



Emergency Contact Form

Registration Date _____

Start Date _____

Child Information

Child

Last Name	First Name	M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State	Social Security #
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Dentist's Name	Phone	Address
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Primary Parent(s) Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Parent(s) Guardian

Last Name	First Name	M.I.	Relationship to Child
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Email Address	Work Phone	Cell Phone
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Occupation	Employer	Work Address	Work Hours
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2nd Primary Parent(s) Guardian

Last Name	First Name	M.I.	Relationship to Child
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Email Address	Work Phone	Cell Phone
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Occupation	Employer	Work Address	Work Hours
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Authorization for Administration of Non-Prescription Medication

I/We authorizes Kidz Connection to administer the medicines indicated below- (Please circle each box)

Acetaminophen or Ibuprofen (weight appropriate dosage if temperature is over 100F or discomfort) Insect Repellent Sunscreen

Other (Example: A&D Ointment, Desitin, or Balmex - Must be a store-bought brand in original container.)

Authorization for Medical Emergencies

I/We authorizes Kidz Connection to secure medical and/or surgical treatment from a licensed physician and/or hospital for my child should and any such action that is necessary. This care may be given under any condition that is necessary to preserve life, limb or the well-being of my child. I understand that all reasonable efforts will be made to notify the parents before such actions are taken and agree that any incurred expenses are the sole responsibility of the parents(s) or guardian(s).

Authorization for Transportation

I/We authorizes Kidz Connection to provide transportation in private or public vehicle for my child, for the purpose of transportation to and from school, field trips, or emergencies.

I/We have reviewed the above Emergent Contact Form and agree to its entirety.

Signature _____ Date _____



Financial Agreement

(Please fill in completely)

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Arrival						
Pick-up						

Enrollment Schedule

Hours for meal service are listed below. Please check which meals your child(ren) will be eating at the center.
 Breakfast 7:00-8:30 am _____ Lunch 11:00-12:30 _____ Snack 3:00-4:00 pm _____

	PT	FT
0-2 Years Old	\$550.00	\$650.00
Infant Drop in Rate	\$50.00/day	\$60.00/day
3-5 years Old's	\$450.00	\$550.00
Kindergarten	\$400.00	\$450.00
Before and After School	\$300.00	\$350.00
Drop In Rate	\$45.00/day	\$55.00

Please write and Initial payment amount \$ _____ Initial _____

Registration Fee \$30.00 per family Return Check Fee \$30.00 Late Tuition Fee \$30.00

Part Time is maximum of 3 full days
 Part day 4 hrs. or less before or after 12 noon.
 Breakfast, Lunch and PM Snack are included in the rates

Date in which child(ren) is/are to begin attending Kidz _____

Connection:

Are you ICCP authorized? _____ We will make every effort to assist you with your dealings with ICCP.

However, in the event that charges are not paid, by signing below you acknowledge full responsibility for all balances on your account.

Tuition for a full or part time childcare is due before care is given (See Parent Handbook)

Please read the Parent Handbook for all payment policies and fees.

I/We have review the above Financial Agreement and agree to its entirety.

Signature

Date