

City Kids Kindergarten

New Student Enrollment Application

An Outreach of City Ministries
Sheryl Nelson, Director
9051 132nd Ave. NE
Kirkland, 98033

The following information, birth date guideline, is for the 2012-2013 school year.

Thank you for partnering with The City Kids Kindergarten in your child's educational process. Kindergarten is a time of building a strong foundation and nurturing a lifelong love of learning that lead to success in later years. In this program, children will develop their gifts, talents, and healthy social skills. Central to our mission is equipping students with a biblical world view in a Christ-centered environment by committed Christian teachers. We are dedicated to excellence in each student's cognitive, social, spiritual and physical development. Our teachers are state certified and credentialed. It is our goal to come alongside you as a parent to help see your child grow into the person God created them to become.

Kindergarten sessions: These sessions are designed to layer understanding and knowledge so students are equipped for later elementary school years. Each class will help to build confidence to empower students to problem solve and make decisions and choices.

- **Full day Kindergarten:** Student should be 5 by August 31, 2012. The class size is limited to 20 children. This class meets Monday through Thursday, 9:00am-3:00pm and is **\$595.00/month for nine months, \$297.50 for June (\$5,652.50 annual tuition).**
- **Half day Kindergarten:** Student should be 5 by August 31, 2012. The class size is limited to 20 children. This class meets Monday through Thursday, 12:00-3:00 and is **\$410.00/month for nine months, \$205.00 for June (\$3,895.00 annual tuition).**

Options for Extended Care: (class will be offered if class minimums are met)

- After School Care (3 hours) 3 pm-6pm
 - \$190/month
 - Drop-in rate of \$30/day
 - Materials Fee of \$35 per student, non-refundable

City Kids Kindergarten

2012-2013 Registration

Please carefully review this checklist and each of the registration packet forms. If you have any questions regarding the program, please contact City Kids School Director, Sheryl Nelson, 425.739.1227, sheryl.nelson@thecity.org.

Please complete these forms and return them to City Kids School office in order to finalize your child's registration for the 2012-2013 school year.

- ❑ **Student Information and Enrollment Application form:** Fill out completely, sign, and date.
- ❑ **Allergy Review form:** Fill out completely, sign, and date (even if your child has no known allergies).
- ❑ **Medical Consent & Information form:** Fill out completely, sign, and date.
- ❑ **Emergency Contact Information form:** Please provide two or more emergency contacts. Fill out completely, sign, and date.
- ❑ **Authorization and Release and Waiver of Liability form:** Please initial each paragraph where indicated, sign, and date.
- ❑ **Financial Policies Agreement:** Fill out completely, sign, date, and keep a copy for your records.
- ❑ **Parent Questionnaire:** Please fill out completely, sign and date.
- ❑ **Immunization form:** Please fill out the original form, required by the state, with every immunization your child has received. No copies please.

For Volunteers Only: If you would like to volunteer in School, please fill out the Volunteer Application form available from the school office. Every volunteer must have an approved application on file, including a background check.

I hereby apply for enrollment of my child, _____, in City Kids School Kindergarten for the 2012-2013 school year. I agree to fully comply with all of the policies, procedures and requirements of City Kids School Kindergarten as now in effect or as updated from time-to-time. I understand that this application and my child's enrollment are subject to the acceptance of the school, which is an outreach of City Ministries.

Parent/Guardian Signature _____ **Date** _____

Please print your full name _____

FOR OFFICE USE ONLY:

Registration Fee	
Materials Fee	
Memory book fee	
TOTAL DUE AT REGISTRATION	

Student Information and Enrollment Application

Class/Session		Fees				
Class	Session	Tuition	Registration Fee (Non-Refundable)	Materials Fee (Non-Refundable)	Building Technology Fee (Non-Refundable After July 31)	Memory Book Fee
Full Day K	MTWTH	\$595	\$60	\$145	\$125	\$45
1/2Day K	MTWTH PM	\$410	\$60	\$145	\$125	\$45

How did you hear about City Kids School /referred you? _____

Today's Date: _____

Child's Full Name: _____

Child's Preferred Name (if applicable): _____

Child's Birth Date: _____ Please Circle: Boy Girl

Home Address, City, Zip: _____

_____ Home Phone: () _____

Father's Name: _____ Occupation: _____

Work Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Father has permission to pick up child: Yes No

Mother's Name: _____ Occupation: _____

Work Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Mother has permission to pick up child: Yes No

Language(s) spoken at home: _____

Church membership or attendance: (please list name of church)

Allergy Information (Please check one):

_____ My child has no known allergies _____ My child is allergic to or has the following food

restrictions*: _____

**For other allergies, please see the Allergy Review form.*

*Date of child's last physical exam: _____

(an exam within the last year is critical)

Child's Physician's Name: _____

Physician's Address: _____

Physician's Phone: () _____

Medical Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

Subscriber Name: _____

Subscriber or Policy Number: _____

I, _____ (print your full name), as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for: _____ (print child's full name) if I cannot be reached in the case of an emergency.

