant Feeding Form

VPK Voucher YES___ NO___

_____ Handbook

Full Time_____P/T_____

School Year_____

Family Central Private Pay

Classroom_____

VPK

Entered in ProCare_____ Initials_____



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ENROLLMENT FORM

Student Information

Child's Full Name: _____ DOB: _____ Sex: M ___ F ___

Languages Spoken _____ Primary Language: _____

Child lives with: Mother: _____ Father: _____ Other: _____

Parental Information

Mother's Full Name: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Work Phone: _____

Cell Phone: _____ Last 4 digits of Social Security: _____

Name of Employer: _____

E-mail Address: _____

Father's Full Name: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Cell Phone: _____

Work Phone: _____ Last 4 digits of Social Security: _____

Name of Employer: _____

E-mail Address: _____



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EMERGENCY CONTACT INFORMATION

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for any reason, the custodial parent or legal guardian cannot be reached.

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship

Parent/Guardian Signature _____ Date:



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PERMISSION TO PUBLISH YOUR CHILD'S PHOTO

Here at Kid's College we compile pictures of our classroom activities to use on our bulletin boards, monthly newsletters, web site, or various forms of advertising. Please indicate below whether or not you give permission for your child's photo to be published.

Mark: Permission Granted _____ Permission Denied _____

Parent/Guardian Signature _____ Date: MM/DD/YY

TRANSPORTATION AGREEMENT

I hereby grant permission for Kid's College to transport my child,
_____, from _____
Elementary School for after school care.

I hereby grant permission for Kid's College to transport my child,
_____ on special events/field trips.

Parent/Guardian Signature _____ Date: MM/DD/YY

PALM BEACH COUNTY RULES AND REGULATION FORMS

_____ I have received the "Know Your Child Care Facility".

_____ I have received the Guidance Policy Practice Information.

_____ I have received the Authorization for emergency medical care.

_____ I have received the brochure on Influenza Virus.

Parent/Guardian Signature _____ Date:

Director Signature _____ Date:



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ALLERGY INFORMATION FORM

Child's Name: _____ DOB: _____

TYPE OF ALLERGY

Place an "X" next to any allergy your child has experienced:

_____ Medication Allergic to: _____

_____ Specific foods: _____

_____ Environmental Allergens: _____

_____ Insect Bites/Stings: _____

EMERGENCY MEDICAL AND TRANSPORTATION FORM

In the case where I/We cannot be reached in the event of an emergency, I/We give consent and authorize Kid's College to seek emergency treatment for my child.

I hereby give consent and authorization for any health facility or physician to provide medical treatment to my child, _____ in the event an emergency arises and I cannot be reached.

I authorize said treatment and will take full responsibility for any medical payments which may arise from services rendered.

Name of family physician: _____ Phone: _____

Allergies: _____

Regular medications: _____

Special medical conditions: _____

Insurance company of child: _____

Parent/Guardian Signature _____ Date: _____



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Nutritional Plan Agreement

*Article XII, B, Palm Beach County rules require the facility and or parent complete the following nutritional plan agreement.

Primary Hours of Care: From: _____ to _____

Days of Care: M ___ T ___ W ___ T ___ F ___

Meals typically served at Kid's College are: Breakfast, Lunch, Snack.

Here at Kid's College we provide balanced, nutritional meals. If your child is an infant and is drinking formula, we provide Gerber Good Start. If you would like to provide your own, please complete the following:

Is your child an infant? Yes ___ No ___ (mark one)

If yes, please provide the name of the formula: _____

Do you receive food assistance? Yes ___ No ___ (mark one)

If yes, please provide your ten digit case number: _____

Candy and non nutritional foods or snacks are not permitted at our facility. Please let our facility know if you want to celebrate your child's birthday here at Kid's College. (two weeks' notice) Forms are in the main office for you to complete.

