 **Kiddie Kollege Preschool and Kiddie Kare**

**A Ministry of the Capstone Free Methodist Church**

**2033 S. 150 W. Warsaw, IN 46580 Phone 574-267-7260**

**Church office hours are Monday-Friday 8 a.m. – 12:30 p.m.**

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**(Please Check the Class you wish to enroll your child in)**

**All classes are held on Tuesday, Wednesday & Thursday**

* **Explorer’s Class:** Child must be 2 by June 1st to be eligible for the upcoming school year. $140 per month.
* **3-yr old Class:** Child **MUST** be potty trained and at least 3 by September 1st to be eligible for the upcoming school year. $140 per month.
* **Pre-Kindergarten Class:** Child **MUST** be toilet trained and at least 4 by September 1st to be eligible for the upcoming school year. $150 per month.
* **Daycare**. $30 per day**.**

**For returning parents:**

* Please bill my (nonrefundable registration fee through Bright Wheel. Due upon registration.
* Please bill my (one time) snack fee through Bright Wheel. Due in August.

(We reserve the right to combine classes based on enrollment)

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

Child’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First M.I Last

Nickname (Name Staff will use): Gender: Grade:

Address:

Parent/Guardian Name (1st Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

Parent/Guardian Name (2nd Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

**\*Who is allowed to pick up your child?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I promise to see the administrator in person if this changes during the year. **Your child will not be released to anyone who is not on your list without your written permission.** If our teachers are unsure of someone’s identity, they will be asked to show proof of who they are before the child is released, this may include a photo ID. This if for your child’s safety.

**Initial** here please. \_\_\_\_ I understand my child’s pick up procedures.

Please list two other people we could contact in case of an emergency: (after trying to notify parents by home, cell, and work)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:

**Parent/Guardian Consent and Agreement for Emergencies**

As Parent/Guardian of , I consent to have my child receive first aid by faculty staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 12 Calendar Months. **Initial**

The Kiddie Kollege Preschool and/or Kiddie Kare of the Capstone Free Methodist Church has my permission to seek medical treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) as prescribed by a doctor or EMT.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be kept at a convenient teacher location and taken out of building during field trips. Please help keep this information current as possible for the safety of your child.

**Information Regarding Child** (Please answer as completely as possible).

Allergies (Including Food): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reactions to allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

What is your child’s reaction to a Bee Sting?

Any Restrictions?

Medications:

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

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is there any other information of which our staff should be made aware? (Toilet habits, any area of anticipated difficulty for your child, physical restrictions not listed above, speech) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are there recent events in the family that we should know about such as the death of a family member or a recent move? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to serve as a parent volunteer in the classroom? \_\_\_\_\_\_\_

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_to go on any walking field trip around the immediate area around the school. No more than 10 blocks from the church.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to be photographed and my permission for his or her picture to be published in a newspaper, used for television, KK Facebook page, Parent Brightwheel app, or church’s directory.

(If you would like to sign up for **Kiddie Kare Day Care**, please fill out the last section on Page 4. Kiddie Kare has a separate fee from Kiddie Kollege)

**KIDDIE KOLLEGE TUITION INFORMATION**:

**The monthly tuition fee is to be paid on Brightwheel or taken to the Church Office for a receipt.**

**Kiddie Kollege: The $30 registration fee is due at time of registration. This is non-refundable**.

**Kiddie Kollege Snack Fee:** **$40 (a one time fee at the beginning of the year)**

**I agree with these terms, and I agree to provide prompt payment to the Kiddie Kollege Preschool and/or Kiddie Kare. I also agree to notify the school immediately of any withdrawal of above student. Failure to do so will continue to incur additional tuition fees.**

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edited 12/17/2024

**If you are interested in our Kiddie Kare Child Care Ministry, please fill out the following information:**

For children utilizing the **daycare only**, there is a $30 (non-refundable) registration fee.

Start Date:

End Date:

Summer/School Year/Both:

Please pack a lunch for your child and in the summer provide sunscreen.

**Please specify days and times needed:**

Days needed: Monday Tuesday Wednesday Thursday Friday

Specific Time:

**The days you select on this form will be the days you are charged on your billing program. If you choose to not utilize these days (when we are open) you will still be charged. If the daycare is closed because of weather conditions or other reasons by the administration you will not be charged.**

During School Year

Hours of operation are: 7:30 a.m.-5:30 p.m. Mondays & Fridays

Tuesday, Wednesday, and Thursday: 7:30 a.m.- 9:25 a.m. & 11:30 a.m.- 5:30 p.m.

During Summer

Hours of operation are: Monday-Friday 7:30a.m. -5:30 p.m.

**Kiddie Kare Daycare has a flat rate of $30.00 a day.**