

Enrollment Application

Child Name:		
Last Name	First Name	Middle Name
Child's Address:		
Phone (Home):	_ Sex: Date of Birth:	
Mother/ Guardian:		
Last Name	First Name	Initial
Address:	Phone:	
Email Address:		
Place of Employment	Work Phone:	Ext:
Mother Driver's License:	Expires:	
Father/ Guardian:	E. A.	T ''' 1
Last Name	First Name	Initial
Address:	Phone:	
Email Address:		
Place of Employment:	Work Phone:	Ext:
Father Driver's License:	Expires:	
Primary Residence:With Mother, _	_ With Father, With Both,	With Guardian.
Parents' Marital Status: Married	Single Divorced.	
May the non-custodial parent pick up t (If yes, include in release section if not, docum		d)

The child will be release only to this application	ation and the following:	
Name:		
Address:	Phone:	
Name:		
Address:	Phone:	
Name:		
Address:	Phone:	
Emergency Contact other than par	ents:	
Name:		
Address:	Phone:	
Child Physician:		
Address:	Phone:	
Hospital Preference:		
Any Allergies or special needs:		
Is the child potty trained?What dose toilet?	your child say when he/she wishes to use the	
Does your child need help in? Dress/ Un		
Does your child have any special fear or pro	oblems?	
Has your child been care for other than the	parents? If yea, whom?	
Favorite Game	Favorita Toy	

PARENT AGREEMENT		
Kid's University will be open from 6:30 am. To 6:00 pm .		
For children ages 6 weeks to 11 years.		
A late fee of \$5.00 for every 15 minute will be charged for late pick- ups.		
I agree to pay each week's tuition.		
I am aware that a \$5.00 bookkeeping fee will be charged for each day after Monday.		
I agree to pay registration fee at the time of enrollment to be renewed each August.		
This enrollment fee is not refundable.		
There will be no reduction in price for your child absences at Kid's University.		
During our summer camp time (June- August) the children 3 to 11 years old will have regular weekly field trips. These field trips are mandatory if you wish for your child not to attend a field trip you must find arrangement, the school unfortunately will not be able to accommodate your child on school premises for that day.		
The subsidized children, the state will pay only the days that your child attends school it's the responsibility of the parents to pay the difference of the week.		
I have received my parent handbook, containing additional policies and procedures.		
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I authorize Kid's University to take photos and videos during the school's activities of my child.

I authorize Kid's University to apply First Aid & CPR in case of an emergency.

Signature of parent or Guardian:	Date:

THIS FORM MUST BE COMPLETED AND RETURNED TO KID'S UNIVERSITY DIRECTOR ON OR BEFORE THE FIRST DAY OF YOUR CHILD ATTENDACE.