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**Enrollment Package**

**Office Use Only**

School Year: 2021-2022

**\_\_\_\_** Registration Fee Classroom: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_** Influenza Date Registered: **\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_** Immunization Form Start Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_** Physical Examen Termination Date: **\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_** Food Program Application Registration Fee: $**\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_** Infant Feeding Form Supply Fee: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_** Handbook Weekly Tuition: $**\_\_\_\_\_\_\_\_\_\_\_\_**

Full Time**\_\_\_\_\_** P/T**\_\_\_\_\_**

ELC **\_\_\_\_\_** Private Pay **\_\_\_\_\_**

VPK Voucher Yes**\_\_\_\_**  No **\_\_\_\_**

**Enter in ProCare Initials: \_\_\_\_\_\_\_\_\_\_\_**

**STUDENT INFORMATION**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Sex: M F

Languages Spoken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_

Child lives with: Mother: \_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_

Parental Information:

Mother’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for any reason, the custodial parent or legal guardian cannot be reached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Relationship

Parent/Guardian Signature Date:

**PERMISSION TO PUBLISH YOUR CHILD’S PHOTO**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Here at Kid’s College we compile pictures of our classroom activities to use on our bulletin boards, monthly newsletters, web site, or various forms of advertising. Please indicate below whether or not you give permission for your child’s photo to be published.

Circle: Permission Granted Permission Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**TRANSPORTATION AGREEMENT**

I hereby grant permission for Kid’s College to transport my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Elementary School for after school care.

I hereby grant permission for Kid’s College to transport my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on special events/field trips.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**PALM BEACH COUNTY RULES AND REGULATION FORMS**

\_\_\_\_\_\_\_I have received the “Know Your Child Care Facility”

\_\_\_\_\_\_\_I have received the Guidance Policy Practice Information

\_\_\_\_\_\_\_I have received the Authorization for emergency medical care

\_\_\_\_\_\_\_I have received the brochure on Influenza Virus

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date

**ALLERGY INFORMATION FORM**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF ALLERGY**

Place an “X” next to any allergy your child has experienced:

\_\_\_\_\_Medication Allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Specific foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Environmental Allergens:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Insect Bites/Stings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL AND TRANSPORTATION FORM**

In the case where I/We cannot be reached in the event of an emergency, I/We give consent and authorize Kid’s College to seek emergency treatment for my child.

I hereby give consent and authorization for any health facility or physician to provide medical treatment to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the event an emergency arises and I cannot be reached.

I authorize said treatment and will take full responsibility for any medical payments which may arise from services rendered.

Name of family physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Regular medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special medical conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company of child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**NUTRITIONAL PLAN AGREEMENT:**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Article XII, B, Palm Beach County rules require the facility and or parent complete the following nutritional plan agreement.

Primary Hours of Care: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of Care: M T W T F

Meals typically served at Kid’s College are: Breakfast Lunch Snack

Here at Kid’s College, we provide balanced, nutritional meals. If your child is an infant and is drinking formula, we provide Gerber Good Start. If you would like to provide your own, please complete the following:

Is your child an infant? Yes No (circle one)

If yes, please provide the name of the formula:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive food assistance? Yes No (circle one)

If yes, please provide your ten digit case number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candy and non nutritional foods or snacks are not permitted at our facility. Please let our facility know if you want to celebrate your child’s birthday here at Kid’s College. (two weeks’ notice) Forms are in the main office for you to complete. (PEANUT FREE)

Parent/Guardian Signature Date

**INFANT/PRESCHOOL FINANCIAL AGREEMENT**

**REGISTRATION FEE:** Registration fees and/or deposits are due before enrollment and are non-refundable. An annual registration fee is also due each August before the new school year begins. Amount Due: **\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRICULUM FEE:** Curriculum fees are due annually. Curriculum fees begin at two years of age and older. Amount Due: **\_\_\_\_\_\_\_\_**

**PRESCHOOL TUITION:** Tuition is calculated on a school year basis. (August-June) It is divided into weekly payments, not based upon a monthly or daily fee. Tuition is due each week in advance by Friday for the upcoming week. Full tuition is due each week regardless of the number of days in the week the child attends. Tuition is not pro-rated for the weeks containing a holiday. Part time enrollments are scheduled at the time of enrollment. Part time enrollment must be the same days each week. Tuition for part time enrollment is due by Friday for the upcoming week.

***No allowances will be given for illness, vacations or other interruptions (including hurricanes) during the regular school year.***

*\_\_\_\_\_\_\_\_\_\_*

\*Parent initial ~I have read and understand Kid’s College Tuition Policy.

