Kiddie Kare Childcare Ministry

 A Ministry of the Capstone Free United Methodist

 2033 S. 150 W. Warsaw, IN 46580 Phone: 574-2677260

**Student Information** Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physic al Address: Primary Hours of Care: From To

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Days of the Week in Care: | M | T | W Th | F |  |  |  |
| Meals Typically Served While | in Car | e: | AM Snack |  |  | PM Snack |  |  |

# Please pack a lunch for your child and provide a water bottle. Label each with your child’s name.

# Family Information:

# Child Lives With:

Mother's Name: Father's Name: Address: Address: Home Phone: Home Phone: Employer: Employer: Address: Address:

Work Phone: /Cell Work Phone: /Cell

# Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. I will be responsible for all charges not covered by insurance.

Doctor: Address: Phone: Doctor: Address: Phone: Dentist: Address: Phone: Hospital Preference:

 Please list allergies, special medical or dietary needs, or other areas of concern:

 Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Immunization records are due on or before your child’s first day.**

 **Emergency Contacts:**

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 some reason, the custodial parent or legal guardian cannot be reached:

 Name: Address: Work:

 Name: Address: Work:

 Name: Address: Work:

**Kiddie Kare Child Care Tuition Information**

Kiddie Kare Child Care Ministry has a flat rate of **$30.00 per day.** 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.

The registration fee of $30.00 is due at time of registration. **This is non-refundable.**

**Kiddie Kare closes at 5:30 pm. There will be a fee of 1.00 per minute that a parent is late picking up** **their child.**

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

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Paid: Yes\_\_\_\_\_ No\_\_\_\_\_