

# KALEIDOSCOPE OF LEARNING AFTERSCHOOL

## Childcare Enrollment Application 2023-2024

Parents, to protect and promote the health and safety of your child, please supply a **complete** response to every item on this form. This information is **required** by the Mississippi State Department of Health. If the item is not applicable, then please answer N/A. **Please do not leave anything blank.**

Child's Full Name: _____		
(First)	(Middle)	(Last)
DOB: _____	Home Address: _____	
SEX: M___ F___	Class/Grade _____	

Full Day Hours of Service Needed for Preschool/Summer Camp Hours	Select Hours of Service: <input type="checkbox"/> (7am-4pm)	Select Hours of Service: <input type="checkbox"/> (7:30-4:30pm)	Select Hours of Service: <input type="checkbox"/> (8:00am-5:00pm)
Days of Service Needed	Select Days: <input type="checkbox"/> (M-F)	Select Days: <input type="checkbox"/> Drop-In	Afterschool Hours of Service: <input type="checkbox"/> (3:00pm-6:00pm)

My child will eat Breakfast\_\_\_\_\_ Lunch\_\_\_\_\_ Snack\_\_\_\_\_ at the center. (Please check)

Mother/Guardian: _____	Father/Guardian: _____
<input type="checkbox"/> Please check if this parent has primary custody	<input type="checkbox"/> Please check if this parent has primary custody
<input type="checkbox"/> Please check if court documentation received	<input type="checkbox"/> Please check if court documentation received

**\*If custody is shared by both parents/guardians, facility will abide by documentation provided on this enrollment application.**

Place of Employment: _____	Place of Employment: _____
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Work Address: _____	Work Address: _____
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Work Phone: _____	Work Phone: _____
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Cell Phone: _____	Cell Phone: _____
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E-mail Address: _____	E-mail Address: _____
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List any **special needs** your child may have: \_\_\_\_\_

Does your child have any **allergies**? Please list, including food, if necessary: \_\_\_\_\_

### Read and INITIAL the appropriate answer to the following items:

I have been informed that this Daycare Center does NOT provide liability insurance for my child:	___ Yes ___ No
I have been given a copy of and have read the MSDH Regulation Summary for Parents:	___ Yes ___ No
I have been given and have read and understand the facility's Parent Handbook:	___ Yes ___ No
Complete 121 Immunization Compliance Form is on file in the facility before the child attends:	___ Yes ___ No

**\*\*\*\*\*PLEASE CONTINUE ON BACK\*\*\*\*\***

**In case of emergency and the Parents/Guardians cannot be reached, please contact:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**The following people are authorized to pick-up and drop-off my child/children:**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_ 5. Name: \_\_\_\_\_ 6. Name: \_\_\_\_\_

7. Name: \_\_\_\_\_ 8. Name: \_\_\_\_\_ 9. Name: \_\_\_\_\_

**Complete each of the following sections by INITIALING either yes or no:**

My child may be photographed at the childcare center: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child's picture may be used in media, i.e., Facebook, newspaper, etc... \_\_\_\_\_ Yes \_\_\_\_\_ No

My child may take approved field trips sponsored by the center: \_\_\_\_\_ Yes \_\_\_\_\_ No

The center may obtain emergency medical treatment for my child if needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

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My child is toilet trained \_\_\_ Yes \_\_\_ No. If no, a consultation between the parent & caregiver is required to be documented prior to toilet training & kept on file. Date of consultation \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tuitions and Fees Payment Schedule**

Registration fees and curriculum fees due at the time of registration.

Toddler Curriculum	\$20	Yearly		Tuition Toddler- \$275/\$550.00	Tuition K5 Summer-\$250.00/\$500.00
K2 Curriculum	\$60	Yearly		Tuition 2 Year Olds-\$275/\$550.00	School Age After School-\$140/\$280.00
K3 & K4 Curriculum	\$90(K3) \$100(K4)	Yearly		Tuition 3 Year Olds-\$265/\$530.00	School Age Summer Camp-\$250/\$500
Cot Rental	\$10	Yearly		Tuition 4 Year Olds-\$265/\$530.00	K5-AC Drop In-\$30.00 a day (Summer Only)

I would prefer to make tuition payments on a  bi-weekly  monthly  basis.

A debt card must be keep on file for tuition or copayment bank drafts.

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**DIRECTOR USE ONLY:** Enrollment date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_