

2019-2020 Enrollment Form

Office Use Only:

Classroom: _____

Start Date: _____

Registration Fee Pd: _____ Chk ___ Cash ___

Complete all lines:

Child's Full Name _____ Birth Date _____ Sex _____

Address _____ City/State _____ Zip _____

Parental Information:

Mother's Name or Guardian: _____ Phone # _____

Address _____ City/State _____ Zip _____

Email _____ Mother's Employer _____

Work # _____ Work Address _____

Father's Name or Guardian: _____ Phone # _____

Address _____ City/State _____ Zip _____

Email _____ Father's Employer _____

Work # _____ Work Address _____

Emergency Contacts other than Parents:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Authorized Individuals to Pick-Up Child other than Parents:

Name: _____

Name: _____

Authorization for Emergency Medical Care:

I understand that in case of a medical emergency, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Doctor _____ Phone _____

Hospital _____ Phone _____

Medical Information:

Does your child have any allergies? (Additional paperwork may be needed) _____

Hearing, vision, or speech difficulties _____

Other medical information _____

Please make your program/schedule selection below by placing a "x" in the appropriate box.

Program/Schedule Selection		
	Full Day	Young 2's, Travelers * Must be 18 months by Aug 1, 2019
	7:30am-5:30pm	
	"x"	
		2-Day Class Tuesday/Thursday
		3-Day Class Monday/Wednesday/Friday
		5-Day Class Monday-Friday
Half Day	Full Day	2/3's, Seekers, Safari Kids, Explorers *Must be 2 by Aug 1, 2019
9am-1pm	7:30am-5:30pm	
"x"	"x"	
		2-Day Class Tuesday/Thursday
		3-Day Class Monday/Wednesday/Friday
		5-Day Class Monday-Friday
Half Day	Full Day	3/4's, Navigators, Aviators, Conductors *Must be 3 by Aug 1, 2019 & TOILET TRAINED
9am-1pm	7:30am-5:30pm	
"x"	"x"	
		2-Day Class Tuesday/Thursday
		3-Day Class Monday/Wednesday/Friday
		5-Day Class Monday-Friday
Half Day	Full Day	Pre-K Quest, Discovery, Adventure, Journey *Must be 4 by Aug 1, 2019 & TOILET TRAINED
9am-1pm	7:30am-5:30pm	
"x"	"x"	
		3-Day Class Monday/Wednesday/Friday
		4-Day Class Monday-Thursday
		5-Day Class Monday-Friday

** 4 Day M-Th may be available for 2/3's & 3/4's, check with office for availability.

*** It may be required that children move to a different age group based on developmental and social needs.

Getting to know your child:

Names and ages of siblings living at home _____

Please share any information regarding family dynamics or living arrangements that you feel would be beneficial for us to know _____

Any other information that would help us understand your child and his/her unique personality _____

Does child attend Sunday School and/or church? _____ Where? _____

How did you hear about our Kids of Creation program? _____



Kids of Creation Preschool Agreements

Please initial the statements below (answer yes/no as needed).

1. _____ When my child is ill, I understand that my child will not be accepted into school. Illness is indicated by a fever of 99.0 or greater (taken under the arm) in the past 24 hours, diarrhea, or vomiting. In the event of illness or rash a doctor's note may be required.
2. _____ I understand that KOC has extended holiday closures as well as a teacher work week in August. Please refer to the KOC calendar for specific dates.
3. _____ I give permission for my child to be photographed and the photos to be used for school brochures, social media and the website. My child's personal information, such as his/her name, would **NOT** be attached to any photograph used. If you would prefer for your child's picture not to be used, please initial classroom use only and your child's picture will not be used outside of the classroom. **Classroom Use Only:** _____
4. _____ I agree to communicate with the school if my child is going to be out sick or on vacation.
5. _____ I understand that tuition is due at the beginning of each week and that check or cash are the only payment methods accepted at this time. I understand that I must receive an immediate receipt for all cash payments and that I cannot drop cash in the safe or send it in my child's backpack.
6. _____ I understand that I need to give a two-week notice if I withdraw my child from the program. I understand that I'm responsible for payment in full whether or not my child continues attendance during these two weeks.
7. _____ *FULL DAY FAMILIES ONLY* – I understand that the preschool day ends at 5:30pm for full time families and that I will be charged a late fee of \$25.00 if my child is picked up after that time.
8. _____ *FULL TIME, FULL YEAR FAMILIES ONLY* – I understand that I am allowed to use a one week vacation each calendar year; and that I will receive a full tuition credit for that week. I also understand that I must complete and return a "Vacation Request" form 1 week prior to the vacation being taken.
* Vacation must be used in a full week increment.
9. _____ I understand that if Kids of Creation closes or has a late start due to inclement weather conditions, that it will be communicated via local news media, mass parent email, text alert and Facebook. I also understand that no tuition credit will be given in the case of school cancellation.
10. _____ In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending KOC may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. Please note, the names of individual children are confidential and will not be released.

