MAKE OUR KIDS PLACE YOUR KIDS' PLACE!

CHILD CARE ENROLLMENT APPLICATION

Schedule: ( ) 5 day ( ) 3 day, Time:_____ Days:_____

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 1 INFORMATION

Parent 1 Name: _____ Cell: _____

Address: _____

Occupation: _____ Email: _____

Employer: _____ Employer's Phone: _____

Employer's Address: _____

PARENT 2 INFORMATION

Parent 2 Name: _____ Cell: _____

Address: _____

Occupation: _____ Email: _____

Employer: _____ Employer's Phone: _____

Employer's Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Name: _____ Emergency Phone: _____

Emergency Name: _____ Emergency Phone: _____

Emergency Name: _____ Emergency Phone: _____

Emergency Name: _____ Emergency Phone: _____

Emergency Name: _____ Emergency Phone: _____

21 S Franklin Ave, Valley Stream, NY 11580
Ph: (516) 569 – 5999 Fax: (516) 706 – 4935
www.ourkidsplacecares.com • Contact@ourkidsplacecares.com

Upon enrollment, a registration fee of $125.00 per family is required along with the first month's tuition. 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 WILL BE ACCEPTED. MONEY ORDERS, CASH OR DEBIT/ CREDIT CARDS ARE ACCEPTABLE. NO REFUNDS WILL BE MADE DUE TO ILLNESS, ABSENCES, OR HOLIDAYS.** Tuition is due regardless of attendance. 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 Policies that serve as a contract between OKP and you, the parent.

Parent/ Guardian Signature: _____ Date: _____

Office Use Only

Reg. Fee	
1st Month Tuition	
Start Date	
Reviewer	

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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 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 the parent or the 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 the 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: _____

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Pick-Up Authorization Form

Please list below the names and relationships (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 submit a letter/ note in writing 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

_____ _____

Name Relationship to Child

_____ _____

Name Relationship to Child

_____ _____

Name Relationship to Child

_____ _____

Name Relationship to Child

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