

Office Use Only:

Date Received: _____

Cash/Check: _____

Amount: _____

2026-2027 KidsCARE Registration

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

Childs Name: _____ Grade: _____

Childs Name: _____ Grade: _____

Childs Name: _____ Grade: _____

Parent/Guardian Names: _____

Parent Phone: _____

Parent Email: _____

Personal Responsible for Tuition: (circle) Mom – Dad – Split with Both

My Child will be attending PM KC (please circle the days): M T W TH F

My Child will be attending AM KC (please circle the 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 persons who fail to provide acceptable identification upon request. I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

| Name | Phone Number | Relationship to the Child |
|------|--------------|---------------------------|
| | | |
| | | |
| | | |

Morning Program 7:00-7:30

Afternoon Program 2:30 PM-5:30

PM Drop-in Daily Rate - 19.00/day/child. Subsequent children \$17. 00/day/Child. Full-time Rate (5 days per week) – \$85.00/week/child. Subsequent children \$75.00/ week.

Allergies or Dietary Restriction: _____

Medical Needs _____

Parent/Guardian Signature: _____