



Kid's Under Construction, Inc.

Enrollment Form

2024/2025

OFFICE USE ONLY:		Start Date _____
		Disenrollment Date _____
Class	Days	Fees
<input type="checkbox"/> 2	<input type="checkbox"/> M/W	<input type="checkbox"/> PS (\$125)
<input type="checkbox"/> 3	<input type="checkbox"/> T/Th	<input type="checkbox"/> CZ (\$50)
<input type="checkbox"/> PK4	<input type="checkbox"/> M/W/F	
<input type="checkbox"/> PK5	<input type="checkbox"/> M-Th <input type="checkbox"/> M-F	
C.Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization Rec. <input type="checkbox"/> Yes <input type="checkbox"/> No

Preferred class:

- ☐ 2 year old class M/W ☐ 2 year old class Tu/Th ☐ 3 year old class MWF ☐ 3 year old class Tu/Th ☐ 3 year old class M-Th
☐ 4 year old class MWF ☐ 4 year old class Tu/Th ☐ 4 year old class M-Th ☐ PreK 5s Mon-Thurs ☐ PreK 5s Mon-Fri

Child's Name _____ D.O.B. _____
Last First Middle Sex ☐ Male ☐ Female

Address _____
Street City State Zip Code

Parents are ☐ Married ☐ Separated ☐ Divorced **Are both mother and father eligible to pick up child?** ☐ Yes ☐ No
If "No", legal documentation is required. Please provide most recent custody orders.

MOTHER'S/GUARDIAN'S INFORMATION

Mother's Name _____
Home/Cell Phone _____
Employment _____
Work Number _____
Email _____

FATHER'S/GUARDIAN'S INFORMATION

Father's Name _____
Home/Cell Phone _____
Employment _____
Work Number _____
Email _____

Religious Preference (check one) ☐ Protestant ☐ Catholic ☐ Other _____ ☐ No Preference

Which church do you attend? _____

SIBLINGS	Name _____ Age _____	Name _____ Age _____
	Name _____ Age _____	Name _____ Age _____

PERSONS AUTHORIZED TO PICK UP CHILD BESIDES PARENTS/GUARDIANS (I.D. REQUIRED)

1.	Name _____	Relationship _____	Cell Phone _____	Home Phone _____
2.	Name _____	Relationship _____	Cell Phone _____	Home Phone _____
3.	Name _____	Relationship _____	Cell Phone _____	Home Phone _____

EMERGENCY CONTACTS OTHER THAN PARENTS/GUARDIANS (REQUIRED BY STATE OF NEW MEXICO)

1.	Name	Relationship	Cell Phone	Home Phone
2.	Name	Relationship	Cell Phone	Home Phone

Physician's Name _____ Physician's Phone _____

Preferred Hospital in Case of Emergency _____

Medical Alert Information (Allergies, Medical and/or Handicapping conditions, additional info) **PLEASE INDICATE "NONE" IF APPLICABLE****AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, _____, should become ill or injured at Kids Under Construction, Inc. (KUCI), I understand that KUCI will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should KUCI be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment and transportation.

The physician and/or medical facility are authorized to administer emergency medical treatment and transportation necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE _____ RELATIONSHIP _____ DATE _____

CONSENT FOR FIELD TRIP PARTICIPATION

I certify that I am the parent or guardian of _____, and hereby give my permission for this child to participate in all field trips sponsored and conducted by Kids Under Construction, Inc. preschool. I will not hold KUCI, its employees, or agents liable for any injury sustained by this child while participating in such field trips unless such injury is the direct result of gross negligence on their part.

SIGNATURE _____ DATE _____

I give consent that photos of my child may be released for ☐ Classroom Newsletters ☐ Website ☐ Social Media
☐ Opt out of all photo use. Shared photos of any children will never contain identifying information and will be used for the sole purpose of showcasing the school and programs.

SIGNATURE _____ DATE _____

I give permission for my **email address** to be used for billing purposes and communication from Kids Under Construction, Inc. & St. Stephen's UMC.

SIGNATURE _____ DATE _____

I verify that the information provided by me on both sides of this form is true and correct and that it is my responsibility to keep all information accurate on registration forms. I also acknowledge receipt of the KUCI Parent/Student Handbook (can be found at kucipreschool.com) and agree to abide by its policies.

SIGNATURE _____ DATE _____