

# City Kids School

## Returning Students Enrollment Application

An Outreach of City Ministries  
Sheryl Nelson, Director  
9051 132<sup>nd</sup> Ave. NE  
Kirkland, 98033

The following information, birth date guideline, is for the 2012-2013 school year.

**Two's and Three's Classes:** These sessions are perfect for both the first-time preschooler and for children who have previously been in a co-op or other preschool settings. The classroom environment is filled with age appropriate learning, rich and stimulating with opportunities for all learning styles. All six sessions are staffed with qualified teachers. Our 2's classes have one assistant and one lead teacher, with a class size of 12 children. Our 3's classes have one assistant and one lead teacher with a class size of 14 children.

- **Two's Class** - Children must be 2 by March 1<sup>st</sup>. There are 3 sessions to choose from. Our morning classes meet Monday/Wednesday or Tuesday/Thursdays from 9:00am-11:30am; our afternoon classes meet Tuesday/Thursday 12:30-3:00pm. Two days a week is **\$215.00/month for nine months, \$107.50 for June (\$2,042.50 annual tuition)**.
- **Three's Class:** Children must be 3 by August 31<sup>st</sup> and must be potty trained. There are 3 sessions to choose from. Our morning classes meet Monday, Tuesday and Thursdays from 9:00-11:30am and our afternoon class meets Monday, Tuesday and Thursday 12:30-3:00pm. Three days a week is **\$260.00/month for nine months, \$130.00 for June (\$2,470.00 annual tuition)**.

**Four's and Pre-K Classes:** Our 4's and Pre-K classes are designed to equip children with a strong feeling of self-worth and provide an environment that challenges preschoolers socially, mentally, physically, emotionally and spiritually. Each class recognizes different learning styles and individual needs. All classes have one assistant and one lead teacher with a class size limited to 15 children.

- **Four's Class:** Children must be 4 by August 31. A year of prior preschool is preferred to enroll in this class. The curriculum is foundational for Kindergarten readiness with layering experiences that will build a strong base. Our morning 4's class meets Monday, Tuesday, Wednesday and Thursday from 9:00am-11:30am and our afternoon 4's class meets Monday, Tuesday, Wednesday and Thursday from 12:30-3:00pm. Four days a week is **\$375.00/month for nine months, \$187.50 for June (\$3,562.50 annual tuition)**.
- **Pre-K class:** Children must be 5 by January 31. This 4-day Pre-K class includes 4's curriculum plus extended learning. Kindergarten readiness curriculum with opportunities to build meaning and foundation for the future. Our morning Pre-K class meets Monday, Tuesday, Wednesday and Thursday from 9:00-11:30 and our afternoon class meets Monday, Tuesday, Wednesday, and Thursday from 12:30-3:00 pm. Four days a week is **\$375.00/month for nine months, \$187.50 for June (\$3,562.50 annual tuition)**.

### Pre-K or 4's Class: How do you choose?

If your child is turning 5 by January 31 2013, or has prior preschool 4's experience (case by case basis), or you were planning to enroll in kindergarten and don't meet the age requirement, or you want an additional year of preparation before kindergarten, Pre-K is for you!

**SESSIONS/FEE SCHEDULE**

Class/Session		Fees			
Class	Session	Tuition	Registration Fee (Non-Refundable)	Materials Fee (Non-Refundable)	Memory Book Fee (Optional)
2 Year Old	MW AM	\$215	\$60	\$75	\$25
2 Year Old	TTH AM	\$215	\$60	\$75	\$25
2 Year Old	TTH PM	\$215	\$60	\$75	\$25
3 Year Old	M T TH AM	\$260	\$60	\$75	\$45
3 Year Old	M T TH PM	\$260	\$60	\$75	\$45
4 Year Old	M T W TH AM	\$375	\$60	\$115	\$45
4 Year Old	M T W TH PM	\$375	\$60	\$115	\$45
Pre-K	M T W TH AM	\$375	\$60	\$115	\$45
Pre-K	M T W TH PM	\$375	\$60	\$115	\$45
<b>City Kids Club</b>					
<b>Prepaid Fee</b> (non-refundable, usable 2012/2013 school year; classes will be offered if class minimums are met)			\$175/month or Drop-in rate of \$15/day \$35 materials fee per student non-refundable		

- **Sibling Discount:** A \$90 discount off the 2<sup>nd</sup> and 3<sup>rd</sup> child’s annual tuition rates will be offered
- **Registration Fee** is per child and non-refundable.
- **Materials Fee** is per student and non-refundable.
- **City Kids Club** is an after school program designed for our 3-5 year olds who must be potty trained and is offered Monday Tuesday Wednesday and Thursday 11:00am-12:30pm or 11:30am-1:00pm. This program is theme based, with extracurricular activities including daily biblical application. Our teachers are trained and effective at creating a fun, safe and comfortable environment. All the children need to do is bring their lunch! City Kids Club extends your child’s day for an additional 1.5 hours. To secure your space, you must pay for the class prior to attending.

