



# Christ Kids Foundation

NURTURING YOUNG HEARTS & MINDS

## Registration / Application Form

Application Date \_\_\_\_\_ Start Date \_\_\_\_\_

### TYPE OF PROGRAM — SELECT ONE

**Preschool**  
Ages 2 - 4

**School After Care**  
Ages 5 - 10

**Summer Enrichment**  
Ages 5 - 12

### STUDENT INFORMATION

FULL NAME

1

DATE OF BIRTH

FULL NAME

2

DATE OF BIRTH

FULL NAME

3

DATE OF BIRTH

### PARENT / GUARDIAN INFORMATION

#### MOTHER

FULL NAME

ADDRESS

CITY

STATE

ZIP

WORK NUMBER

CELL NUMBER

HOME NUMBER

EMAIL ADDRESS

#### FATHER

FULL NAME

ADDRESS

CITY

STATE

ZIP

WORK NUMBER

CELL NUMBER

HOME NUMBER

EMAIL ADDRESS

**LEGAL GUARDIAN (IF APPLICABLE)**

FULL NAME

ADDRESS

CITY

STATE

ZIP

WORK NUMBER

CELL NUMBER

HOME NUMBER

EMAIL ADDRESS

**EMERGENCY MEDICAL INFORMATION**

Allergies or Intolerance to Food, Medication, or Other Special Needs:

CHILD'S PHYSICIAN

OFFICE PHONE NUMBER

**EMERGENCY CONTACT INFORMATION**

If I/we cannot be reached, Christ Kids Foundation staff have our permission to contact the following persons to pick up my child(ren) on my/our behalf.

NAME

RELATIONSHIP TO FAMILY

PHONE NUMBER

NAME

RELATIONSHIP TO FAMILY

PHONE NUMBER

NAME

RELATIONSHIP TO FAMILY

PHONE NUMBER

**Persons Authorized to Pick Up My Child DAILY**

NAME

RELATIONSHIP TO FAMILY

NAME

RELATIONSHIP TO FAMILY

△ Appropriate paperwork such as custody papers shall be attached if a parent is not permitted to pick up the child.

**REGISTRATION INFORMATION**

**Enrollment Type — Select One**

Full-Time

Part-Time

**Select Days** (Minimum 3 days — selections cannot be changed once confirmed)

Monday

Tuesday

Wednesday

Thursday

Friday

**Non-Refundable Registration Fee — Select Program**

A registration fee **must** accompany this form. Please contact the office for current fee amounts.

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**POLICY AGREEMENT & SIGNATURES**

I/we agree to follow the policy of the childcare program at all times. I/we agree to sign the Contract associated with enrollment and agree to pay all tuition and other related fees on time. I/we will give the center a **written two weeks' notice** when withdrawing my/our child. I/we understand the security deposit will be credited to the last week of service if a two weeks' notice is submitted to the Director and/or the Office Manager. I/we understand that **there are no refunds for absenteeism** for any reason.

**PARENT / GUARDIAN SIGNATURE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE**

Signature \_\_\_\_\_ Date \_\_\_\_\_