

REGISTRATION

KIDS' STUFF Childcare, Preschool and Primary Grades K - 3

Today's Date _____
Child's Current Grade _____

Date of Birth _____
Age as of Sept. 1 (current year) _____

Child's Full Name _____
Child's Preferred Name _____ Sex _____
Child's Address _____ City & Zip _____

Does child reside with: _____ Both Parents _____ Mother _____ Father

Name of Custodial Parent _____

Persons permitted to remove child:	Has Legal Custody:	Custody/Parenting Documents on File
Mother: _____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Father: _____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Guardian: _____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No

Mother's Name _____
Address _____
City, State, Zip _____
Home Phone # _____
Florida Driver License # _____
Mother's Occupation _____
Place of Employment _____
Wk. Phone # _____
Cell Phone # _____
Cell Carrier _____

Father's Name _____
Address _____
City, State, Zip _____
Home Phone # _____
Florida Driver License # _____
Father's Occupation _____
Place of Employment _____
Wk. Phone # _____
Cell Phone # _____
Cell Carrier _____

Child's Health Physician Name _____ Phone _____
Preferred Hospital _____

I understand the school will call 911 in the event of a life-threatening emergency _____ (initials)
Child's Dentist's Name _____ Phone _____

Health Information - please put "NA" if not applicable

Medical conditions _____
Allergies _____ Symptoms _____
Other _____

Other persons permitted to remove child in case of illness, accident, or emergency if parents or guardians cannot be reached:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

If my child should become ill or injured, I understand that Kids' Stuff will (1) contact me immediately or (2) contact the persons I have designated if I cannot be reached. Should the school be unable to reach me and/or the persons designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. They physician and/or medical facility is authorized to administer emergency medical treatment necessary for the health and safety of my child.

ALL REGISTRATIONS MUST BE ACCOMPANIED BY THE SPECIFIED DEPOSIT. REGISTRATION FEES ARE NON-REFUNDABLE.

Date _____ Signature _____

THIS FORM MUST BE COMPLETED IN IT'S ENTIRITY ON BOTH SIDES

please complete reverse side →→

Nutrition Agreement (Preschool and Kids' Stuff Primary K-3 children)

I hereby consent to allow Kids' Stuff to assume the responsibility of providing the nutritional needs for my child during the time period he/she is in the facility. I understand that my child will be provided a morning snack, lunch (Monday through Thursday), and afternoon snack. I understand I must provide lunches for my child on Friday's, all daycare days, and all summer. _____ **(Please initial)**

Please check the program(s) you desire for your child: _____ Summer _____ Academic School Year

Days your child will attend: _____ 5 Full Days _____ MWF Full Days _____ TTh Full Days
_____ 5 Mornings _____ MWF Mornings _____ TTh Mornings

School Age: (check one) _____ Before Only _____ After Only _____ Before & After

School (circle one) Kids' Stuff Private Primary Grades: Kindergarten First Grade Second Grade Third Grade
Denham Oaks Lake Myrtle Oakstead Pine View Sanders

Please contact the school if your child will not be attending school (especially school Age for bussing) or if there is to be any change in your child's dismissal routine. We will NOT dismiss a child to anyone without permission from the custodial parent. We will ask for photo ID from any person not known to our staff members.

Registration paid _____ (I understand that registration fees are a per session fee and are non-refundable)
Tuition Agreed Upon \$ _____ /week (regular weekly tuition due whether or not my child is present- rates are subject to change annually)

I give my permission for my child to participate in all activities of Kids' Stuff including field trips and to ride the Kids' Stuff bus/van once age appropriate.

(Date) (Parent or Guardian Signature)

- I understand that the applicable school fees are due and payable in advance and that my account must be kept current.
- I understand that I must pay my regular weekly tuition fee whether or not my child is present in order to maintain continuous enrollment in the Kids' Stuff program.
- I understand my child's photo maybe selected which could be used by the school for various purposes.
- I agree to give a two week notice if I decide to withdraw my child from the program.
- I agree to provide complete, up-to-date physical and immunization forms within 30 days of my child's enrollment and will keep them current with necessary updates as required.

(Date) (Parent or Guardian Signature)

e-mail address: _____

Registration Kids' Stuff 2023