**Options for Extend Care:** (classes will be offered if class minimums are met)

- After School Care (3 hours) 3 pm-6pm
  - \$190/month
  - Drop-in rate of \$30/day
  - Materials Fee of \$35 per student, non-refundable

## City Kids School

## 2012-2013 Registration

*Please carefully review this checklist and each of the registration packet forms. If you have any questions regarding the program, please contact The school Director, Sheryl Nelson, 425.739.1227, [sheryl.nelson@thecity.org](mailto:sheryl.nelson@thecity.org).*

*Please complete these forms and return them to the school office in order to finalize your child's registration for the 2012-2013 school year.*

- ❑ **Student Information and Enrollment Application form:** Fill out completely, sign, and date.
- ❑ **Allergy Review form:** Fill out completely, sign, and date (even if your child has no known allergies).
- ❑ **Medical Consent & Information form:** Fill out completely, sign, and date.
- ❑ **Emergency Contact Information form:** Please provide two or more emergency contacts. Fill out completely, sign, and date.
- ❑ **Authorization and Release and Waiver of Liability form:** Please initial each paragraph where indicated, sign, and date.
- ❑ **Financial Policies Agreement:** Fill out completely, sign, date, and keep a copy for your records.

**For Volunteers Only:** If you would like to volunteer in School, please fill out the Volunteer Application form available from the school office. Every volunteer must have an approved application on file, including a background check.

I hereby apply for enrollment of my child, \_\_\_\_\_, in City Kids School for the 2012-2013 school year. I agree to fully comply with all of the policies, procedures and requirements of the school as now in effect or as updated from time-to-time. I understand that this application and my child's enrollment are subject to the acceptance of the School, which is an outreach of City Ministries.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print your full name** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Registration Fee	
Materials Fee	
Memory book fee	
<b>TOTAL DUE AT REGISTRATION</b>	

# City Kids School Student Information and Enrollment Application

2012-2013 Registration

How did you heard about City Kids School/Referred by: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

I am registering my child for the following class/session: (please circle one session under the class of your choice or if more than one choice circle and indicate 1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Two's AM	Two's PM	Three's AM	Three's PM	Four's AM	Four's PM	Pre-K AM	Pre-K PM
2 days	2 days	3 days	3 days	4 days	4 days	4 days	4 days
Mon/Wed		Mon/Tue /Thu	Mon/Tue/ Thu	Mon-Thu	Mon-Thu	Mon-Thu	Mon-Thu
Tue/Thu	Tue/Thu						

Child's Preferred Name (if applicable): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Please Circle: Boy Girl

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

City, Zip \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address, City, Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father has permission to pick up child: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address, City, Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother has permission to pick up child: \_\_\_\_\_ Yes \_\_\_\_\_ No

Language(s) spoken at home: \_\_\_\_\_

Church membership or attendance: (please list name of church) \_\_\_\_\_

**Allergy Information (Please check one):**

\_\_\_\_\_ My child has no known allergies \_\_\_\_\_ My child is allergic to or has the following food

restrictions\*: \_\_\_\_\_  
*\*For other allergies, please see the Allergy Review form.*

\*Date of child's last physical exam: \_\_\_\_\_  
(an exam within the last year is critical)

Child's Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: (    ) \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber or Policy Number: \_\_\_\_\_

I, \_\_\_\_\_ (print your full name), as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for: \_\_\_\_\_ (print child's full name) if I cannot be reached in the case of an emergency.

I also authorize City Kids School to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Allergy Review**

**Child's Full Name:** \_\_\_\_\_

***If your child has no known allergies, please check the box below, sign and date.***

- My child has no known allergies.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print your full name** \_\_\_\_\_

***If your child has one or more allergies, please provide the following information and sign and date at the bottom of the page.***

Specifically describe your child's allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For each allergy listed above, list all physical reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any restrictions or cautionary measures that should be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child suffers an allergic reaction, list the steps you would like the Preschool staff to take:

- 1.
- 2.
- 3.
- 4.

I hereby authorize City Kids School to **call 911** if any staff member determines that my child is having an allergic reaction that requires immediate medical attention. I agree that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print your full name** \_\_\_\_\_

**City Kids School  
Medical Consent & Information**

**2012-2013 Registration**

**Child's name:** \_\_\_\_\_

If your child needs emergency medical care or treatment and is less than 18 years old, hospitals and other medical providers are required to contact you for authorization before they treat your child, except in the case of life-threatening situations. Only a parent or legal guardian can give this authorization. You can help ensure that your child receives any necessary emergency treatment when you cannot be contacted by completing this Medical Consent and Information form. The completed, signed form will be kept in your child's records in City Kids School office. In the event of a medical emergency, this record will accompany your child so that prompt emergency care or treatment may be administered.

**CHILD'S INFORMATION**

Full legal name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Chronic Illnesses or other information that may be relevant for medical treatment:

\_\_\_\_\_

Regular Medication and Dosage: \_\_\_\_\_

Child's Physician and Phone Number: \_\_\_\_\_

Father's Daytime Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber or Policy Number: \_\_\_\_\_

I, \_\_\_\_\_ (print your full name), as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for: \_\_\_\_\_ (print child's full name) if I cannot be reached in the case of an emergency.

