

Office Use Or Enrollment D	•		
Discharge Da	te:		
Program: B	Α	B/A	Varies

Kid's World School-Age Care Registration Form

Child Information	
First Name:	Last Name:
Name Preferred:	Gender: [] M
Date of Birth:	Age (as of 6/30/18):
Child's Address:	
School:	School Phone:
Teacher:	Current Grade 2018-2019:
attention your child ma	cal conditions, medication, dietary needs and/or special ay require? (Please provide a note from the doctor.)
Vaccinations Current:	[] Yes [] No (Please provide a current copy.)
Recent Health Evaluati	on: [] Yes [] No (Please provide a current copy.)
Pediatrician's Name: _	Phone: ()
Address:	City/State/Zip:
Dentist's Name:	Phone: ()
Address:	City/State/Zip:
Hospital Preference:	
Photographs, Audio, &	Video: Permission is granted for security purposes only. [] Yes [] No
About your child: Is th management and teac	ere any other information that would be helpful to our hing staff?
How did you hear abou	ut Kid's World? (Please circle one.) Internet Yard Sign Existing Student Other:

Parent/Guardian Information (Authorized to Care for Child)

	Father / Step-Father /Legal Guardia	
(Please circle one.)	(Please circle one.)	
First Name:	First Name:	
Last Name:	Last Name:	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Home Phone: ()	Home Phone: ()	
Employer:	Employer:	
Work Phone: ()	Work Phone: ()	
Work Address:	Work Address:	
City/State/Zip:	City/State/Zip:	
Cell Phone: ()	Cell Phone: ()	
Email:	Email:	
Last 4 #'s of Social Security #:	Last 4 #'s of Social Security #:	
[] Custodial Parent (Provide custody papers)	[] Custodial Parent (Provide custody papers)	
45 4		
1 st Authorized Emergency Contact	2nd Authorized Forest	
	2 nd Authorized Emergency Contact	
Name:	Name:	
Name:	Name:	
Name: Cell Phone: Alternative Phone:	Name: Cell Phone: Alternative Phone:	
Name: Cell Phone: Alternative Phone: Relationship to Child:	Name: Cell Phone: Alternative Phone: Relationship to Child:	
Name: Cell Phone: Alternative Phone: Relationship to Child:	Name: Cell Phone: Alternative Phone: Relationship to Child:	
Name: Cell Phone: Alternative Phone: Relationship to Child: Address:	Name:	
Name: Cell Phone: Alternative Phone: Relationship to Child: Address: City/State/Zip:	Name:	
Name: Cell Phone: Alternative Phone: Relationship to Child: Address: City/State/Zip: 3 rd Authorized Emergency Contact	Name:	
Name: Cell Phone: Alternative Phone: Relationship to Child: Address: City/State/Zip: 3 rd Authorized Emergency Contact Name:	Name:	
Name: Cell Phone: Alternative Phone: Relationship to Child: Address: City/State/Zip: 3 rd Authorized Emergency Contact Name: Cell Phone:	Name:	
Name: Cell Phone: Alternative Phone: Relationship to Child: Address: City/State/Zip: 3rd Authorized Emergency Contact Name: Cell Phone: Alternative Phone:	Name:	
Name: Cell Phone: Alternative Phone:	Name:	

Program, Tuition, & Fee Information (2018-2019):				
[] Registration Fee \$50 & Deposit \$100=\$150 total Due at the time of registration				
Please check all appropriate programs:				
[] Before & After School Care Programs: 10 month payment plan: \$270 per month August 1 st -May 1 st				
[] Before School Care Program Only: 10 month payment plan: \$120 per month August 1 st -May 1 st				
[] After School Care Program Only: 10 month payment plan: \$180 per month August 1 st -May 1 st				
[] Daily Rate: Before & After School Care: \$20 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)				
[] 2 Hour Delay/Release: (add-on option only) \$10 per day				
[] Teacher Workdays/Other: \$35 per day (7:00am-5:00pm)				
All tuition payments are due by the 1 st of each month beginning August 1 st -May 1 st . Payments can be made by cash or check. The \$100 deposit will go toward your May payment if your child completes the 2018-2019 school year and the account has no outstanding balances. A late fee of \$5.00 per day late will be charged after the 1 st of each month. <i>Collection Fees:</i> 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. <i>Withdrawal:</i> 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.				
Parent/Legal Guardian's				
Signature: Date:				
Please mail all forms, registration fee (\$50), and deposit (\$100) 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 or call 304-596-0006.