

KINGDOM KIDS PRESCHOOL - ENROLLMENT FORM 2018-2019

OFFICE USE ONLY Date Deposit Paid _____ Received By _____

Amount Received \$ _____ Payment Method: Cash Check (Ck # _____)

Notes: _____

STUDENT INFORMATION

Name: _____ M / F Date of Birth: _____

Name: _____ M / F Date of Birth: _____

Name: _____ M / F Date of Birth: _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone Number: _____

Mother's Name: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

OTHER SIBLINGS LIVING IN THE HOME

Name: _____ M / F Date of Birth: _____

Name: _____ M / F Date of Birth: _____

Name: _____ M / F Date of Birth: _____

EMERGENCY CONTACT INFO

Name _____ Phone Number: _____

Relationship to child _____ Alternate Phone Number: _____

Name _____ Phone Number: _____

Relationship to child _____ Alternate Phone Number: _____

MISCELLANEOUS INFORMATION

Where does your family attend church? _____

Does your child have any allergies? _____

Physical limitations/Medical Conditions/Medications? _____

Anything else you like us to know about your child or your family (fears, family situations, special food instructions, discipline information, potty training tips, etc) _____

TUITION AGREEMENT I (we) understand that tuition is due on the first day of class each month. I (we) further understand that a monthly tuition amount does not change for months with less days due to holidays or child sickness or family vacation. I (we) understand that a late tuition fee will be charged after the 15th of the month. I (we) also understand that a non-refundable curriculum fee of \$50.00 is due prior to my (our) child being enrolled. I (we) understand that my (our) child will not be enrolled until a registration form, curriculum fee, immunization record, photos of those who may not pick up my (our) child and this form are received by the director.

LIABILITY/MEDICAL RELEASE In consideration of my (our) child being allowed to participate in Kingdom Kids Preschool sponsored by Cedar Ridge Christian Church, I (we), do for myself (ourselves) and for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless Cedar Ridge Christian Church in Broken Arrow and its employees, officers, directors, trustees, members, agents, and elders from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in Kingdom Kids Preschool sponsored by Cedar Ridge Christian Church.

I (we) understand that many of the activities will be physical in nature and I (we) on behalf of my (our) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in all activities involved therein.

I (we) further hereby agree to hold harmless and indemnify said church, its elders, employees, officers, directors, trustees, members, staff, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) are the parent (s) or legal guardian (s) of this participant, and hereby grant my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we assume the responsibility of all medical bills if any.

Authorized signature(s) of Parent(s) / Guardian(s)

Date

PHOTOGRAPHY RELEASE In the regular course of daily activities, teachers or the director may take photos of the children enrolled at Kingdom Kids Preschool. I (we) give my (our) release for these photographs to be displayed on bulletin boards and in the classroom with my (our) child's first name attached. I (we) give my (our) permission for photos to be used in promotional materials with the understanding that my (our) child's name will not be listed in any manner.

Authorized signature(s) of Parent(s) / Guardian(s)

Date