

Kim's Kids Pre-School
Parent contract
Enrollment Date_____

As a parent of a child attending Kim's Kids Inc. Preschool program. I fully understand and agree to the following terms set as follows:

HOURS:
TUESDAY, WEDNESDAY, THURSDAY AND FRIDAY
9:00 am -1:00 pm

RATES:
Registration fee: \$75.00 Per week: \$45.00 3 year old class for 3 days. \$55.00
4 year old class for 4 days.

All payments are due in full on Tuesday, No Later than 1:00pm. A \$10.00 late charge per day will be added to all accounts received late. These fees will be added without notification. Please put all payments in the payment box in the front lobby. Include the dates you are paying for on the checks and if paying in cash then please put the cash in an envelope labeled with name and dates on the front. If for any reason you decide to stop bringing your child to Kim's Kids Inc. Preschool, then Kim's kids Inc. Preschool requires at least a two-week notice. Kim's Kids Inc. pre-school reserves the right to terminate services at any time.

Child's Name_____

Parent Signature_____ Date: _____

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Kim's Kids Inc. Preschool
Application for enrollment

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Owner/Director: Kim S. Stephenson
Center number (919)-934-1833
1235 Sanders Road Benson N.C. 27524

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Enrollment Date_____ Child's date of birth_____

Home Phone Number _____

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Child's Full Name

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Child's Address

>

Father's Name

Address (if different from child)

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Place of Employment _____

Work Phone Number _____

>

Mobile Phone _____

E-mail _____

>

Mother's Name _____

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Address (if different from child)

>

Place of employment _____

Work Phone Number _____

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Mobile Phone _____

E-mail _____

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Priority contact Parent

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Allergies/Medical Conditions

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Special needs

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> My Child, _____, has permission to travel with an Authorized staff member of Kim's Kids Inc. Preschool for field trips.

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> Parent Signature _____

Date:

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> Kim's Kids Inc. Preschool

> Emergency Care Information

Child's Name: _____

Name of Child's Current Doctor

Phone Number _____

Address: _____

Name of Child's Current Dentist

Phone Number _____

Address _____

If neither Father, mother (nor guardian) can be contacted call:

Name _____ Relationship _____

Home Phone _____ Mobile _____

Name _____ Relationship _____

Home Phone _____ Mobile _____

Insurance Information Accidental & Health Coverage:
Name _____

Policy number _____

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By signing this form I am acknowledging that I agree Kim's Kids Inc. staff may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Signature of Parent _____

Date _____

Signature of Parent

Date _____

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> Pick-up Authorization List

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In the event that you are unable to pick up your child, Please list those authorized to do so. Children WILL NOT be released to anyone except parent/guardian and those listed below. Picture identification will also be required of those unfamiliar to staff members.

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NAME RELATIONSHIP PHONE NUMBER

>

Signature of Parent _____

Date _____

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