



Kings Kids Before/After School programs

2012-2013 Registration

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

Locations: JF Burns Elementary 398-8050 ext. 16313
Kings Mills Elementary 398-8050 ext. 14100
South Lebanon Elementary 398-8050 ext. 15032

General Information: Dates: 2012-2013 School Year, 1st day is August 22
Ages: Kindergarten - 6th grade
AM Hours: 6:30am-8:40am
PM Hours: 3:20pm-6:00pm

Cost: Registration \$ 40.00 (non-refundable)

Weekly fees

	AM only	PM only	Both AM/PM
1-2 days	\$16.00	\$20.00	\$35.00
3-5 days	\$40.00	\$50.00	\$80.00

Kings Kids Time Cards \$60.00/10 hours of childcare, to be used at the parents discretion

**We regret that we cannot accept cash. Please pay with check or money order.*

Applications: Applications must be turned in at the Kings Kids office located in the KEC building or at any Kings Kids locations until May 25. After the 25th, they must be turned in at the Kings Kids Office. All paperwork must be completed and fees must be submitted to secure your child's placement. Any forms with missing information will be returned to be completed.

****Kings Kids Before/After Programs will operate on the Kings School District calendar. The programs will be open in the elementary buildings every day when Kings Schools are in session.**

****Please refer to the Parent handbook for more information.**

Questions? Please contact Sharol Francosky at 513-398-8050 ext. 10040

Kings Kids Childcare Registration 2012 – 2013

Child's Full Name: _____ Grade **2012-2013** year: _____

What school does your child attend? (please circle one) JFB KME SLE CES

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: _____

MEDICAL INFORMATION: (include city, state and zip) **Must be completed per state regulations.**

Physician or Clinic Name: _____ Phone: _____

Dentist or Clinic Name: _____ Phone: _____

ADDITIONAL INFORMATION: (allergies, custody arrangements, emotional/behavioral concerns, fears, etc.)

FOR OFFICE USE ONLY

Date & Time Submitted: _____ Check # _____ (completed by Kings Kids staff)

EMERGENCY CONTACTS

People to be contacted in the event of illness, accident, etc. and permitted to take child home if the parent cannot be reached first. Your child will only be released to the person(s) listed. Please do **not** list yourself or anyone who does not live close enough to pick up.
(State of Ohio Department of Education, requires three to be listed)

CONTACT #1

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

CONTACT #2

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

CONTACT #3

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

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

PART I - PERMISSION TO TRANSPORT CHILD

I give the Kings Kids Before/After Childcare my permission to transport

_____ to _____
(child's name) (name of hospital or clinic)

for emergency care or to _____ for emergency dental care, or to the
(name of dentist or clinic)

nearest available source of assistance.

Parent Signature

Date

***** staff does not transport children to hospitals, clinics, etc. *****

PART II - REFUSAL TO GRANT PERMISSION

I **DO NOT** give my permission to Kings Kids Before/After Childcare to transport

_____ for emergency medical or dental care. In the event of an
(child's name)

illness or injury which requires emergency medical or dental treatment, I wish the following
action to be taken:

Parent Signature

Date

Kings Kids is not responsible for the replacement or repair of clothing, toys, or any other personal items while attending the Kings Kids Childcare Program. Personal electronic gaming devices, ipods, cell phones, etc. are not permitted at Kings Kids.

Child's Name _____

Parent/Guardian Signature _____

Date _____

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): _____