



## Kings Kids Preschool & Childcare Registration 2012-2013

~ Applications accepted beginning on January 17, 2012~

**\*\* Please keep this top page for important dates/information. \*\***

**Location:** Kings Education Center (KEC)  
1797 King Avenue  
Kings Mills, OH 45034  
513-398-8050 ext. 10040

**Preschool Information:** **Three-Year-Old Classes:**  
Monday/Wednesday/Friday 8:30-11:00 AM or 1:00-3:30 PM  
Tuesday/Thursday Class 8:30-11:00 AM  
**Four-Year-Old Classes:**  
Monday/Wednesday/Friday 8:30-11:00 AM or 1:00-3:30 PM  
Tuesday/Thursday Class 1:00-3:30 PM  
Preschool operates on the same schedule as Kings Local Schools

**Requirements:** Children must be 3 years of age on or before Sept. 30, 2012.  
Children must be toilet trained.

**Tuition & Fees:** Registration \$80.00 (includes registration fee, field trips, supplies)  
Extra days \$30.00

|                         | <u>3 Day Classes</u> |                         | <u>2 Day Classes</u> |
|-------------------------|----------------------|-------------------------|----------------------|
| Preschool only          | \$51                 | Preschool only          | \$34                 |
| Preschool w/3 days care | \$125                | Preschool w/2 days care | \$85                 |
| Preschool w/5 days care | \$175                | Preschool w/5 days care | \$160                |

\*Above fees are based on the weekly payment plan. Tuition can be paid weekly, monthly or yearly.

**Applications:** Applications will be accepted at the Kings Education Center beginning January 17, 2012. All paperwork, birth certificate and fees must be submitted to secure your child's placement.

**Questions?** Contact Sharol Francosky, Program Secretary  
at 513-398-8050 ext. 10040 or  
Susan Guckert, Director, ext 10043

# Kings Kids Preschool & Childcare Registration 2012-2013

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

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

Name Preference: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street City Zip

**Mother's** Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's** Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Status of Parents:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

**(If divorced or legally separated, parents must submit a copy  
of the court documents which address custody issues)**

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## FOR OFFICE USE ONLY

Parent/Guardian Submitted Registration on: \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Registered by \_\_\_\_\_

Immunization Record \_\_\_\_\_ Placement: AM \_\_\_\_\_ PM \_\_\_\_\_

Custody Papers \_\_\_\_\_ Teacher \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_

## PROGRAM CHOICES

Please check your class time and preference. For preschool indicate first and second choice (by using 1 or 2). We cannot guarantee first choices once the class is full. If a class is cancelled due to lack of enrollment, the registration fee would be refunded.

### **THREE-YEAR-OLDS** (Designed for children 3 years old by September 30, 2012)

Please indicate your class time and preference. If you are signing up for childcare also, please indicate how many days your child needs.

#### Preschool

- 2-Day A.M. (Tuesday/Thursday)
- 3-Day A.M. (Monday/Wednesday/Friday)
- 3-Day P.M. (Monday/Wednesday/Friday)

#### With Childcare

- Preschool with 2 days Childcare
- Preschool with 3 Days Childcare
- Preschool with 5 Days Childcare

### **FOUR-YEAR-OLDS** (Designed for children 4 years old by September 30, 2012)

Please indicate your class time and preference. If you are signing up for childcare also, please indicate how many days your child needs.

#### Preschool

- 2-Day P.M. (Tuesday/Thursday)
- 3-Day A.M. (Monday/Wednesday/Friday)
- 3-Day P.M. (Monday/Wednesday/Friday)

#### With Childcare

- Preschool with 2 Days Childcare
- Preschool with 3 Days Childcare
- Preschool with 5 Days Childcare

## Tuition & Fees

**Preschool Fee-\$80.00** (Non-refundable) includes registration, field trips and supplies  
Tuition can be paid weekly, monthly or yearly. Parents are expected to accept the financial commitment for the entire school year. Weekly fee is divided into 41 week increments.

| <b>2-Day Preschool Classes</b> | <b>Weekly payment option</b> | <b>Yearly total (41 weeks)</b> |
|--------------------------------|------------------------------|--------------------------------|
| Preschool Only-                | \$34.00                      | \$1394.00                      |
| Preschool w/2 days care-       | \$85.00                      | \$3485.00                      |
| Preschool with 5 days care-    | \$160.00                     | \$6560.00                      |
| <b>3-Day Preschool Classes</b> |                              |                                |
| Preschool Only-                | \$51.00                      | \$2091.00                      |
| Preschool w/3 days care-       | \$125.00                     | \$5125.00                      |
| Preschool with 5 days care-    | \$175.00                     | \$7175.00                      |

## EMERGENCY CONTACTS

People to be contacted in the event of an emergency and permitted to take child home if the parent cannot be reached first. **This section must be completed in full.**

**\* Parents – PLEASE do not list yourselves**  
(State of Ohio Department of Education, **requires** three to be listed)

### **CONTACT #1**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **CONTACT #2**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **CONTACT #3**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY TRANSPORTATION AUTHORIZATION**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(include city, state and zip)

Mother's (Guardian) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's (Guardian) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PHYSICIAN/DENTIST INFORMATION: (Must include city, state and zip)**

Physician or Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Dentist or Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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**COMPLETE EITHER PART I OR PART II BELOW, DO NOT COMPLETE BOTH**

**PART I - PERMISSION TO TRANSPORT CHILD**

I give Kings Kids Preschool and Childcare my permission to transport my child(ren) \_\_\_\_\_ to \_\_\_\_\_ (hospital/clinic) for emergency care or to my dentist/clinic \_\_\_\_\_ for emergency dental care, or to the nearest available source of assistance.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**PART II - REFUSAL TO GRANT PERMISSION**