**INFANT/TODDLER TUITION:** (6 weeks – 24 months) Tuition is calculated on a yearly basis. It is divided into weekly payments, not based upon a monthly or daily fee. Tuition is due each week advance by Friday for the upcoming week. Full tuition is due each week regardless of the number of days in the week the child attends. Tuition is not pro-rated for the weeks containing a holiday.

***No allowances will be given for illness, or other interruptions (including hurricanes)***

\_\_\_\_\_\_\_\_\_\_

\*Parent initial ~I have read and understand Kid’s College Tuition Policy.

**Weekly Tuition \_\_\_\_\_\_\_\_ Discount \_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_ Tuition Rate \_\_\_\_\_\_\_\_**

**FAMILY CENTRAL:** While we do accept subsidized care, it is the parent/guardian’s responsibility to maintain their active status through re-determination requirements. Registration and curriculum fees are NOT covered by Family Central and are due upon enrollment. Any lapse in coverage, or termination, resulting in an unpaid balance will be the sole responsibility of the parent/guardian. Attendance policy is strictly enforced. Excessive absences may result in financial penalties and or termination from Kid’s College.

\_\_\_\_\_\_\_\_\_\_

\*Parent /guardian initials ~ I have received and understand Kid’s College Subsidized Care Tuition/ Attendance Policy.

**Vacation Policy:** After one year of enrollment, we give two vacation weeks. Your tuition will be discounted 50% of f your regular rate. In order to receive this credit, you must advise the office in writing two weeks prior to your vacation. No Tuition credits are given for illness, holiday school closure absences.

*\_\_\_\_\_\_\_\_\_\_*

\*Parent initial ~I have read and understand Kid’s College Vacation Policy.

**LATE ARRIVAL CHARGES:** The center closes promptly at 6:00P.M. A charge of $1.00 per minute will be charged to your account.

**LATE PAYMENT FEES:** A late payment fee is due if tuition is not paid by Friday for the upcoming week. If tuition is paid after Monday, $25.00 fee must be included; Tuition and all applicable fees must be paid by Tuesday morning for a child to remain at the center.

**RETURNED CHECK FEES:** A $45 service charge will be made on any check returned by the bank for any reason. The amount of the returned check plus the service charge must be paid within one week of notification. After two returned checks, the account will be placed on a MONEY ORDER/CREDIT CARD/ OR CASH ONLY basis.

I HAVE READ AND UNDERSTAND THE ABOVE PAYMENT POLICY AND AGREE TO ABIDE BY ITS CONTENTS.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature Date

**PERMISSION FOR FOOD-RELATED ACTIVITIES AND SPECIAL OCCASION FOOD CONSUMPTION**

Pursuant to 65C-22.005 (1) (e) 2; F.A.C. licensed child care facilities must obtain written permission from parent(s)/guardians regarding a child’s participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations and birthdays.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give/decline permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below.

**Permission Options:** Select and initial ONE of the options below.

\_\_\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He/She MAY PARTICIPATE in activities.

\_\_\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He/She MAY NOT PARTICIPATE in activities.

\_\_\_\_\_\_ My child HAS a food allergy or dietary restriction. He/She MAY NOT PARTICIPATE in activities.

\_\_\_\_\_\_ My child HAS a food allergy or dietary restriction. He/She MAY PARTICIPATE in activities, but must not eat or handle the following items.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Permission: (Select One)

\_\_\_\_\_\_ Specific Permission ONLY for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Activity/Event & Date

\_\_\_\_\_\_ General Permission:

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child’s enrollment.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be aware as per early learning coalition (ELC) contract for VPK and School Readiness program; if it is your responsibility to pay the difference in tuition as ELC will no cover the full amount. Remember if your child is absent constantly, you may at risk to lose your services.

If your child is sick you must provide a doctor’s note specifying the reason why the child cannot be in our center to excuse the absence(s).Also we are now providing an [Excused for absent] form that can be filled for special situation in case you needed.

Parents responsibilities for not excused absence(s) daily by age.

**Infant $ 60.00**

**Toddler $ 48.29**

**2 year’s old $ 44.94**

**3 Year’s old $36.00**

**4 year’s old $ 34.26**

**5 year’s old $ 32.40**

**School age $12.53**

**Summer Camp and Holidays $23.83**

**VPK PT $ 13.64**

**SR/VPK FT $23.56**

**SR/VPK PT $13.64**

Fees are subject to change after the center receives payments from the ELC by the end of the month.

Thank you for your cooperation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed name of legal custodial adult

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of legal custodial adult Date

I have read the Kid’s College Parent Handbook. I am agree and understand the Policies and procedures.

Child’s Full Name Room

Parent/Guardian Siganture Date

Please sign and return this form to the front office.