Parent/Guardian Signature _____ Date:



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INFANT/PRESCHOOL FINANCIAL AGREEMENT

REGISTRATION FEE: Registration fees and/or deposits are due before enrollment and are non-refundable. An annual registration fee is also due each August before the new school year begins. Amount Due: _____

CURRICULUM FEE: Curriculum fees are due annually. Curriculum fees begin at two years of age and older. Amount Due: _____

PRESCHOOL TUITION: Tuition is calculated on a school year basis. (August-June) It is divided into weekly payments, not based upon a monthly or daily fee. Tuition is due each week in advance by Friday for the upcoming week. Full tuition is due each week regardless of the number of days in the week the child attends. Tuition is not pro-rated for the weeks containing a holiday. Part time enrollments are scheduled at the time of enrollment. Part time enrollment must be the same days each week. Tuition for part time enrollment is due by Friday for the upcoming week. **No allowances will be given for illness, vacations or other interruptions (including hurricanes) during the regular school year.**

*Parent initial ~I have read and understand Kid's College Tuition Policy.

INFANT/TODDLER TUITION: (6 weeks – 24 months) Tuition is calculated on a yearly basis. It is divided into weekly payments, not based upon a monthly or daily fee. Tuition is due each week advance by Friday for the upcoming week. Full tuition is due each week regardless of the number of days in the week the child attends. Tuition is not pro-rated for the weeks containing a holiday. **No allowances will be given for illness, vacations or other interruptions (including hurricanes) during the regular school year.**

*Parent initial ~I have read and understand Kid's College Tuition Policy.

Weekly Tuition _____ **Discount** _____ **Type** _____ **Tuition Rate** _____

FAMILY CENTRAL: While we do accept subsidized care, it is the parent/guardian's responsibility to maintain their active status through re-determination requirements. Registration and curriculum fees are NOT covered by Family Central and are due upon enrollment. Any lapse in coverage, or termination, resulting in an unpaid balance will be the sole responsibility of the parent/guardian.

.Attendance policy is strictly enforced. Excessive absences may result in financial penalties and or termination from Kid's College.

*Parent /guardian initials ~ I have received and understand Kid's College Subsidized Care Tuition/ Attendance Policy.

Vacation Policy: After one year of enrollment we give two vacation weeks. Your tuition will be discounted 50% of your regular rate. In order to receive this credit you must advise the office in writing two weeks prior to your vacation. No Tuition credits are given for illness, holiday school closure absences.

*Parent initial ~I have read and understand Kid's College Vacation Policy.

LATE ARRIVAL CHARGES: The center closes promptly at 6:00P.M. A charge of \$1.00 per minute will be charged to your account.

LATE PAYMENT FEES: A late payment fee is due if tuition is not paid by Friday for the upcoming week. If tuition is paid after Monday, \$25.00 fee must be included; Tuition and all applicable fees must be paid by Tuesday morning for a child to remain at the Center.

RETURNED CHECK FEES: A \$45 service charge will be made on any check returned by the bank for any reason. The amount of the returned check plus the service charge must be paid within one week of notification. After two returned checks, the account will be placed on a MONEY ORDER/CREDIT CARD/ OR CASH ONLY basis.

I HAVE READ AND UNDERSTAND THE ABOVE PAYMENT POLICY AND AGREE TO ABIDE BY ITS CONTENTS.

Child's name _____ Date:

Parent/Guardian Signature _____ Date:

Director's Signature _____ Date:



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Permission for Food-Related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005 (1) (e) 2; F.A.C. licensed child care facilities must obtain written

permission from parent(s)/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations and birthdays.

I, _____, give/decline permission for my child, _____, to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below.

Permission Options: Select and initial ONE of the options below.

____ My child DOES NOT HAVE a food allergy or dietary restriction. He/She MAY PARTICIPATE in activities.

____ My child DOES NOT HAVE a food allergy or dietary restriction. He/She MAY NOT PARTICIPATE in activities.

____ My child HAS a food allergy or dietary restriction. He/She MAY NOT PARTICIPATE in activities.

____ My child HAS a food allergy or dietary restriction. He/She MAY PARTICIPATE in activities, but must not eat or handle the following items.

Type of Permission: (Select One)

____ Specific Permission ONLY for: _____
Food Activity/Event & Date

____ General Permission:

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.



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Parent/Guardian Signature _____ Date: MM/DD/YY

Please SIGN AND RETURN THIS FORM TO THE FRONT OFFICE.

I have read the Kid's College Parent Handbook and I understand the Policies and procedures.

Child's Name and Room: _____

Parent/Guardian Signature _____ Date: