

All Info Must Be Provided
As Required By State Regs

Pine Hills Kiddie Garden

APPLICATION FOR ADMISSION

Today's date: _____ Child's first name: _____ Last name: _____ M. I. _____

Date of Birth: _____ (Month, Day, Year)

Names of siblings: _____ Age: _____ Names of siblings: _____ Age: _____

Father's first name: _____ Last name: _____ M. I. _____ SS #: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Pager number: _____ Cell number: _____

E-mail address: _____

Special Instructions For Reaching Father: _____

Mother's first name: _____ Last name: _____ M. I. _____ SS #: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Pager number: _____ Cell number: _____

E-mail address: _____

Special Instructions For Reaching Mom: _____

EMERGENCY CONTACTS-PERSONS AUTHORIZED TO PICK UP CHILD

The following persons may be contacted at the discretion of Kingdom Kids staff should they be unable to reach me in an emergency or in case I am unable to arrive at Kingdom Kids to pick up my child by closing time. *These persons are also hereby granted permission to pick up my child - I WILL call the center to let the staff know when one of these persons will be taking my child.*

1. Name: _____ Address: _____

City: _____ Zip: _____ Work phone: _____ Home phone: _____

2. Name: _____ Address: _____

City: _____ Zip: _____ Work phone: _____ Home phone: _____

3. Name: _____ Address: _____

City: _____ Zip: _____ Work phone: _____ Home phone: _____

4. Name: _____ Address: _____

City: _____ Zip: _____ Work phone: _____ Home phone: _____

MEDICAL PERMISSION / SUNSCREEN PERMISSION

I HEREBY AUTHORIZE the staff of Pine Hills Kiddie Garden to take whatever emergency medical measures are deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the physician named above, implementing his instructions, and/or transporting my child to a hospital or clinic without obtaining any further consent. I further agree, and by my signature, give my consent, that in case of accident or illness of a serious nature, my child will be given emergency medical treatment and care, as deemed necessary by the EMS staff or emergency personnel of a hospital or medical clinic. I understand that I will be contacted immediately or as soon as possible should I be away from the phone numbers listed with my application for enrollment, but that the first consideration in the event of an emergency will be the proper aid for my child. I understand that the center will contact 911 in any situation that may be an emergency.

Pine Hills Kiddie Garden provides sunscreen from bulk dispensers. The sunscreen brand used is specifically formulated for our climate and for children, with an SPF of 30. I HEREBY GIVE PERMISSION for sunscreen to be administered to my child(ren) by Kingdom Kids staff.

Parent/Guardian signature: _____

Date: _____

ALLERGIES & SPECIAL NEEDS

Please provide information regarding health & special needs your child may have. Please write "NONE" if conditions do not exist.

Allergic To: _____

Treatment: _____

Other Medical Conditions or Diet Restrictions: _____

Treatment: _____

Please provide information regarding situations that may create a problem for your child:

Course of action: _____

FIELD TRIP / ACTIVITY / SCHOOL TRANSPORTATION PERMISSIONS

No child shall be permitted to participate in field trip activities without written parental permission. For your convenience, please sign this "blanket" permission form, which we will keep in your child's file in the office. You will be given advance notice of all fieldtrips, without exception. Transportation will be provided first by the center with certified drivers and by parent volunteers. Each child will be required to wear a seat belt at all times. Children under 40-pounds will be required to have a car seat.

All children will participate in all activities planned by the center, unless you instruct us to exclude your child from certain types of activities. From time to time, this includes watching videos (G/PG rated). The children will be able to use our computers on a frequent basis, with both, learning games and fun games. Activities include swimming, outdoor play and rec center visits. The center uses Christian based curriculum for some activities and participates in Vacation Bible School for 1 week each summer.

I hereby give my permission to Pine Hills Kiddie Garden/parent volunteers to transport my child to and from his/her school, for Pine Hills Kiddie Garden field trips, and for my children to participate in all activities sponsored by the center unless specific activities are listed for exclusion of participation below.

Parent(s) signature: _____

EXCLUSION FROM SPECIFIC ACTIVITIES:

Please exclude my child from the following activities: _____

**REQUEST FOR ENROLLMENT & ACCEPTANCE OF KINGDOM KIDS POLICIES
& PROCEDURES**

I hereby request that my child(ren) be enrolled at Pine Hills Kiddie Garden. The information contained in this statement is provided to enable my child to attend Pine Hills Kiddie Garden and participate in all activities provided. I acknowledge that the management of Kingdom Kids will rely on the information provided herein to base decisions about accepting my child for enrollment and as the basis for providing proper care for my child. I authorize the center to make all inquiries necessary to verify the accuracy of the information contained in this application. I understand that all childcare fees are due in advance, and

I HEREBY AGREE TO PAY ALL FEES ON THE FIRST DAY OF EACH WEEK THAT MY CHILD ATTENDS Pine Hills Kiddie Garden, and FURTHER, that my child may be disenrolled should I fail to pay fees in a timely manner.

Parent/Guardian Signature For Both Parents

Date

I understand that Pine Hills Kiddie Garden will pursue all means necessary to collect fees properly charged to my account should I fail to pay said fees upon demand, and I hereby agree to pay collection fees as may be charged by a collection agency and in addition, pay attorney's fees as may be necessary for purposes of collection of fees that are owed to Pine Hills Kiddie Garden by me and / or my spouse.

Parent/Guardian Signature For Both Parents

Date

OFFICE USE ONLY:

Date paper work was received: _____ Date registration fee paid: _____

Amount: _____ First day of attendance: _____

Person receiving fee: _____

Date withdrawal notification received: _____

Reason: _____

Additional information: _____
