

Kinder-Ready Klub (Pre-K) Enrollment Form

Last Name(Legal) _____ First Name (Legal) _____

Nickname _____ Date of Birth _____

Gender _____ Expected Start Date: ___/___/___

Physical Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Family Information:

Guardianship Information

Custody:

- Both parents
- Father Only
- Mother Only
- Foster Family

- Joint Custody
- Legal Guardian
- Grandparent Only

Student lives with: _____

Restrictions for Custody (if applicable) _____

Legal Documentation on File Yes No (if yes, you must provide us with a copy)

Parent #1 Name

Last Name _____ First Name _____

Workplace _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent #2 Name

Last Name _____ First Name _____

Workplace _____ Work Phone _____

Cell Phone _____ Email Address _____

Over

Emergency Numbers: List names, addresses, & phone numbers of two people who can be notified in case of emergency when parents/guardians are not available:

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Relationship _____

Relationship _____

List names of people authorized to pick up your child (In addition to those emergency contacts listed above):

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

_____ Relationship: _____ Phone # _____

***The Lead Teacher must be notified of any changes in the above departure procedure. Children will not be released to anyone but those listed above. Please have photo identification available for verification upon pick-up.**

My child will be attending Kinder-Ready Klub:

Mon. & Wed. and Fri. 7:30-5:30 p.m. _____

Other _____

Anticipated pick-up time: _____

Are there any goals that you would like us to work towards with your child? If so, what are they: _____

***Please provide us with a copy of your child's current immunizations upon enrollment.**

Kinder-Ready Klub Medical Information Form

My child, _____, has permission to attend The Kinder-Ready Klub: A preschool program located at 506 South A Street, Grangeville, Idaho.

I hereby certify that my child is in good health and can travel to and participate in The Kinder-Ready Klub.

While my child is attending or traveling to or from The Kids Klub, I HEREBY AUTHORIZE THE ADULT KINDER-READY KLUB LEAD TEACHER, (or in her absence or disability, the Program Staff Member accompanying or assisting her), TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

“In case of an accident or emergency, I authorize a Staff member of The Kinder-Ready Klub program to take my child to the physician named below or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.”

This authorization shall remain effective until my child completes his/her activities at this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided which is not covered by the American Income Life Insurance Policy carried by The Kids Klub.

AUTHORIZATION & CONSENT:

Signature of parent/legal guardian

Date

Physician's Name _____

Over Please

Health History Information

Child's Name: _____

Does your child have any medical conditions that we should know about? Please include any allergies, including allergies to food, medications, or drug reactions.

Please list any physical handicaps or disabilities that may limit your child's activities. (Consider limitations to eyesight, hearing, and speech; also note ADD, ADHD, ODD, PTSD, Autism, paralysis, diabetic conditions, ulcer, etc.)

Please list all medications your child is presently taking:

The Kids Klub Immunization Record Information Release Form

I give permission for The Kids Klub, Inc., Kinder-Ready Klub to access and copy my child's immunization records from Idaho's Immunization Reminder Information System (IRIS). This information is required by the Department of Health & Welfare and is necessary for licensing of The Kids Klub programs.

Signature

Date

Parent Information

(Please keep for your information)

FYI

Summary

The Kids Klub, Inc. is a multi-service youth development program that provides safe and enriching opportunities for Grangeville's youth. The Kinder-Ready Klub's goal is to provide children with an enriching environment that fosters kindergarten readiness. Kinder-Ready Klub is a pilot program of The Kids Klub, Inc.

I understand and agree to the following:

1. My child is not allowed to come and go freely from the Kinder-Ready Klub.
2. I must maintain communication with the Lead Teacher about my child and keep her informed of any pertinent changes.
3. The Kinder-Ready Klub will operate from 7:30 a.m. to 5:30 p.m. The program will not operate on major holidays or weekends.
4. It is my responsibility as a parent/legal guardian to see that my child is picked up on or before the designated closing time on Mondays, Wednesdays and Fridays. Children are not allowed to leave The Kinder-Ready Klub by themselves.

Billing Procedures:

1. I will pay for daily contracted services as outlined in the General Fees Information.
2. The Kinder-Ready Klub closes at 5:30 p.m. Mondays, Wednesdays and Fridays. My fees pay for service until that time. Parents whose children remain past this time must pay an overtime fee of \$1 per minute per child. The Kinder-Ready Klub clock is the clock that will determine the time.
3. If financial assistance is desired, you will need to first apply for assistance through Idaho Child Care Program (ICCP). If ineligibility for ICCP has been determined, you may then apply for a financial scholarship. Your child must attend Kinder-Ready Klub on a full-time basis and meet income guidelines. Please see staff for an ICCP application.

General Fees Information:

In order for The Kinder-Ready Klub to operate, it is imperative that fees be paid on time.

Monthly rate for full-time attendance (M, W, F) is \$300 per month per child regardless of actual hours in attendance. Refunds are not available if your child does not attend on any given day, for any reason.

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Payment is due by the 1st of each month for that month's attendance. In the event an account becomes ten days or more past due, services for the involved student (s) will be terminated until the account has been paid in full.

A registration fee of \$30 per child is due at the time of registration.

There will be a \$30 service charge on each check returned by the bank due to insufficient funds or related deficiencies.

Checks must be made payable to The Kids Klub, Inc.

Checks may be dropped off at The Kids Klub during operating hours, or checks may be mailed to:

**The Kids Klub, Inc.
506 South A Street
Grangeville, Idaho 83530**

***You may also pay online at www.thekidsklub.org**

Any questions regarding financial payment should be directed to the Lead Teacher or the Program Director at the above address, or at 983-2285.

The Kids Klub Administrator, in conjunction with The Kids Klub Board of Directors shall have final authority to resolve any matters concerning fees which are not addressed in these policies and procedures.