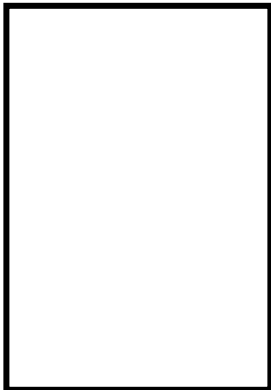




Office Use Only:
 Enrollment Date: _____
 Discharge Date: _____
 Program: B A B/A Varies

Kid's World Preschool/Pre-K Care Registration Form



Child Information

First Name: _____ Last Name: _____

Name Preferred: _____ Gender: [] M [] F

Date of Birth: _____ Age (as of 6/30/18): _____

Child's Address: _____

City/State/Zip: _____

List any existing medical conditions, medication, dietary needs and/or special attention your child may require? (Please provide a note from the doctor.)

Allergies: _____

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

Recent Health Evaluation: [] 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 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 (Authorized to Care for Child)

Mother /Step-Mother/ Legal Guardian

(Please circle one.)

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____

Employer: _____

Work Phone: () _____

Work Address: _____

City/State/Zip: _____

Cell Phone: () _____

Email: _____

Last 4 #'s of Social Security #: _____

Custodial Parent (Provide custody papers)

Father / Step-Father /Legal Guardian

(Please circle one.)

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____

Employer: _____

Work Phone: () _____

Work Address: _____

City/State/Zip: _____

Cell Phone: () _____

Email: _____

Last 4 #'s of Social Security #: _____

Custodial Parent (Provide custody papers)

Emergency Contacts & Authorized Pickup Persons

In case of emergency and the parents are unavailable, names of other persons who have agreed to accept responsibility for your child. Must have at least 1.

1st Authorized Emergency Contact

Name: _____

Cell Phone: _____

Alternative Phone: _____

Relationship to Child: _____

Address: _____

City/State/Zip: _____

3rd Authorized Emergency Contact

Name: _____

Cell Phone: _____

Alternative Phone: _____

Relationship to Child: _____

Address: _____

City/State/Zip: _____

2nd Authorized Emergency Contact

Name: _____

Cell Phone: _____

Alternative Phone: _____

Relationship to Child: _____

Address: _____

City/State/Zip: _____

4th Authorized Emergency Contact

Name: _____

Cell Phone: _____

Alternative Phone: _____

Relationship to Child: _____

Address: _____

City/State/Zip: _____

Initials: _____

Program, Tuition, & Fee Information (2018-2019):

[] **Registration Fee \$50 & Deposit \$100=\$150 total**

Due at the time of registration to serve the spot

Please check appropriate program:

[] **Before & After School Care Programs (BC Pre-K only):**

\$2,600 Annually, 10 month payment plan: \$260 per month August 1st-May 1st

[] **Before School Care Program Only (BC Pre-K only):**

\$ 1,950 Annually, 10 month payment plan: \$195 per month August 1st-May 1st

[] **After School Care Program Only (BC Pre-K only):**

\$1,950 Annually, 10 month payment plan: \$195 per month August 1st-May 1st

[] **Daily Rate: Before & After School Care (BC Pre-K only):**

\$22 per day

Payments due for the Week/Month (Pay prior to services), 2 times/per week minimum

[] **Daily Rate: Before School Care Only (BC Pre-K & KW Preschool):**

\$12 per day

Payments due for the Week/Month (Pay prior to services), 2 times /per week minimum

[] **Daily Rate: After School Care Only (BC Pre-K only):**

\$12 per day

Payments due for the Week/Month (Pay prior to services), 2 times/ per week minimum

All tuition payments are due by the 1st of each month beginning August 1st-May 1st. 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 1st 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:** This is a 1 year contract commitment. The responsibility of payments still lays with the parent/legal guardian for the remainder of the school year. 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.

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