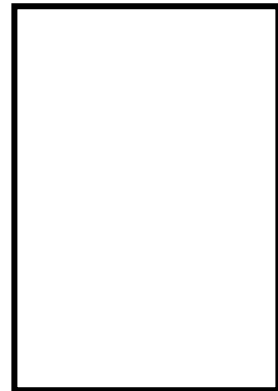




# Kid's World School-Age Care Registration Form

*Office Use Only:*  
Enrollment Date: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_  
Program: B    A    B/A    Varies



## Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Preferred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Teacher: \_\_\_\_\_ Current Grade 2017-2018: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Gender:  Male     Female

List any existing medical conditions, medication, dietary needs and/or special attention your child may require?  
\_\_\_\_\_  
\_\_\_\_\_

Vaccinations Current:  Yes     No    (Please provide a current copy.)

Health Evaluation:  Yes     No    (Please provide a current copy.)

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs, Audio, & Video: Permission is granted for security purposes only.

Yes     No

About your child: Is there any other information that would be helpful to our management and teaching staff?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Kid's World? (Please circle one.)

Friend Referral: \_\_\_\_\_ Internet    Yard Sign    Existing Student    Other: \_\_\_\_\_

**Parent/Guardian Information**

**Mother / Step-Mother / Legal Guardian** (Please circle one.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Custodial Parent (Please provide custody papers.)

**Father / Step-Father / Legal Guardian** (Please circle one.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Custodial Parent (Please provide custody papers.)

**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Authorized Pick Up/Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Address: \_\_\_\_\_

**2nd Contact/Authorized Pick Up**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Address: \_\_\_\_\_

**3rd Contact/Authorized Pick Up**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Program, Tuition, & Fee Information (2017-2018):**

- Registration Fee \$25 & Deposit \$75=\$100 total**  
Due at the time of registration

Please check **all** appropriate programs:

- Before & After School Care Programs:**  
10 month payment plan: \$250 per month August 1<sup>st</sup>-May 1<sup>st</sup>
- Before School Care Program Only:**  
10 month payment plan: \$117 per month August 1<sup>st</sup>-May 1<sup>st</sup>
- After School Care Program Only:**  
10 month payment plan: \$180 per month August 1<sup>st</sup>-May 1<sup>st</sup>
- Daily Rate: Before & After School Care:** \$15 per day  
Payments due for the Week (Pay prior to services)
- Daily Rate: Before School Care Only:** \$10 per day  
Payments due for the Week (Pay prior to services)
- Daily Rate: After School Care Only:** \$12 per day  
Payments due for the Week (Pay prior to services)
- AIT Days:** (add-on option only) \$10 per day
- Teacher Workdays:** \$30 per day (7:30am-4:00pm) or \$5 per hour  
 Fall  Spring
- AIT Days:** (drop-in rate) \$15 per day

All tuition payments are due by the 1<sup>st</sup> of each month beginning August 1<sup>st</sup>-May 1<sup>st</sup>. Payments can be made by cash or check. The \$75 deposit will go toward your May payment if your child completes the 2017-2018 school year. A late fee of \$5.00 per day late will be charged after the 1<sup>st</sup> of each month. **Collection Fees:** After 30 days, these debts may be referred to an outside collection agency and to appropriate credit bureaus. Resulting collection fees will be added to the original debt and the parents must pay these fees as well as attorney's fees if applicable. There is no penalty for prepayment of tuition. There are no refunds on fees or tuition payments made. **Withdrawal:** A written notice must be given at least 1 month prior to withdrawing a child from the preschool program. Parents are still responsible for any days not paid in full due to adjustments made monthly. If proper notification is not given, the parent or guardian will be required to pay for the 1 month tuition. If fees are not paid, these debts may be referred to an outside collection agency and to appropriate credit bureaus. Resulting collection fees will be added to the original debt and the parents must pay these fees as well as attorney's fees if applicable.

I \_\_\_\_\_ acknowledge that I have read and understand Kid's World's policies regarding tuition payments. I understand that this registration form is a legally binding contract.

Initials: \_\_\_\_\_

Please outline below who is responsible for payment of tuition and fees.

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**Parent/Legal Guardian's**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please mail all forms, registration fee (\$25), and deposit (\$75) to:

Kid's World, Inc.  
11507 Winchester Avenue  
Bunker Hill, WV 25413

For any additional information, please visit the Kid's World website at: [www.kidsworldwv.com](http://www.kidsworldwv.com) or call 304-596-0006.

**Thank You for choosing Kid's World, Inc.!**