

Prescott Unified School District Kids & Company Registration 2010-2011

PARTICIPANT						Kids & Co. Site:			
Last Name	Middle	First	Birth date	Grade	Teacher	School			
Address			Apt #	City		State	Zip	Home Phone	
PARENT/GUARDIAN									
Father/Guardian Name			Address				Home Phone		
Employer			Address				Work Phone		
Mother/Guardian Name			Address				Home Phone		
Employer			Address				Work Phone		
Emergency Phone Numbers (i.e., cellular, pager, relatives, friends, etc.)					Family Email Address				
PROGRAM INFORMATION									
<i>Program includes 5, 4, 3, 2 days option. Please circle the days which your child will be attending:</i>									
Morning Care A 6:30 AM – 8:00 AM M T W TH F			Afternoon Care 2:45 PM – 6:00 PM M T W TH F						
Morning Care B 7:00 AM – 8:00 AM M T W TH F			Extended Program						
Morning Care C 7:30 AM – 8:00 AM M T W TH F			Wednesday early release care Every Wednesday 2:00 – 2:45						
Sites:			Early Release Care (2 days/year) 12:30 AM – 6:00 PM ERC						
Miller Valley, Washington			School Closure Care (3 days/year) 6:30 AM – 6:00 PM SCC (not including camps)						
<p><i>Parents read and initial beside each statement below:</i></p> <p>_____ I hereby grant my permission for my child's photograph to be taken at KidsCo and used for publicity. Publicity includes brochures, reports and news releases at the discretion of Prescott Unified School District</p> <p>_____ I understand that fees are determined by the number of days per week service is contracted and on the different services contracted.</p> <p>_____ I understand that KidsCo is a DES authorized childcare facility and assistance is available to income eligible families.</p> <p>_____ I understand that to make changes in the program contract, I can only do so at the start of each billing cycle. Written change and a \$10 fee will be charged. Contract forms will be available at all KidsCo sites.</p> <p>_____ I understand that the tuition is due upon registration & the 1st of each month thereafter to avoid late fees.</p> <p>_____ I understand that there is no refund or credit for unused program days, including School Closure days.</p> <p>_____ I understand that a \$1.00 fee will be charged per minute after closing. Parent/guardian will be billed for late pick up</p> <p>_____ I will read the parent handbook and abide by the terms and conditions.</p>									
Parent Signature: _____						Date: _____			For office use only
						_____ Completed registration form _____ Completed medical form _____ Copy of immunizations \$ _____ Monthly Fee assigned _____ \$25.00 Registration fee collected \$ _____ Total Amount Collected Cash _____ Check # _____ Credit Card _____			