I also authorize City Kids Kindergarten to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

Parent/Guardian Signature _____ Date _____

Allergy Review

Child's Full Name: _____

If your child has no known allergies, please check the box below, sign and date.

- My child has no known allergies.

Parent/Guardian Signature _____ **Date** _____

Please print your full name _____

If your child has one or more allergies, please provide the following information and sign and date at the bottom of the page.

Specifically describe your child's allergies: _____

For each allergy listed above, list all physical reactions: _____

Please describe any restrictions or cautionary measures that should be taken: _____

If your child suffers an allergic reaction, list the steps you would like the school staff to take:

- 1.
- 2.
- 3.
- 4.

I hereby authorize City Kids Kindergarten to **call 911** if any staff member determines that my child is having an allergic reaction that requires immediate medical attention. I agree that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

Parent/Guardian Signature _____ **Date** _____

Please print your full name _____

City Kids Kindergarten Medical Consent & Information

2012-2013 Registration

Child's name: _____

If your child needs emergency medical care or treatment and is less than 18 years old, hospitals and other medical providers are required to contact you for authorization before they treat your child, except in the case of life-threatening situations. Only a parent or legal guardian can give this authorization. You can help ensure that your child receives any necessary emergency treatment when you cannot be contacted by completing this Medical Consent and Information form. The completed, signed form will be kept in your child's records in the school office. In the event of a medical emergency, this record will accompany your child so that prompt emergency care or treatment may be administered.

CHILD'S INFORMATION

Full legal name: _____

Date of Birth: _____

Drug Allergies: _____

Other Allergies: _____

Chronic Illnesses or other information that may be relevant for medical treatment:

Regular Medication and Dosage: _____

Child's Physician and Phone Number: _____

Father's Daytime Phone: _____ Father's Cell Phone: _____

Mother's Daytime Phone: _____ Mother's Cell Phone: _____

Medical Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

Subscriber Name: _____

Subscriber or Policy Number: _____

I, _____ (print your full name), as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for: _____ (print child's full name) if I cannot be reached in the case of an emergency.

I also authorize City Kids School Kindergarten to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

Parent/Guardian Signature _____ Date _____

City Kids Kindergarten Emergency Contact Information

2012-2013 Registration

Child's name: _____

If my child has an illness or emergency and I cannot be reached by City Kids School Kindergarten at the phone number(s) on record with City Kids School Kindergarten, I authorize City Kids School Kindergarten to contact the following local individuals and allow them to pick up my child from the school. (Please provide at least two emergency contacts):

1. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____

2. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____

3. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____

4. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____

Parent/Guardian Signature _____ Date _____

NOTE: Daily consent forms are available with your child's teacher for an occasional permission to pick up.

Authorization and Release and Waiver of Liability

Child's name: _____

Please **initial** the following:

_____ I authorize my child to participate in all activities of City Kids School Kindergarten. This authorization includes field trips or other activities away from City Kids School Kindergarten building. I understand that I will be notified in advance of all field trips, that while traveling for a field trip my child will use a car seat that I provide, and that parent chaperones accompany all field trips.

_____ I understand that it is my responsibility to provide a suitable car seat for my child that meets all government safety standards.

_____ I give permission for my child's information (child's name, birthday, parents' names, address, e-mail and telephone number) to be included on a class list that will be handed out to other parents or guardians of children in City Kids School Kindergarten. I understand that City Kids School Kindergarten will not hand out this information to advertisers or any other solicitors.

_____ * I authorize City Kids School Kindergarten to photograph or videotape, and permit other persons to photograph or videotape my child while attending City Kids School Kindergarten or City Kids School Kindergarten-related functions. I also authorize photographs to be shared over the Internet for school publicity or family purposes only.

**Note: At City Kids School Kindergarten we use photographs and video footage on bulletin boards, in art projects, and occasionally for publicity purposes including mailers or television advertisement. A photographer/videographer may be invited to take individual student or class school photographs or films. We ask your permission to photograph and videotape your child.*

RELEASE AND WAIVER OF LIABILITY (please initial)

_____ In exchange for my child named above being allowed to participate in City Kids School Kindergarten, I as parent or guardian waive and I release and discharge City Kids School Kindergarten (an outreach of City Ministries), The City Church and its directors, officers, employees, volunteers, members, and agents from any and all claims, damages or expenses arising from or related to my child's participation in City Kids School Kindergarten. I also agree to indemnify, hold harmless and defend City Ministries, The City Church and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of my child.

