



AFTERSCHOOL ENROLLMENT APPLICATION

Monthly Fee: _____

CACFP: () Snack

CHILD'S INFORMATION

Child's Name: _____ Gender: _____

Home Address: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Nose Bleed/Asthma: _____

Allergies: _____

School Name: _____ School Phone #: _____

School Address: _____

MOTHER'S INFORMATION

Mother's Name: _____ Mother's Cell: _____

Mother's Address _____

Occupation: _____ Employer: _____

Employer's Phone: _____ E-mail: _____

Employer's Address: _____

FATHER'S INFORMATION

Father's Name: _____ Father's Cell: _____

Father's Address _____

Occupation: _____ Employer: _____

Employer's Phone: _____ E-mail: _____

Employer's Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Name: _____ Emergency Phone: _____

Emergency Name: _____ Emergency Phone: _____

Emergency Name: _____ Emergency Phone: _____

Upon enrollment, a registration fee of \$50.00 per family is required along with the first month's tuition. Registration fees are non-refundable. Thereafter, tuition payments are due promptly on the first of every month. If tuition is not received by the fifth of the month, you will be charged a \$35.00 late fee. If balance goes into a new month, an additional \$40.00 fee will be applied. **ABSOLUTELY NO PERSONAL CHECKS! MONEY ORDERS, CASH OR CREDIT CARDS ARE ACCEPTABLE. NO REFUNDS WILL BE MADE DUE TO ILLNESS, ABSENCES, OR HOLIDAYS.** The school reserves the right to request withdrawal of a child if tuition is not paid. Our Kids Place reserves the right to terminate the enrollment of any child who is unable to adjust to the Center's program. Our Kids Place may also terminate this enrollment agreement at any time upon written notice.

Your signature below constitutes your acceptance of your child as a student of OKP and that you have read the OKP Rules and Regulations that serves as a contract between OKP and you, the parent.

Parent/ Guardian Signature: _____ Date: _____

Office Use Only

Reg. Fee	
1st Month Tuition	
Start Date	
Reviewer	



CONSENT SLIP

I hereby give my consent to have my child participate in all activities and to have my child be taken to and from trips visited by the school, whether we walk or take the school bus. I also give my permission for my child to be photographed for advertising.

Child's Name _____ Phone # _____

Address _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, **OUR KIDS PLACE** will attempt to reach either parent or emergency number given to the school. If for any reason none of these parties are available, I authorize **OUR KIDS PLACE to obtain necessary emergency medical treatment for my child.**

Emergency Name: _____ Phone #: _____

Emergency Name: _____ Phone #: _____

I have read the above and agree to give my consent.

Print Name of Parent/Legal Guardian: _____

Signature of Parent/ Legal Guardian: _____



Pick-Up Authorization Form

Please list below the names and relationship (to your child) of anyone you authorize to pick-up your child from school.

Our staff will ask for identification to verify the people who come to pick-up your child.

If a last minute change requires someone other than those listed below to pick-up your child, you MUST call the office in advance.

Due to parental rights and concerns, parties NOT listed below will NOT be allowed to leave with your child, including parents not listed.

** Your child's best interest is our main concern. Therefore, we must take these strong safety measures.

Mother's Name

Father's Name

Name

Relationship to Child

Name

Relationship to Child

Name

Relationship to Child

Name

Relationship to Child