



Kids Krew Enrollment

All information is required. If you have questions or need assistance,
please contact Jennifer Ness, Program Director: 218-639-7105.

Child's Name

_____/_____/_____
Date of Birth

_____/_____/_____
First Date of Attendance

Circle one: Male / Female

Circle one: Full Time / Part Time

Parent 1

Parent Name

Relationship to Child

Address

_____-_____-_____
Home Phone#

City

State

Zip

_____-_____-_____
Cell Phone#

Employer

_____-_____-_____
Work Phone#

Department

Work Hours/Day

Email address: _____

Parent 2

Parent Name

Relationship to Child

Address

_____-_____-_____
Home Phone#

City

State

Zip

_____-_____-_____
Cell Phone#

Employer

_____-_____-_____
Work Phone#

Department

Work Hours/Day

Email address: _____

Emergency Contacts *if parent(s) cannot be reached. Must list two.*

<hr/>			<hr/>
Name			Relationship to Child
<hr/>			<hr/>
Address			Primary Phone#
<hr/>			<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
City	State	Zip	Secondary Phone#
<hr/>			<hr/>
Name			Relationship to Child
<hr/>			<hr/>
Address			Primary Phone#
<hr/>			<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
City	State	Zip	Secondary Phone#

Health Care Providers

<hr/>	<hr/>
Medical Provider	Phone#
<hr/>	<hr/>
Dental Provider	Phone#

Parental Emergency Medical Consent

This form is presented upon admission for treatment.

Child's Name

____/____/____

Date of Birth

____/____/____

First Date of Attendance

In the event that my child listed above may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to:

Hospital

Doctor

or his/her designee to provide this care.

I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Health Care Providers:

Medical Provider

____-____-____

Phone#

Dental Provider

____-____-____

Phone#

Parents/Guardians with whom child resides:

Parent/Guardian Name

Relationship to Child

Address

____-____-____

Home Phone#

City

State

Zip

____-____-____

Cell Phone#

Employer

____-____-____

Work Phone#

Parent/Guardian Name

Relationship to Child

Address

____-____-____

Home Phone#

City

State

Zip

____-____-____

Cell Phone#

_____ Employer	_____ Work Phone#
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Person(s) who are authorized to pick up child if parents/guardians are unavailable:

_____ Name	_____ Relationship to Child
_____ Address	_____ Home Phone#
_____ City	_____ Cell Phone#
_____ State	
_____ Zip	
_____ Employer	_____ Work Phone#

_____ Name	_____ Relationship to Child
_____ Address	_____ Home Phone#
_____ City	_____ Cell Phone#
_____ State	
_____ Zip	
_____ Employer	_____ Work Phone#

Custody Restraints/Person(s) who may NOT pick up child:

_____ Name	_____ Relationship to Child
_____ Name	_____ Relationship to Child

_____ Parent Signature	_____ Date
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About Your Child

To help us better care for your child, please complete the following.

Child's Name: _____

1. Tell us a little bit about your child, such as likes, dislikes, temperament, favorites, etc.

2. Please list some of your child's favorite foods.

3. Please list foods your child dislikes.

4. Are there any routines or habits we should be aware of (e.g. bites nails, etc.)?

5. Are there issues outside of the center that staff should be made aware of (e.g. divorce, separation, death, etc.)?

6. Anything additional you'd like us to know about?

Kids Krew Parent/Provider Contract

Child's Name: _____

Fees *Please circle one*

	<u>Summer</u>	<u>School Year</u>
Full Time (weekly)		\$15.00/day after school

Schedule

Monday	_____ a.m./p.m. to _____ a.m./p.m.
Tuesday	_____ a.m./p.m. to _____ a.m./p.m.
Wednesday	_____ a.m./p.m. to _____ a.m./p.m.
Thursday	_____ a.m./p.m. to _____ a.m./p.m.
Friday	_____ a.m./p.m. to _____ a.m./p.m.

Average Weekly Hours: _____

Please indicate any special circumstances (e.g.: every other week schedule):

Full time attendees are given priority over part time. All rates are based on a 9-hour day. Attendance over 9 hours in a day will be charged \$3.50 per hour additional. All payments are due on Friday of each week, regardless of attendance and/or closures. Failure to pay by the deadline will result in a \$20.00 late fee.

****Kids Krew does not take Drop-Ins****

Based on the information above, I understand that my weekly fee is equal to \$_____.
I understand that this fee is due by Friday of each week, regardless of attendance and/or closures. I understand that a late fee of \$20.00 will be added if payment is not received.

Signed: _____ Date: _____

Kids Krew Parent Release Agreement

****Please read, initial and sign below:**

____ I have received a copy of the fee schedule and have determined the number of days and fees associated with my child’s schedule. I understand that if my child does not attend when he/she is scheduled, it is my responsibility to pay for that day.

____ I agree to pay the last day of the week of my child’s attendance each week.

____ I am aware that I will be charged a late fee of \$20.00 for payments not received each week.

____ I have received a copy of the KK handbook. I understand that it is my responsibility to read through it prior to my child’s enrollment.

____ I authorize KK staff to initiate emergency medical and dental care (i.e.: CPR/First Aid) and to call Emergency Personnel (911) if a need arises.

____ I authorize KK staff to contact Poison Control if a need arises, and to follow any guidelines they recommend for my child.

____ I authorize KK staff to apply sunscreen (which I will provide) to my child as needed.

____ I authorized KK staff to apply insect repellent (which I will provide) to my child as needed.

Parent Signature

Date

Provider Signature

Date