

**Kids Express Registration
2008-2009**

****Friendly Reminder** Your registration packet MUST be complete or it will NOT be processed. There is a checklist on the last page to help.**

Child's Name _____ Age as of 9/1/08 _____

DOB _____ BOY / GIRL (Circle One) Home Phone _____

Home Address _____ Zip _____

Mailing Address _____ Zip _____

Parent/Guardian's Name _____

Occupation/Employer _____

Business Address _____ Zip _____

Cell Phone _____ Work Phone _____ Email _____

Parent/Guardian's Name _____

Occupation/Employer _____

Business Address _____ Zip _____

Cell Phone _____ Work Phone _____ Email _____

List **TWO** people (other than parent/guardian) who are authorized to drop-off and pick-up your child and can be contacted in case of an emergency:

1. Name _____ Phone #'s _____

Relationship to the child _____

2. Name _____ Phone #'s _____

Relationship to the child _____

Office Use Only:

Room _____ Days _____ Teachers _____

**Medical Information
2008-2009**

Child's Doctor _____ Phone _____

Preferred Hospital _____

Medication regularly used _____ Condition _____

Food Allergies _____

Medicinal Allergies _____

Other Medical Conditions _____

I, _____, hereby grant Hoffmantown Church and Kids
Print Parent/Guardian's Name
Express permission to administer first aid to my child, _____,
Print Child's Name

in case of an emergency. If the child is in need of immediate medical attention and neither the parents nor the emergency contacts can be reached, I grant Hoffmantown Church and Kids Express permission to select the medical services that will provide transport and proper medical treatment for my child.

Parent/Guardian Signature _____ Date _____

**Parent Handbook Acknowledgement
2008-2009**

I acknowledge that I have access to and have read the Kids Express Parent Handbook. I agree to abide by all of the policies and procedures set forth therein and I understand that failure to do so may result in the dismissal of my child(ren).

Child's Name (print) _____

Parent's Name (print) _____

Parent's Signature _____ Date _____

**Program Placement
2008-2009**

- *Children are placed in the program strictly according to their birth date.**
- *Placement in the program is first come, first serve.**
- *Kids Express will honor your program preferences to the best of our ability; however, we cannot guarantee your first choice.**

Please circle your child's birth month to determine your child's age group placement:

Young 2's: 8/06 7/06 6/06 5/06 4/06 3/06

Older 2's: 2/06 1/06 12/05 11/05 10/05 9/05

Young 3's: 8/05 7/05 6/05 5/05 4/05 3/05

Older 3's: 2/05 1/05 12/04 11/04 10/04 9/04

Pre-K: 8/04 7/04 6/04 5/04 4/04 3/04
2/04 1/04 12/03 11/03 10/03 9/03

Please circle your preferred classroom program according to your child's age group:

Young 2's: Mondays/Wednesdays Tuesdays/Thursdays

Older 2's: Mondays/Wednesdays Tuesdays/Thursdays

Young 3's: Mondays/Wednesdays Tuesdays/Thursdays Mondays/Tuesdays/Wednesdays

Older 3's: Mondays/Wednesdays Tuesdays/Thursdays Mondays/Tuesdays/Wednesdays

Pre-K: Mondays/Tuesdays/Wednesdays Mondays/Tuesdays/Wednesdays/Thursdays

Is there anything special you would like Kids Express to consider when placing your child in a classroom?

**Tuition and Fee Agreement
2008-2009**

Registration Fee:

Two's and Three's \$100.00 per child
Pre-K (Four's and Five's) \$125.00 per child

The registration fee is a one time payment that is due upon application to the program. It is only refundable when a child is not placed into a classroom due to lack of availability or qualification.

Standard Tuition:

2 days: \$165.00/month
3 days: \$240.00/month
4 days: \$310.00/month

Discounted for Younger Siblings:

2 days: \$145.00/month
3 days: \$210.00/month
4 days: \$275.00/month

Tuition is due on the first of every month; payments begin with September and end with May. A \$10.00 late fee will be applied toward any payments made after the tenth of the month. Failing to pay tuition or to adhere to our tuition policies may result in the dismissal of your child(ren) from the program. No tuition credit will be given for holidays or absences due to illness or vacation. If APS is cancels or delays classes due to inclement weather then Kids Express is also cancelled. If a cancellation occurs, there will be no make-up days or tuition credits. There will be a \$15.00 processing fee for any changes made to your child's program placement after September 1, 2008.

Payment Options:

Set up automatic tuition payments from your checking account
Set up automatic tuition payments from your credit card account
Mail a check by the first of each month
Deposit cash or check into the Kids Express tuition drop box at the first of each month

Checks must be made out to Kids Express and must have the child's full name written in the memo section.

Late Pick-up Fee:

Parents will be considered "late" if they pick up their child ten or more minutes after 1:00pm. Late parents will be charged \$1.00 for each minute after 1:10pm. Please speak to the Director if unavoidable circumstances cause you to be late so that the fee may be waived.

I, _____, agree to adhere to the above tuition and fee regulations.
Print Parent/Guardian's Name.

Parent/Guardian's Signature _____ Date _____

Kids Express Registration Checklist

- _____ Kids Express Registration form (p.1)
- _____ Medical Information and Parent Handbook Acknowledgement form (p.2)
- _____ Program Placement form (p.3)
- _____ Tuition and Fee Agreement form (p.4)
- _____ Copy of current immunization records or a conscientious objection letter
- _____ Registration Fee
- _____ *Optional: Automatic Tuition Payment form (downloaded from the website)*