



## 2026-2027 School Age

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Day of Care: \_\_\_\_\_ Expected Hours of Attendance: \_\_\_\_\_

### Program Options:

- Before School Care | \$80/week (Monday - Friday 6:30 am - bus pick-up)
- After School Care | \$80/week (Monday - Friday bus drop-off - 6:00 pm)
- Before and After School Care | \$135/week (6:30 am - 6:00 pm)
- Drop In Care | \$35 for Before or After Care
- Drop In Care | \$60 for Full Day

### Please initial the following:

\_\_\_\_\_ I have received a copy of the Kid City Parent Handbook.

\_\_\_\_\_ I have read and understand the discipline and screen time policies of Kid City.

\_\_\_\_\_ I have read and understand the tuition and billing policies of Kid City.

\_\_\_\_\_ I have been informed that a copy of the "Parent's Guide to Childcare" is posted in the lobby of Kid City.

- I *give* Kid City permission to photograph my child for use on Kid City's social media platforms for promotional purposes.
- I *do not give* Kid City permission to photograph my child for use on Kid City's social media platforms for promotional purposes.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_