



# 2021-2022 ENROLLMENT FORM

Child's T-shirt size: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_ M / F Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

## MISCELLANEOUS INFORMATION

Where does your family attend church? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Physical limitations/medical conditions/medications? \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Enrollment Fee: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_ Class Assign: \_\_\_\_\_

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 or 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 15<sup>th</sup> of the month. I/we also understand that non-refundable curriculum fee of \$65.00 is due prior to my/our child being enrolled. I/we understand that my/our child will not be enrolled until 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/our 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)/Legal 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)/Legal Guardian(s)

\_\_\_\_\_  
Date