



## **CHILD CARE ENROLLMENT APPLICATION**

**Check all that applies: ( ) FULL – TIME ( ) 3 Full Days ( ) HALF DAY, Time: \_\_\_\_\_ -  
CACFP: My Child will have ( ) Breakfast ( ) Lunch ( ) Snack**

### **CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_  
Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Last School Attended: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nosebleed/Asthma: \_\_\_\_\_  
Potty Trained: \_\_\_\_\_ Allergies: \_\_\_\_\_

### **PARENT'S INFORMATION**

Parent 1 Name: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_  
Parent's Address \_\_\_\_\_  
Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

### **PARENT'S INFORMATION**

Parent 2 Name: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_  
Parent's Address \_\_\_\_\_  
Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
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Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Upon enrollment, a registration fee of \$125.00 per family is required along with the first month's tuition, this is not applicable for 3K/UPK students. Registration fees are non-refundable. Thereafter, tuition payments are due promptly on the first of every month. If tuition is not received by the fifth of the month, you will be charged a \$45.00 late fee. If the tuition balance goes into a new month, an additional \$75.00 fee will be charged. **ABSOLUTELY NO PERSONAL CHECKS! MONEY ORDERS, CASH OR CREDIT CARDS ARE ACCEPTABLE. Excluding American Express and reward cards. NO REFUNDS WILL BE MADE DUE TO ILLNESS, ABSENCES, OR HOLIDAYS.** The school reserves the right to request withdrawal of a child if tuition is not paid. Our Kids Place reserves the right to terminate the enrollment of any child who is unable to adjust to the Center's program. Our Kids Place may also terminate this enrollment agreement at any time upon written notice.

Your signature below constitutes your acceptance of your child as a student of OKP and that you have read the OKP Rules and Regulations that serves as a contract between OKP and you, the parent.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

<b>Reg. Fee</b>	
<b>1<sup>st</sup> Month Tuition</b>	
<b>Start Date</b>	
<b>Reviewer</b>	



**CONSENT SLIP**

I hereby give my consent to have my child participate in all activities and to have my child be taken to and from trips visited by the school, whether we walk or take the school bus. I also give my permission for my child to be photographed for advertising.

I also realize that **OUR KIDS PLACE** will not be responsible for any minor injuries that could occur during the normal school day (e.g. scratched knees, minor cuts, bruises, bites, etc.) I will be notified in writing, by phone call or at the time of pick up should an incident occur and depending on the severity of the incident. I have read the above terms and agree to give my consent.

Child's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, **OUR KIDS PLACE** will attempt to reach either parent or emergency number given to the school. If for any reason none of these parties are available, I authorize **OUR KIDS PLACE** to use their own pediatrician or hospital. I hereby grant permission to have any emergency treatment performed by aforementioned medical personnel.

Emergency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I have read the above and agree to give my consent.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/ Legal Guardian: \_\_\_\_\_



**Pick-Up Authorization Form**

Please list below the names and relationship (to your child) of anyone you authorize to pick-up your child from school.

**Our staff will ask for identification to verify the people who come to pick-up your child.**

**If a last-minute change requires someone other than those listed below to pick-up your child, you MUST call the office in advance.**

Due to parental rights and concerns, parties NOT listed below will NOT be allowed to leave with your child, including parents not listed.

\*\* Your child’s best interest is our main concern. Therefore, we must take these strong safety measures.

\_\_\_\_\_  
Parent 1 Name

\_\_\_\_\_  
Parent 2 Name

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child