Kinder World Registration Form (#772 rev 6/16)

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| **Section I** |

# Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

# Arrival Time\_\_\_\_\_\_\_\_\_\_\_ Departure Time\_\_\_\_\_\_\_\_\_\_\_ Days of attendance: Mon Tue Wed Thurs Fri

# Meal served while attending: Breakfast Lunch PM Snack

**\*\*\*\*\*\* 3-hour Preschool and CDE funded families only proceed to section IV\*\*\*\*\***

CDE funded families only: Monthly payment is due every 4th Monday and considered late the following Friday. A NOA will be sent when payment is received late. If more than two Notices of Action are received between July-June for late payment, you can be dropped from the program. There are no reductions for absences, illnesses, holidays, or vacations

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| Section II (Not Applicable to CDE funded families): Registration Fees |

**Annual Registration Fee (Non Refundable)** **Continuing Students Due Each Year**

\_\_\_\_\_ New student fee $50/child, $75/family\_\_\_\_\_ If paid by April 15th $25/child, $35/family

**Section III : Tuition**

**Not Applicable to CDE funded families**

All tuition fees are due in advance every Thursday for the following week of care. If not paid by 3pm every Friday, a $5.00 late charge will be added to your billing for each week. Returned checks or Tuition Express will be assessed a $25.00 service charge. There are no reductions for absences, illnesses, holidays or

vacations.

**Section IV : Holidays**

Independence Day New Year’s Day

Martin Luther King Jr. Day Labor Day

President’s Day Thanksgiving & day after

Memorial Day Christmas Eve & Day

**Section V:** **Hours and Policies**

EHS only hours are 7:30-5:30 M-F. The center is open 7:15am to 5:45pm; optional late care or early care is available for a fee. A late charge of $1.00/min is assessed when a child attends outside of their contracted hours. Two weeks written notice of intent of withdraw from our preschool is required, otherwise you are obligated to pay tuition for an additional month. The undersigned understands our preschool Management reserves the right to suspend or dismiss a student or family from the program at any time for behavior that is verbally abusive or endangers the safety of the children or staff at our preschool.

Our preschool is not responsible for personal property. Our preschool reserves the right to refuse to allow personal property that is valued at $30.00 or more and not medically necessary to be kept on the premises. Licensing requires that our preschool have on file notification that the Dept of Social Services may interview your child at

our preschool if necessary.

**Section VI**

The undersigned understands an assessment and parent conference for their child(ren) will be conducted.

The undersigned also hereby agrees to waive, to the greatest extent permitted under California law, any rights to pursue legal action against our preschool for an injury or damage sustained by the undersigned or his/her children on the premises of our preschool. I agree to the above terms and conditions:

*Guardian A(Sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_ Guardian B(Sign)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_*

*Guardian (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Staff signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY PICKUP & CONSENT FOR MEDICALTREATMENT (#733B 6/16 LIC 627)

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An out of the area emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An out of the area emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incase of emergency evacuation we will relocate to: Duane’s Auto Body across the street from Kinder World.

As the parent or legal guardian I give consent to Kinder World Inc. to approve all emergency

medical or dental care as prescribed by a licensed physician (MD) or dentist (DDS) for

(child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please sign below to acknowledge that you have read this notice.

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

**This is my legal signature and all sign in/out sheets must be signed this way.**

The Preschool requires that the authorized pick up list be the same as what is on file with Child Action, Cal-Works, Alta Regional and P.A.C.E.. Please request from your caseworker the list of authorized people so that we can verify who can sign your Child Action, Cal-Works, Alta Regional and P.A.C.E. sign in/out sheet. With out this verification you may be required to make payment. Child Action, Cal-Works, Alta Regional and P.A.C.E. will only pay if the person signing the in/out sheet is authorized to do so. Any Person authorized to pick up your child must provide a valid photo ID at the time of pick up.

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Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Father/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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