

Enrollment Date: _____



L.I.F.E. Fellowship of Frederick Church
451 Oak Street, Suite 100 Frederick, CO 80530
Director: Kandis Osborn 720-443-1160
Church website: lifefrederick.org
Email: Kidslife@lifefrederick.org

STUDENT ENROLLMENT CHECKLIST:

To enroll in Kid'sLIFE Christian Preschool a student must be 3 by October 1st.

Please use black or blue ink when filling out this packet

- 1: _____ Copy of Birth Certificate
- 2: _____ Copy of Certificate of Immunization or Immunization Exempt Form
- 3: _____ Registration Packet Completed
- 4: _____ Tuition Agreement Form
- 5: _____ Non-Refundable Registration Fee (can be paid online or check written to LIFE Fellowship, with Kid'sLIFE in the memo section.)

Parent Information: Kid'sLIFE Christian Preschool is a ministry of LIFE Fellowship of Frederick Church located at the Miner's Square Building in Frederick, CO. Our Christian preschool program is designed to establish a firm foundation of strong moral excellence that will benefit the child throughout the remainder of their lives.

Registration Packet

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts :

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

(Date)

(Signature of parent/guardian)

Child's Health Information and History

Are your Child's immunizations up to date? Yes () No ()

Note: Please attach a copy of immunization record or an immunization exempt form.

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child have any special needs? _____

Please list any serious prior injuries: _____

Check (√) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize _____ to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, and Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

I authorize **Kid'sLIFE Christian Preschool/ LIFE Fellowship of Frederick Church** to obtain the following services for this child if necessary: Emergency Room, EMS and/or Ambulance transport in the event of an emergency. As they deem necessary in case my child needs medical attention on or off campus. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

(Date)

(Signature of parent/guardian)

Transportation Authorization

I authorize my child to be transported by _____ to and from excursions, including but not limited to, playground, and field trips. Children will be securely fastened in a car seat and/or seatbelt appropriate for my child's age and weight. Children will not be left unattended in any vehicle.

I do **NOT** give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported

Comments/Exceptions: _____

Photo/Media Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to _____ to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

I do NOT want any photos/videos taken of my child.

My child may participate in the use of media (TV, music, director deemed appropriate computer/iPad games, etc.)

__Yes __No. Kid's Life Christian Preschool will restrict all media to G/PG rating. Parent comments:

(Date)

(Signature of parent/guardian)

Tuition Agreement 2019-2020

Please use black or blue ink when filling out this form

TUITION INFORMATION:

Registration: A non-refundable \$50.00 registration fee is required with the completed packet.

Payment Info: Please make checks payable to: **LIFE Fellowship** with Kid'sLIFE in the memo section.

Monthly Tuition (10 monthly payments – August thru May)

- _____ 2 half-day classes \$185.00 monthly/ \$1,850.00 per year (3's Class ONLY)
- _____ 3 half day classes \$235.00 monthly/ \$2,350.00 per year
- _____ 4 half day classes \$295.00 monthly/ \$2,950.00 per year
- _____ 5 half day classes \$335.00 monthly/ \$3,350.00 per year

Yearly tuition: August 2019 through May 2020 (divided into 10 equal monthly payments)

Payment due date: All monthly payments are due on the first day of the month in advance.

Monthly payments are the same regardless of holidays and Thanksgiving/Winter/Spring breaks according to the St. Vrain Valley School District schedule.

Invoices: Physical, printed invoices will not be provided, unless a personal agreement is made.

Late payment fees: I agree to pay a late payment of:

\$5.00 for 1 day late, \$10.00 for 2 days
late, \$15.00 for 3 days late and \$35.00
for 4 days late.

If my account falls short more than 1 week, my child will not be able to attend until full payment is received.
If there is a waiting list, the opening will be provided to the next child on the list.

I ATTEST THAT ALL INFORMATION ON THIS FORM IS ACCURATE. I AGREE TO MAKE ALL PAYMENTS ON TIME AND IN FULL. IF ANY ISSUES ARISE, I AGREE TO CONTACT THE DIRECTOR AND DISCUSS THE ISSUE.

Date: _____

Signature of parent/guardian: _____