Parent/Guardian Signature _____ **Date** _____

Print your full name _____

FINANCIAL POLICIES AGREEMENT

We value the opportunity to have your child enrolled at City Kids School and look forward to making this experience a positive one in every way. Thank you for assisting us in the financial aspect so that the focus can be on the care and education of the children.

FEE SCHEDULE - KINDERGARTEN

- **Registration Fee** is \$60 per student and non-refundable
- **Materials Fee** is \$145 per student and is non-refundable
- **Building/Technology Fee** is \$125 per family and is non-refundable after July 31st.
- **Tuition Fees**
 - **Full Day Kindergarten** \$595/month for nine months, \$297.50 for June (\$5,652.50 annual tuition)
 - **Half Day Kindergarten** \$410/month for nine months, \$205.00 for June (\$3,895.00 annual tuition)
- **After School Care Fee** (3 hours) 3 pm-6pm \$190/month or Drop-in rate of \$30/day
 - **Materials Fee** \$35 per student and is non-refundable
- There is no **discount** on tuition for days missed while The City Kids School is in session.

TUITION PAYMENTS

The finance department will prepare and email an invoice to the responsible billing party for each child on or around the 25th of each month beginning with August. If you do not receive the invoice by the 1st day of the month, please contact the finance department immediately. However, *failure to receive an invoice does not constitute a reason for not paying the amount **due on the 1st**.*

The finance department will use City Ministries online communication network when contacting the responsible billing party. All responsible billing parties will be required to create a user account on The City Ministries online communication network, The City, and join the City Kids School Billing Group. Responsible billing parties are required to check their City account regularly, **at least once a week**. Important notifications will be issued through The City Kids School Billing group.

WITHDRAWALS/DISCONTINUED SERVICES

The School Office must be informed in writing if a student will be withdrawing before the end of the school year. The letter must be received thirty (30) days prior to withdrawal. Failure to submit a thirty day written notice will result in an additional month's tuition fee(s) being assessed.

The City Kids School reserves the right to:

- Cancel any class;
- Balance class ratios; and
- Discontinue school services to families who do not adhere to policies and procedures, including but not limited to those outlined in The City Kids School Parent Handbook or as instructed by the school Director or classroom teachers.

LATE PAYMENTS/SUSPENSION

The City Kids School encourages the responsible billing party to meet with the school Director any time a financial problem arises. Many problems may be avoided and/or resolved with early communication. Tuition payment amounts are due on the 1st of each month and are late if not received by that date. If payment is not made by the 1st of the month the responsible billing party will be notified. Failure to make a payment immediately will result in the automatic suspension of the child, subject to withdrawal from the school if the account is not brought current. Past due balances are not allowed.

Child's name: _____

I, _____ (please print your full name), as the responsible billing party for the above-named child, acknowledge that I have read the above financial policies and agree to them in their entirety.

Signature _____ **Date** _____

Billing Party Address: _____

Billing Party Phone Number: () _____

Billing Party Email Address _____

**City Kids Kindergarten
Parent Questionnaire**

2012-2013 Registration

Today's Date: _____

The following information will assist your child's teacher in getting to know you and your kindergartener.

Child's Name: _____

Child's Preferred Name (if applicable): _____

Please list the names of all people living with your child and their relationship to your child. Please include the ages of your child's siblings. _____

If you are currently attending a church, please list the name.

Is your child potty trained? _____

Please share your child's strengths, abilities, and special qualities that make him/her unique:

In what environment does your child learn best? _____

Please rank the following items from #1-8 in terms of importance to you, with #1 being the most important, #8 the least important:

- _____ Social skills (sharing, taking turns, communicating appropriately, asking for help, following directions, etc.)
- _____ Academics (learning the alphabet, numbers, counting, etc.)
- _____ A Christian school
- _____ Language Development
- _____ Fine motor skills
- _____ Gross motor skills
- _____ Environment (loving, safe place, a positive relationship with teacher)
- _____ Creative processes (painting, collage, dramatic play, music, etc.)

Comments on any of the above:

How do you view your child's behavior? _____

What form of discipline do you use at home? _____

Do you have any of the following concerns about your child:

Difficulty with speech? _____

Health concerns or allergies? _____

Specific fears or dislikes? _____

Difficulty getting along with other children? _____

Difficulty learning fine motor skills such as cutting or writing? _____

Difficulty learning gross motor skills such as hopping or climbing? _____

Difficulty following simple directions? _____

Difficulty paying attention or excessive activity? _____

Is occasionally serving as a parent volunteer in your child's class an option for you, your spouse, or any other approved adult family member? _____

Additional information that you feel we should know when working with your child:

Parent/Guardian Signature _____ **Date** _____