

Office Use Only:

Date Received: _____

Cash/Check: _____

Amount: _____

KidsCARE Registration

There is a \$25 registration fee, per child and this form must be completed PRIOR to attending the program.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Parent/Guardian Names: _____

Parent Phone: _____

Parent Email: _____

My child will be attending PM KC on (please circle days): **M T W TH F**

My child will be attending AM KC on (please circle days): **M T W TH F**

Authorize Pick-up

Please list any individual who is authorized to pick up your child. Each authorized person must be at least 16 years of age. The above-named child(ren) will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to people who fail to provide acceptable identification upon request. I authorize the following responsible people to pick up my child from the program (attach additional pages as needed):

Name	Phone Number	Relationship to the Child

Morning Program 7:00 AM- 7:30 AM

Afternoon Program 2:40 PM-6:00 PM

PM Drop-in Daily Rate - \$18.00/day/child. Subsequent children \$16.00/day/Child. Full-time Rate (5 days per week) – \$80.00/week/child. Subsequent children \$70.00/ week.

AM Daily Rate- \$5.00/day/child if paid for at the beginning of the year (non-refundable)

Drop-in Rate: \$15.00/day/child

Allergies or Dietary Restriction: _____

Medical Needs _____

Parent/Guardian Signature: _____