



## 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.*

|         |       |     |                       |
|---------|-------|-----|-----------------------|
| _____   |       |     | _____                 |
| Name    |       |     | Relationship to Child |
| _____   |       |     | _____-_____-_____     |
| Address |       |     | Primary Phone#        |
| _____   |       |     | _____-_____-_____     |
| City    | State | Zip | Secondary Phone#      |
| _____   |       |     | _____                 |
| Name    |       |     | Relationship to Child |
| _____   |       |     | _____-_____-_____     |
| Address |       |     | Primary Phone#        |
| _____   |       |     | _____-_____-_____     |
| City    | State | Zip | Secondary Phone#      |

**Health Care Providers**

|                  |                   |
|------------------|-------------------|
| _____            | _____-_____-_____ |
| Medical Provider | Phone#            |
| _____            | _____-_____-_____ |
| 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#

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Employer

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Work Phone#

**Person(s) who are authorized to pick up child if parents/guardians are unavailable:**

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Name

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Relationship to Child

---

Address

---

Home Phone#

---

City

State

Zip

---

Cell Phone#

---

Employer

---

Work Phone#

---

Name

---

Relationship to Child

---

Address

---

Home Phone#

---

City

State

Zip

---

Cell Phone#

---

Employer

---

Work Phone#

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

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Name

---

Relationship to Child

---

Name

---

Relationship to Child

---

**Parent Signature**

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**Date**

## 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>                               |
|---------------------------|---------------|--|
| <b>Full Time</b> (weekly) | \$120.00      | \$11.00/day after school<br>(3 day minimum/week) |

## 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):

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*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.

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**Parent Signature**

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**Date**

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**Provider Signature**

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**Date**