



Directions: Please submit or complete the Following

1. A copy of recent medical records (including immunization information)
2. A copy of the student's Birth Certificate
3. A copy of proof of residency
4. A copy of the student's Special Education IEP (if applicable)
5. Non-Refundable Registration Fees:  
\$150 Kindergarten/Preschool  
\$200 1<sup>st</sup>-6<sup>th</sup> Grades

## Registration Form

Grade Applying for \_\_\_\_\_.

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Name child goes by: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Adult to be reached if you cannot be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who other than the child's parents has permission to pick the child up from the center?  
(Children will not be released without written authorization from parent or guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have a formal diagnosis? \_\_\_\_\_

Are there presently any serious medical problems? Yes \_\_\_ No \_\_\_

If yes explain: \_\_\_\_\_

If your child is taking any medication, what medication and what is it for:

\_\_\_\_\_

Does your child have any allergies to foods, medications, or contact allergies?

Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

## School Policy

Our class times are:

9:15-2:15 1<sup>st</sup>-6<sup>th</sup> Grade

9:15-11:30 Preschool & Half day Kindergarten

- Please be courteous to the other families by picking your child up on time to avoid a late pick-up fee. Fees are \$5.00 after 5 min. and \$1.00 every min. after that.

- Tuition is due by the 5th of the month to avoid a late fee of \$25.00.

- Canceling services needs to be in writing at the beginning of your child's last month to avoid paying the next month tuition.

**-Dress Code:** Black or blue jeans/slacks, school polo T-shirt. Clothes must be free of holes, stains, and must fit appropriately (not too small or too large).

**Signature of parent(s) or guardian(s):** \_\_\_\_\_

## **Kids World Academy School Illness Guidelines**

If your child has any of the following they must be seen by their MD. **A note from the physician is required stating when the student can return to school.**

**\*Conjunctivitis/Pink eye**

**\*Hand Foot and Mouth Disease**

**\*Mono**

**\*Impetigo**

**\*Lice**

**\*Pinworm**

**\*Rashes**

**\*Ringworm**

**\*Strep Throat** Must be home on med's for 48 hrs. then they may return to school.

**\*Whooping Cough**

**Note not need by physician for the following.**

**Vomiting** Must be free of vomiting for 24 hrs.

**Earache**

**Fever** (Greater than 100 F) Must be fever free without medication for 24 hrs.

**FLU** Must be free of flu symptoms for 24 hrs.

**Coughing/Sneezing**

**Sore throat**

**Runny or stuffy nose**

**Body aches**

**Headache**

**Chills**

**Tiredness**

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Please sign and return bottom portion. Thanks!!!

Parent signature\_\_\_\_\_.

# Kids World Academy Consent Form

## Activities Consent and Release

My child, \_\_\_\_\_, has my permission to participate in any activities engaged in at Kids World Academy. My child also has my permission to attend and participate in field trips (parental supervision is required for all off site activities). In the event of injury, I will not hold Kids World Academy or any Kids World Academy staff or volunteers responsible.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Picture/Video Consent

Kids World Academy has permission to take photos and or videos of my child, in the classroom, as a means of monitoring class progress and for the purposes of trainings and information.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature