



# 2019-2020 Little Kids Rock

## ENROLLMENT FORM

900 S Rock Road 316-788-5503

www.southrockchristian.com/littlekidsrock

Wednesdays--September 2019- May 2020 from 9:30 a.m. – 2:30 p.m.

Serving families with children ages 3 months to 5 years old

Child's Name \_\_\_\_\_ BOY / GIRL Nickname \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Age of child as of September 1, 2018 \_\_\_\_\_

\*class placement will be determined by age as of September 1, 2018

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_

Guardian/Parent Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian/Parent Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Names & ages of siblings \_\_\_\_\_

\_\_\_\_\_

The following people are authorized to pick up my child from Little Kids Rock:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an EMERGENCY and a parent cannot be reached, please call:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

### A Non-Refundable Enrollment Fee of

**\$50 enrollment fee per child/\$75 fee for family is due at registration.**

This enrollment fee will hold your spot in the program.

Children will be placed on a first-come-first-serve basis according to the date in which we receive the registration form & fee. Please turn in completed enrollment form and enrollment fee to the office at South Rock Christian Church.

## MEDICAL RELEASE AND EMERGENCY INFORMATION

Child's Physician: \_\_\_\_\_

Child's Physician Address: \_\_\_\_\_

Physician's phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Health Insurance Policy name & # \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Are shots up to date? YES / NO / UNSURE

(Please include a copy of the shot record)

### **Medical Consent Information:**

I hereby authorize the staff of Little Kids Rock to give consent and/or administer any and all necessary emergency medical care for my child.

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

### **Media Consent Information:**

I give my permission for my child's picture to appear in any Little Kids Rock publications with the understanding that their name and personal information will remain confidential.

Please initial one or the other: Allow: \_\_\_\_\_ Do not allow: \_\_\_\_\_

### **Financial Agreement:**

I agree to pay the full tuition for my child by the first Wednesday of every month. If I must withdraw my child before the end of the session, I will notify the director in writing and make payment arrangements with her. Please refer to the Little Kids Rock policy handbook for specific details to requirements.

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_