

## REGISTRATION

### KIDS' STUFF PRESCHOOL, KINDERGARTEN, & CHILDCARE

Today's Date \_\_\_\_\_

Grade Finishing in School \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age as of Sept. 1 (current yr) \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Does child reside with:  Both Parents  Mother  Father

Name of Custodial Parent \_\_\_\_\_

Persons permitted to remove child:

Mother:  Yes  No

Father:  Yes  No

Guardian:  Yes  No

Legal Custody:

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 # \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Florida Driver License # \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Wk. Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

May the school call another physician if unable to contact the above?  Yes  No

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 Preschool will (1) contact me immediately or (2) contact the persons I have designated if I cannot be reached. Should the child care facility 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 FILLED OUT COMPLETELY**

*please complete reverse side* →

**Nutrition Agreement (Preschool and Kids' Stuff Kdg. & 1<sup>st</sup> Gr. Children)**

I hereby consent to allow the childcare facility 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 \_\_\_\_\_ Fall/Winter

Days your child will attend: \_\_\_\_\_ 5 Full Days \_\_\_\_\_ MWF Full Days \_\_\_\_\_ TTh Full Days  
\_\_\_\_\_ 5 Mornings \_\_\_\_\_ MWF Mornings \_\_\_\_\_ TTh Mornings

Schoolers: (check one) \_\_\_\_\_ Before Only \_\_\_\_\_ After Only \_\_\_\_\_ Before & After

School (circle one) Kids' Stuff Kindergarten Denham Oaks Lake Myrtle Oakstead  
Pine View Sanders

*Please contact the school if your child will not be attending school (especially schoolers) 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 an annual 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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian Signature)

- I understand that the 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 hold their space in the Kids' Stuff program.
- 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: \_\_\_\_\_