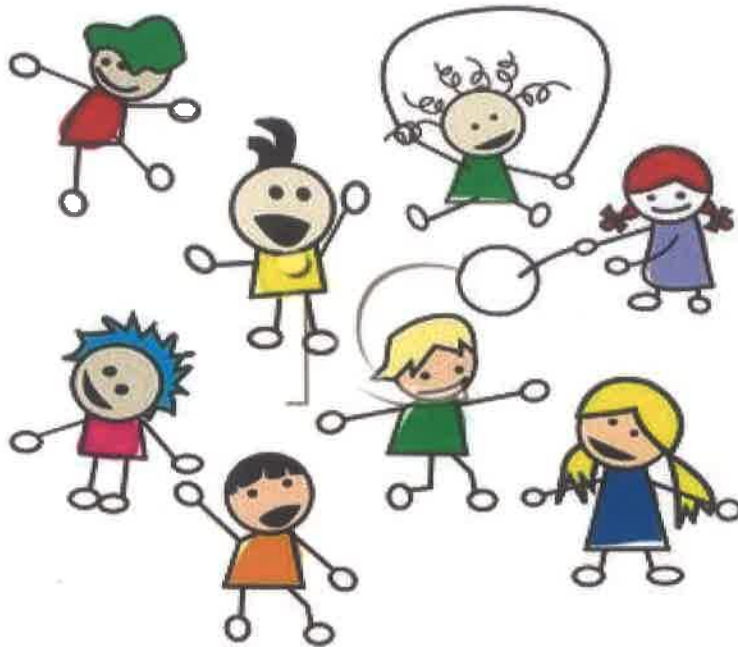


Kidz Zone's Registration Forms



All forms in this packet must be filled out and signed
before a student can attend Kidz Zone

Kidz Zone Registration Form

Child's Name: _____ Grade: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Cell Number: _____ Date of Birth: _____

Parent Information:

Mother's Name: _____ Cell Number: _____

Home Number: _____ Work Number: _____

Father's Name: _____ Cell Number: _____

Home Number: _____ Work Number: _____

If parents are divorced, who is the Custodial Parent? _____

(If there are special circumstances involving visitation and pick up rights, you must provide the Site Director with legal documentation.)

Emergency Information:

In case of an emergency (after attempting the above numbers) please list the name of a person who is authorized to act for the parent.

Name: _____ Relationship: _____

Cell Number: _____ Work Number: _____

Please list persons who may be picking up your children (other than parents). If a person comes to pick your child up and is not on this list, your child will not be permitted to leave with that person unless prior arrangements have been made.

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Email Address: _____

Media Coverage Permission Form

It is a practice of Kidz Zone to recognize the great activities and students we that we have in our program. Please sign that you give your permission for your child's name or photograph to be in the local newspaper and/or social media.

Student Name _____

Parent Signature _____ Date _____

Medication

I understand that eh childcare staff I only trained to provide emergency Medicines (e.g., epi-pen and asthma inhalers). If the administration of other medications are needed, I will need to contact the school nurse to determine if or how this may occur. **(Kidz Zone does not have access to medications that the nurse has.)**

Parent Signature _____ Date _____

I authorize Union Kidz Zone to seek hospital emergency care and/or medical treatment as needed for my child.

Parent Signature _____

Date _____

***If your child has any medical conditions or medications, please share those with the Kidz Zone Director.**

Late Pick Up Responsibility Contract

By signing this contract, I understand that it is my responsibility to have my child picked up by 6:00 pm every day. If my child is late begin picked up, my account will be charged \$1.00 for the first 5 minutes per child. After the first 5 minutes the fee goes up to \$5.00 a minute per child. **If I have any late charges, I agree to pay them before my child can return to Kidz Zone.**

Parent Name(print)_____

Parent Signature_____

Child's Name_____

Date_____

Regulations Concerning the Release of Child to an at Risk Adult

Please be advised that under state law we cannot withhold a child from an inebriated CUSTODIAL parent; however we are required to call authorities immediately after parents exits the building. If inebriated adult is not the custodial parent we will not release the child. The parents will be notified and alternative arrangements for pick-up will need to be made.

I have read, understand and agree with the above statement about Inebriated Adults.

Parent Signature_____

Date_____

Kidz Zone Parent Acknowledgement/Agreement Form

Please initial beside each statement, stating you agree.

_____ I have received the Parent Handbook and agree to abide by the rules

_____ I agree to keep my weekly fees current

_____ I agree to pay a late fee (\$5.00) when I don't pay my fees on time.

_____ I understand if my account(s) is overdue by \$150.00, my child will be dismissed from the program until the balance is paid in full.

_____ I agree to pick my child up by 6:00 pm or I will call and make other arrangements when I see that I may be late.

_____ I agree to pay \$1.00 per minute per child until 6:05 pm. After 6:05 I will agree to pay \$5.00 per minute per child until they are picked up.

_____ I agree that services for my child will be discontinued if my payments falls behind more than two weeks.

_____ I give permission for my child to watch G/PG rated movies

_____ I have received The Summary of Child Care Approval Requirements

Parent Name (print) _____

Parent Signature _____

Date _____

Kidz Zone Rates for 2020 - 2021

	Full-time (3 or more days a week)	Part-time (2 days a week or less)
Registration Fee	\$25 (\$40 per family) This must be paid every year	\$25 (\$40 per family) This must be paid every year
Regular Sessions		
Morning Session Only	\$30 per week	\$17 per week
Afterschool	\$50 per week	\$28 per week
Combination Sessions		
Morning and Afterschool	\$70 per week	\$35 per week
All Day Sessions		
Intercession	\$90 per week	
Special Days (teacher's inservice, Conferences)	\$30 per day for special days (the weekly fee will remain the same)	
Summer Camp	\$115 per week	
Summer Registration	\$ 75(each student)	