I do not give my permission to Kings Kids Preschool and Childcare to transport my child(ren) \_\_\_\_\_ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

KINGS KIDS PRESCHOOL AND CHILDCARE  
Kings Local School District

CHILD'S HEALTH INFORMATION FORM  
(To be completed by Parent)

Name of Child: \_\_\_\_\_  
Name of Parents (Guardians): \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

1. Allergies: (list all allergies affecting the child and any special precautions or treatments indicated for these allergies): \_\_\_\_\_  
\_\_\_\_\_
2. Medications (list all medications currently being administered to the child):  
\_\_\_\_\_
3. Chronic physical problems (list all chronic physical problems affecting the child):  
\_\_\_\_\_
4. History of hospitalizations (list dates of all hospitalizations of the child):  
\_\_\_\_\_
5. Diseases (list all diseases the child has had): \_\_\_\_\_

Please describe any special custody arrangements and list names of anyone who **may not** visit or take the child under any circumstances (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe anything that may be helpful in understanding your child and his/her needs. This might include health history, family history, special experiences, likes, dislikes, fears, talents, social tendencies, special friendships with other children, tendencies such as language or learning difficulties, or anything else you think is important for us to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KINGS KIDS PRESCHOOL AND CHILDCARE  
Kings Local School District**

**CHILD'S HEALTH INFORMATION FORM**

\*\*\*MUST BE COMPLETED, SIGNED AND DATED BY PHYSICIAN/PEDIATRICIAN\*\*\*

**Rule 3301-37-05 of the Administrative Code requires preschool programs to secure health information from a child's parent *no later than the first day of attendance* unless otherwise indicated.**

NAME OF CHILD: \_\_\_\_\_ DATE OF EXAM: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

1. Allergies: (list all allergies affecting the child and any special precautions or treatments indicated for these allergies):

\_\_\_\_\_  
\_\_\_\_\_

2. Medications (list all medications currently being administered to the child):

\_\_\_\_\_

3. Chronic physical problems (list all chronic physical problems affecting the child):

\_\_\_\_\_

4. History of hospitalizations (list dates of all hospitalizations of the child):

\_\_\_\_\_

5. Diseases (list all diseases the child has had): \_\_\_\_\_

\_\_\_\_\_

6. Immunizations (Enter month/day/year of each immunization)

DPT: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ \*5. \_\_\_\_\_

Polio: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ \*4. \_\_\_\_\_

HEP: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

MMR: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

HIB: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

If separate: Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_

\*The 5th DPT and 4th Polio should be administered just prior to preschool or school entrance.

**Based upon his/her medical history and physical condition on \_\_\_\_\_ (date of exam), \_\_\_\_\_ (child's name) is free from apparent disease and is in suitable condition for enrollment in a preschool/childcare facility.**

\_\_\_\_\_  
Physician's Signature and Date

\_\_\_\_\_  
Address /City & State

Phone: \_\_\_\_\_

## PRESCHOOL/CHILDCARE PROGRAM FEE AGREEMENT

Parents are expected to accept the financial commitment for the entire duration of the school year program. Preschool operates on the same schedule as Kings Local Schools and observes the same holidays. **Regular tuition will be paid during Thanksgiving Break, Winter Break, and Spring Break.**

Tuition is due every Monday, unless paid in advance. Tuition can be paid weekly, monthly, or yearly if you prefer. Tuition not received by Wednesday of that week will be considered past due and assessed a late fee of \$10.00 for each week tuition is not paid. However, two weeks unpaid tuition could result in dismissal from the program. **Withdrawal from the program, requires a two week paid written notice to be submitted to the preschool office.**

**Further, the school district has partnered with eCollect. When a check is returned for non sufficient funds, eCollect will monitor your account and when funds are available they will remove the funds due us. In addition, there will be a minimum \$30.00 charge or 10% of the amount due, whichever is more.**

I/we also understand if a check is returned two times in a three month time frame, for any reason, I/we will forfeit the privilege of paying by check and must pay by money order.

I have read and fully understand this Fee Agreement and have indicated my acceptance to the terms and conditions by signing my name next to the program that I have requested for my child(ren).

**PARENTS WHO USE THE CHILDCARE PROGRAM MUST RESPECT THE PROGRAMS HOURS (6:30 AM – 6:00 PM). A CHARGE OF \$10.00 PER CHILD WILL BE ADDED FROM 6:05--6:15. AFTER 6:15 ADD \$20.00 PER CHILD AND FROM 6:30 ON ADD \$10.00 FOR EVERY FIVE MINUTE INCREMENT PER CHILD.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FEES/GUIDELINES SUBJECT TO CHANGE WITH KINGS BOARD OF EDUCATION APPROVAL

# Kings Local School District

## Community Safe Call Form



Kings Local School District has partnered with CommunitySafe to help us communicate more efficiently with our parents. CommunitySafe allows us to make one call and have it delivered to you in a matter of minutes. This instant communication system allows for the dissemination of vital information to our parents quickly and effectively.

We want to provide you the opportunity to receive communication via two telephone numbers. If you would like one phone number to be a home number and one a cell phone that is acceptable. You decide what works for your family. Please fill out the form below and return it with your child immediately so we can update our calling system.

Your primary number will be called for all Kings Happenings.

Your emergency number will only be called for true emergencies:

For example: School Closings, school delays, early dismissal due to weather, or building emergencies.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Number (please include area code): \_\_\_\_\_

Emergency Number (please include area code): \_\_\_\_\_