



Kid U Preschool

Purpose:

These questions are designed to give us the information needed to provide the best, most appropriate care for your children. This information is confidential and please be reassured it will not be shared without your written permission.

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				
Parents or Guardian's Name		Phone Number while child is in care:		
Mom's telephone		Dad's Telephone		
ER Contact Name, #, Address				

I hereby authorize KID U to allow my child to leave the preschool with ONLY the following persons. Please list name and telephone for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

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FIELD TRIPS: – I give permission for my child to be transported and supervised by KID U's employees, and to participate in them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WATER ACTIVITIES: – I give permission for my child to participate in water activities such as sprinklers, wading pools, swimming pools, water table play.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RECEIPT OF WRITTEN OPERATIONAL POLICIES: – I acknowledge receipt of the facility's operational policies including those for discipline and guidance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I UNDERSTAND AN AM SNACK WILL BE PROVIDED FOR MY CHILD AND LUNCH WILL BE PROVIDED BY ME.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph#
Name of Emergency Medical Care Facility:	Address:	Ph#
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature-Parent or Legal Guardian		



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* If applicable.

1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care? Please note that KidU will not administer medication to students.		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		

3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		

4. Eating Preferences:

What are your child's favorite foods?		
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
Child's primary language spoken at home.	
Who has legal custody of this child? And are there custody or visitation restrictions?	
Is this child adopted? Have they been told?	

Signature of Parent

Date Signed

Additional Comments:

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Session Preference

Child's Name _____

Birth Date _____

Please mark the session you are interested in your child attending.

*All children 3yrs-Kindergarten must be potty trained

___ 2yr olds class

___ 3yr olds class

___ 3 ½yr olds class **3yrs 6mos by Sept 1

___ 4yr olds class

___ Kindergarten

2 Day Options	Tuition per Month	*One Time Fee Registration	*One Time Fee Snack/Curriculum	Total Start Up
___ Monday & Wednesday Class	\$150.00	\$150.00	\$100.00	= \$400.00
___ Tuesday & Thursday Class	\$150.00	\$150.00	\$100.00	= \$400.00
3 Day Options				
___ Monday/Wednesday/Friday Class	\$225.00	\$150.00	\$100.00	= \$475.00
___ Tuesday/Thursday/Friday Class	\$225.00	\$150.00	\$100.00	= \$475.00
4 Day Option				
___ Mon/Tues/Wed/Thurs	\$300.00	\$150.00	\$100.00	= \$550.00
5 Day Option				
___ All Five Days	\$350.00	\$150.00	\$100.00	= \$600.00
___ KINDERGARTEN 5 DAYS REQUIRED	\$350.00	\$150.00	\$125.00	= \$625.00

*Please note that registration fees are to be paid when the registration forms are turned in. Tuition and Snack/Curriculum fees are due on or before the first day of school. Registration and Snack/Curriculum Fees is a one-time fee. Registration is non-refundable.

SIBLING TUITION RATE 15%OFF

2 DAYS \$127.50	3 DAYS \$191.25	4 DAYS \$255.00	5 DAYS \$297.50
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Parent Signature

Date

Payment Received by

amount

___ cash
___ check
___ check #

Circle all paid: REGISTRATION SNACK/CURRICULUM TUITION

NOTES:



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Photo Release

During the school year, we often do videotaping and still photos of the children in the classrooms and doing activities. The tapes and photos will be used for parent review, discussion, for research purposes, press releases, and promotion of our program which would include being posted on our website. No names will be published with the pictures.

Please complete Part A to give permission for your child to be included in the videotaping and still photos. Do not complete both sections.

A. I authorize my child _____ to be included in
Name of child
videos and photos to be used by Kid U and Monument Baptist Church.

Parent Signature

Date

B. I do not give permission for my child _____ to be
Name of child
included in videos and photos to be used by Kid U and Monument Baptist Church.

Annual Class Roster

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program upon request.

____ I authorize my child's name, my name, and phone number/email to be listed on the parent roster.

____ I do not wish my child's name and phone number/email to be included on the parent roster.

Parent Signature

Date



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Child's Name: _____ Date: _____

Child's Birthday: _____

Allergies: _____

Telephone: _____ Email: _____

EMERGENCY CONTACTS:

Guardian/Mom's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Guardian/Dad's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

ER Contact's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

ER Contact's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Authorized people to pick up your child:

Parent's Signature

Date



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CHILD'S NAME _____ TELEPHONE _____

ADDRESS _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

POLICY HOLDER'S NAME _____ DOB _____

CUSTOMER SERVICE PHONE # _____

ADDRESS _____

LIST ANY PHYSICAL LIMITATIONS THAT MIGHT HINDER YOUR PARTICIPATION: (migraine headaches, allergies, nervousness, can't swim, etc.)

MEDICAL & SURGICAL WAIVER

I, _____, the parent and/or legal guardian of

_____, a minor, hereby acknowledge that said minor presently under my care, custody and control. I hereby give my child, the said minor, my express permission to attend any Preschool or Children's activity at Monument Baptist Church, Deer Park. I further expressly grant my permission for my child to participate in all Preschool and Children's activities sponsored by Monument Baptist Church, Deer Park.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the Monument Baptist Church Staff, to seek medical treatment as the circumstance deems necessary.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge and covenant to hold harmless Monument Baptist Church, or its representatives, or sponsors, from any actions, damages, liabilities arising out of the treatment of any sickness or accident, incurred by my said child during trip or outing taken in the 2021-2013 year.

Parent and/or Guardian _____ Date _____

Address _____

Phone _____ Cell _____ Work _____

ER Contact Name & Number _____