

Full Time Child (New Child)
Registration and Enrollment Policies

Registration: A parent must complete the registration form below and submit it with a \$80.00 non-refundable registration fee to the Program. Children who cannot be immediately enrolled will be placed on a waiting list.

Eligibility: Children in grades K-5

Openings: When childcare openings occur, parents of registered children are contacted for enrollment on a first come basis according to the date of registration.

Enrollment:

1. Parents will be provided with a set of enrollment forms for each child. All forms must be completed and returned to the Director before the child's first day of attendance.
2. Parents will pay a non-refundable enrollment fee before the child's first day of attendance.
3. Children will be allowed to attend the program only after all forms have been completed and returned and payment has been submitted.
4. Charges for full-time care are \$80.00 per week and \$75.00 for the second and each additional child.

KIDS' PLACE REGISTRATION FORM

Child's Name	DOB	Grade next fall
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Name of Parent (s)	Address	Cell phone # (mom) Cell phone # (dad)

I have read and understand the policies above and would like to register my child/children for enrollment in the program. I have attached the **\$80.00 non-refundable registration fee.**

Parent(s) Signature	Date	School: Date of Receipt of Reg. Form & Fee
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SHERMAN UNITED METHODIST KIDS PLACE
Full-Time CHILD ENROLLMENT AGREEMENT

1. I understand that I am enrolling my child _____ for the current school year. He/she will attend full-time on a regular basis.
2. I understand that the Program is open according to the official school calendar of the Sherman/ Williamsville School District and is closed during vacations and inclement weather days.
3. I understand that I am responsible for payment of weekly fees in the amount of \$80.00 which are due on Monday of each week. I understand that if the current week's tuition is not paid by Tuesday at 5:30, my child(ren) will not be able to attend Kid's Place until tuition for the current week and following week are paid in full.
4. I understand that in the event of any absences during program hours, activities, I will be responsible for fee for time reserved, not actual time spent at the program.
5. I will update my child's file information when changes occur.
6. The program staff will assume full responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instructions for departure.
7. If a medical emergency arises, the program staff will first attempt to contact me. If I can't be reached, the staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary; an ambulance or emergency vehicle may take my child to the hospital.
8. _____ may be photographed, filmed, or recorded during our after-school activities and projects.
9. I understand that the center closes at 5:30 p.m. and that beginning at 5:31 p.m. I will be charged \$1.00 each minute my child remains clocked in.
10. I understand that I must give 2 weeks' notice in writing to withdrawal from the program, during which I will still be responsible for all fees. I understand that the last date to withdraw from the program is 3/1/2024. After this date, if I choose to withdraw from the program, I will still be responsible for all fees through the end of the school year. I understand that the last date to make changes to our weekly schedule is 1/1/2024. After this date I will no longer be able to modify my child's schedule.

I agree to adhere to the stated policies and procedures of the Sherman Kids' Place program as stated here and in the Parent Handbook and give my child permission to participate in this program.

Date

Signature

Relationship to Child

Sherman United Methodist Kids' Place Enrollment Form

Child's Name _____ Birth Date _____ Age _____ Sex _____

Home Address _____ Telephone _____
_____ Zip _____

Father's Name _____

Father's Address _____

Father's Employment _____ Work # _____
Cell # _____

Father's email address _____

Mother's Name _____

Mother's Address _____

Mother's Employment _____ Work # _____
Cell # _____

Mother's email address _____

Are parents of child: (circle one) married divorced separated not married

Is there a custody arrangement? Y N _____ Parent with custody _____

Are multiple parties responsible for tuition payment? Y N

If yes, separate accounts will be made for each party. Please indicate percentage paid by each: _____

In the case of an emergency, which parent should be contacted first? _____

Please provide an emergency contact if neither parent can be reached:

_____ Phone _____

Address _____ Relationship _____

Physician (to be called in emergency) _____ Phone _____

Insurance Company _____ Preferred Hospital _____

Last tetanus _____

Name of any additional persons authorized to take child Center. Your child will not be allowed to leave with any other person without written authorization from the responsible parent or guardian.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent's Statement: I have read the rules and procedures of Kids' Place and agree to support them. I understand the fee schedule and agree to pay the following:

Amount

Date

Parent/Guardian Signature

Sherman United Methodist Kids' Place Family, Social, & Health History

Family Last Name _____

Child name _____

Father's Name _____ Mother's Name _____

Are parents separated or divorced? _____

If a parent has sole custody, we must have court papers on file as proof.

Describe your child's play experiences:

Indoor favorites _____ outdoor favorites _____

Please state method of discipline used in your home: _____

Is this method effective with your child? ___Yes ___No

Does your child have any fears such as darkness, strangers, etc.?

Please describe: _____

Is your child subject to any conditions that limit classroom activities or physical education? _____

Are there any health issues that we should know about? _____

My child has an Individualized Education Plan (IEP) at school Y N If yes, please explain _____

My child requires a personal aide during the day at school Y N If yes, please explain _____

MEDICATION

Does your child have allergies? _____ allergies to food? _____

Does your child take medication? ___Yes ___No

If yes, please state the name and dosage _____

Will the medication need to be given during program hours? ___Yes ___No

If yes, please fill out the medication authorization form.

RELIGION

Does your child participate in religious services? Yes No

Is the family member of a church? Yes No

If yes, which church? _____

Since we are church sponsored would you like information on our church?

Yes No

RELIGIOUS POLICY

Our prayer is that this program will radiate Christ's love, and as a part of the daily schedule of Sherman United Methodist Kids' Place children will be exposed to a religious atmosphere. Doctrinal beliefs will not be taught.

I approve of the Sherman United Methodist Religious Policy.

Parent Signature

Date

SHERMAN UNITED METHODIST KID'S PLACE

PARENTAL EMERGENCY MEDICAL CONSENT

(The Kids Place Program states that every effort will be made to notify parents/guardians immediately in case of emergency)

My/Our signature(s) below authorize(s) Sherman United Methodist Church Kids Place program to secure medical attention for my child _____ should an emergency occur, and I/we cannot be reached. We will be responsible for the payment of all medical bills (to include an ambulance) that my/our child may incur. Sherman United Methodist Kid's Place Program staff has my/our permission to take our child to the nearest available hospital.

Child's Doctor _____ Phone _____

Address _____ Hospital preference _____

Last Tetanus _____ Allergies _____

Medication _____

Insurance Company _____

This consent will be in effect beginning (date) _____ and continue while the child is enrolled in this facility.

Signature of Parent(s)/ Guardian(s)

date

**** All new students are required to provide the Kids Place program with proof of a physical by the beginning of the school year unless other arrangements have been made and no later than October 1st of the school year.**

Permission to Contact SES

I give permission to SUMC Kids Place to contact Sherman Elementary School to inquire as to the whereabouts of my child/ren _____ when they do not arrive at the program as scheduled. Valid August 2022-June 2023.

Signed _____ date_____