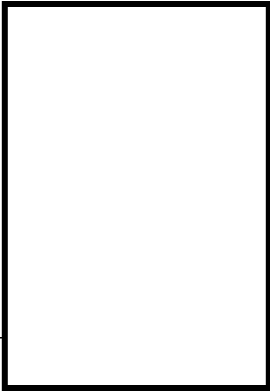




# Kid's World Preschool Registration Form

<i>Office Use Only:</i>	
Enrollment Date:	_____
Program:	2 day      3 day
Discharge Date:	_____



### Child Information

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

Name Preferred: \_\_\_\_\_ Gender:  M     F

Date of Birth: \_\_\_\_\_ Age (as of 8/20/19): \_\_\_\_\_

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)

**Program, Tuition, & Fee Information:**

Registration Fee \$60 & Deposit \$100=\$160 total  
Due at the time of registration

2-Day Program (Tuesday, Thursday)~Tuition \$1,850 annually  
10 month payment plan: \$185 per month August 1<sup>st</sup>-May 1<sup>st</sup>

3-Day Program (Tuesday, Thursday, Friday)~Tuition \$2,650 annually  
10 month payment plan: \$265 per month August 1<sup>st</sup>-May 1<sup>st</sup>

All tuition payments are due by the 1<sup>st</sup> of each month beginning in August 1<sup>st</sup> through May 1<sup>st</sup>. Payments can be made by cash or check. The \$100 deposit will go toward your May payment if your child completes the 2019-2020 school year and the account has no outstanding balances. 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 written 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: \_\_\_\_\_

## 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.

### 1<sup>st</sup> Authorized Emergency Contact

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

Cell Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

### 2<sup>nd</sup> Authorized Emergency Contact

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

Cell Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

### 3<sup>rd</sup> Authorized Emergency Contact

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

Cell Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

### 4<sup>th</sup> Authorized Emergency Contact

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

Cell Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

## Additional Comments & Information:

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## Signature:

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail all forms, registration fee (\$60), 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](http://www.kidsworldwv.com) or call 304-596-0006.

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