

**Kid's Day Out Preschool ENROLLMENT FORM
2018-2019**

Child's Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Birth Date _____
Email Address _____
Known Allergies _____
Special Services or Classes _____

Mother's Name _____
Home Address _____ City _____ State _____ Zip _____
Place of Employment _____
Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____
Home Address _____ City _____ State _____ Zip _____
Place of Employment _____
Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Back-Up Persons:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____

Out of Area Contact Person

1. _____ Relationship _____ Phone _____

Desired Day of Program: (Note 1st, 2nd, 3rd choices)

TUESDAY _____ WEDNESDAY _____ THURSDAY _____

Desired Program for child: (CHILD MUST BE SPECIFIED AGE ON OR BEFORE August 31, 2018)

_____ 18 Months- 2 ½ Years _____ 2 ½ - 4 ½ Years

Tuition: \$1260.00/yr., payable in even monthly payments of \$140.00/month. Payment is due on the 15th of each month beginning in August. Early withdrawals must pay any amount due as of last day in attendance

For currently enrolled children, the Health Assessment and Authorization for Emergency Medical Care will transfer over for next year. New children enrolling must have these forms completed. THESE FORMS ARE DUE THE FIRST DAY OF THE PROGRAM. Our fall program begins in September.

Please complete and return this form with a \$60 enrollment fee (\$30 for second child, \$20 for third child), to the Director or mail to:

Kid's Day Out
1700 West Santa Fe
Olathe, Kansas 66061

The ENROLLMENT FEE IS NON-REFUNDABLE

SIGNED _____

DATE _____

Do you presently have a church home? _____ Yes _____ No