I also authorize City Kids School to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**City Kids School  
Emergency Contact Information**

**2012-2013 Registration**

**Child's name:** \_\_\_\_\_

If my child has an illness or emergency and I cannot be reached by City Kids School at the phone number(s) on record with the School, I authorize the School to contact the following local individuals and allow them to pick up my child from School (**please provide at least two emergency contacts**):

1. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

3. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

4. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE:** Daily consent forms are available with your child's teacher for an occasional permission to pick up.

**Authorization and Release and Waiver of Liability**

**Child's name:** \_\_\_\_\_

Please **initial** the following:

\_\_\_\_\_ I authorize my child to participate in all activities of City Kids School. This authorization includes field trips or other activities away from the School building. I understand that I will be notified in advance of all field trips, that while traveling for a field trip my child will use a car seat that I provide, and that parent chaperones accompany all field trips.

\_\_\_\_\_ I understand that it is my responsibility to provide a suitable car seat for my child that meets all government safety standards.

\_\_\_\_\_ I give permission for my child's information (child's name, birthday, parents' names, address, E-mail and telephone number,) to be included on a class list that will be handed out to other parents or guardians of children in the School. I understand that City Kids School will not hand out this information to advertisers or any other solicitors.

\_\_\_\_\_ \* I authorize City Kids School to photograph or videotape, and permit other persons to photograph or videotape my child while attending the School or School-related functions. I also authorize photographs to be shared over the Internet for school publicity or family purposes only.

*\*Note: At City Kids School we use photographs and video footage on bulletin boards, in art projects, and occasionally for publicity purposes including mailers or television advertisement. A photographer/videographer may be invited to take individual student or class school photographs or films. We ask your permission to photograph and videotape your child.*

**RELEASE AND WAIVER OF LIABILITY (please initial)**

\_\_\_\_\_ In exchange for my child named above being allowed to participate in City Kid School, I as parent or guardian waive and I release and discharge City Kids School (an outreach of City Ministries), The City Church and its directors, officers, employees, volunteers, members, and agents from any and all claims, damages or expenses arising from or related to my child's participation in the School. I also agree to indemnify, hold harmless and defend The City Church and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print your full name** \_\_\_\_\_

**FINANCIAL POLICIES AGREEMENT**

We value the opportunity to have your child enrolled at City Kids School and look forward to making this experience a positive one in every way. Thank you for assisting us in the financial aspect so that the focus can be on the care and education of the children.

**TUITION RATES 2012-2013**

<b>AM or PM Sessions</b>	<b>Annual</b>	<b>9 Payments</b>	<b>1 Payment (June)</b>
2 days per week	\$2,042.50	\$215.00	\$107.50
3 days per week	\$2,470.00	\$260.00	\$130.00
4 days per week	\$3,562.50	\$375.00	\$187.50

**DISCOUNTS**

A \$90 discount off the 2nd and 3rd child’s annual tuition rates (\$10 per month). There is no discount on tuition for days missed while City Kids School is in session.

**TUITION PAYMENTS**

The finance department will prepare and email an invoice to the responsible billing party for each child on or around the 25<sup>th</sup> of each month beginning with August. If you do not receive the invoice by the 1<sup>st</sup> day of the month, please contact the finance department immediately. However, *failure to receive an invoice does not constitute a reason for not paying the amount due on the 1<sup>st</sup>.*

The finance department will use City Ministries online communication network when contacting the responsible billing party. All responsible billing parties will be required to create a user account on The City Ministries online communication network, The City, and join the City Kids School Billing Group. Responsible billing parties are required to check their City account regularly, **at least once a week**. Important notifications will be issued through The City Kids School Billing group.

**WITHDRAWALS/DISCONTINUED SERVICES**

The School Office must be informed in writing if a student will be withdrawing before the end of the school year. The letter must be received thirty (30) days prior to withdrawal. Failure to submit a thirty day written notice will result in an additional month’s tuition fee(s) being assessed.

The City Kids School reserves the right to:

- Cancel any class;
- Balance class ratios; and
- Discontinue school services to families who do not adhere to policies and procedures, including but not limited to those outlined in The City Kids School Parent Handbook or as instructed by the school Director or classroom teachers.

**LATE PAYMENTS/SUSPENSION**

The City Kids School encourages the responsible billing party to meet with the school Director any time a financial problem arises. Many problems may be avoided and/or resolved with early communication.

Tuition payment amounts are due on the 1<sup>st</sup> of each month and are late if not received by that date. If payment is not made by the 1<sup>st</sup> of the month the responsible billing party will be notified. Failure to make a payment immediately will result in the automatic suspension of the child, subject to withdrawal from the school if the account is not brought current. Past due balances are not allowed.

**Child's name:** \_\_\_\_\_

I, \_\_\_\_\_ (please print your full name), as the responsible billing party for the above-named child, acknowledge that I have read the above financial policies and agree to them in their entirety.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing Party Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Party Phone Number: (     ) \_\_\_\_\_