In addition to the \$70 enrollment fee, all classes will be charged a *one-time* curriculum fee at the beginning of the school year. This curriculum fee will cover all curriculum material ordered for each individual child, as well as all field trips and extracurricular activities. Enrollment is on a first come, first serve basis and is not guaranteed until the enrollment form and registration fee are received in the office.

Parent Signature _____ Date _____

Communication & Payment Information

Primary Payer:

KOC uses an online billing system to manage the student accounts. One parent/guardian must be designated as the “primary payer” on the account. The email address linked to this parent/guardian will be the one that receives all invoices and balance updates. Both parents will continue to receive communication emails that are not billing related. The primary payer’s email address is the only one that will have access to all the billing details on the parent portal online. Please designate below which parent/guardian you would like to be set as the primary payer on your child’s account. If you have a unique situation where payments are split between parents/guardians, please contact the office to make arrangements.

Parent Name: _____ Verify Email: _____

Parent Portal Online:

The online parent portal is a great tool for our families! It provides an online snapshot of your child’s file. On the portal, you are able to update your child’s information, parent/guardian information, people authorized to pick up your child, etc. You are even able to upload identification pictures of your child, parent/guardians, and other contacts on your child’s account. You are able to message us directly from the portal and receive announcements. We encourage all parents to take advantage of the parent portal online!

Please bookmark this website <https://parentportal.runsandbox.com> as this is how you will access the parent portal.

Tax Info/Detailed Payment Receipts:

Receipts and statements can be printed online through the parent portal. Tax statements will also be posted to the parent portal by the end of January each year.

Text Alerts:

Please sign up for text alerts from KOC! Text @kidsofcr to the number 81010.

Email Communication:

It is very important that parents/guardians have current email addresses on file at all times. Many communications from KOC will come via email to include: activity reminders, inclement weather updates, schedule changes, and other important announcements.

Please retain this for your records.

WEEKLY PRICING

<u>Pre-Kindergarten Classes</u> Quest, Discovery, Adventure, Journey			
	3 Day M/W/F	4 Day M-Th	5 Day M-F
Preschool Only 9am-1pm	\$75	\$85	\$95
Full Day 7:30am-5:30pm	\$115	\$130	\$150
<u>3/4 Year Olds</u> Navigators, Aviators, Conductors			
	2 Day T/Th	3 Day M/W/F	5 Day M-F
Preschool Only 9am-1pm	\$60	\$70	\$90
Full Day 7:30am-5:30pm	\$90	\$115	\$150
<u>2/3 Year Olds</u> Explorers, Safari Kids, Seekers			
	2 Day T/Th	3 Day M/W/F	5 Day M-F
Preschool Only 9am-1pm	\$60	\$70	\$90
Full Day 7:30am-5:30pm	\$90	\$115	\$165
<u>Travelers</u>			
	2 Day T/Th	3 Days M/W/F	5 Day M-F
Full Day 7:30am-5:30pm	\$120	\$150	\$210

<p>* Full day tuition rates for children in early preschool will decrease to the 2 year old rate the week after their 2nd birthday.</p>
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Important Communication Information

Parent Portal Link: <https://parentportal.runsandbox.com>

Text Alert Signup: Text @kidsofcr to the number 81010.

Office Phone: 417-720-1053

Fax: 417-889-9294

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