

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Yearly Registration Fee (\$50 per child) Date Paid \_\_\_\_\_ Type of Payment \_\_\_\_\_



Group (Age)	Days	Time	Fee	Register
-------------	------	------	-----	----------

**Attendance Billing** **\$6.00 Per Hour - Per Child**

**2.5 Years Old**

Loving Llamas Class	Mon & Wed	9:00 – 12:00	\$6.00 per hour	_____
Loving Llamas Class	Tues & Thurs	9:00 – 12:00	\$6.00 per hour	_____
Loving Llamas Class	Add Friday	9:00 – 12:00	\$6.00 per hour	_____
Loving Llamas Class	Mon - Fri	9:00 – 12:00	\$6.00 per hour	_____

**3 Years Old**

Teddy Bears Class	Mon & Wed	9:00 – 12:00	\$6.00 per hour	_____
Teddy Bears Class	Tues & Thurs	9:00 – 12:00	\$6.00 per hour	_____
Teddy Bears Class	Add Friday	9:00 – 12:00	\$6.00 per hour	_____
Teddy Bears Class	Mon - Fri	9:00 – 12:00	\$6.00 per hour	_____

**4 Years Old**

Busy Bees Class	Mon & Wed	9:00 – 12:00	\$6.00 per hour	_____
Busy Bees Class	Tues & Thurs	9:00 – 12:00	\$6.00 per hour	_____
Busy Bees Class	Add Friday	9:00 – 12:00	\$6.00 per hour	_____
Busy Bees Class	Mon - Fri	9:00 – 12:00	\$6.00 per hour	_____

**5 Years Old**

Big Builders Class	Mon & Wed	9:00 – 12:00	\$6.00 per hour	_____
Big Builders Class	Tues & Thurs	9:00 – 12:00	\$6.00 per hour	_____
Big Builders Class	Add Friday	9:00 – 12:00	\$6.00 per hour	_____
Big Builders Class	Mon - Fri	9:00 – 12:00	\$6.00 per hour	_____

**5 Years Old**

Early Explorers Class	Mon & Wed	9:00 – 12:00	\$6.00 per hour	_____
Early Explorers Class	Tues & Thurs	9:00 – 12:00	\$6.00 per hour	_____
Early Explorers Class	Add Friday	9:00 – 12:00	\$6.00 per hour	_____
Early Explorers Class	Mon - Fri	9:00 – 12:00	\$6.00 per hour	_____

**All Day Friends (any child not attending school)**

Select Days	Time	Time
Monday	___ Arrival ___	Dismissal ___
Tuesday	___ Arrival ___	Dismissal ___
Wednesday	___ Arrival ___	Dismissal ___
Thursday	___ Arrival ___	Dismissal ___
Friday	___ Arrival ___	Dismissal ___

**School Age Friends (any child attending school)**

**\$30 minimum charge per week**

Monday	_____	AM _____	PM _____
Tuesday	_____	AM _____	PM _____
Wednesday	_____	AM _____	PM _____
Thursday	_____	AM _____	PM _____
Friday	_____	AM _____	PM _____

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Agreement of Policies**

**I AGREE** to pay the **registration fee**, charged once per year of **\$50.00** (\$100 per family), the tuition fee is **\$6** per hour per child, if your bill exceeds **\$500**, we will ask you keep your child home until the bill is paid. Statements of charges will be emailed out every week (paper copy upon request).

**I REALIZE** that an adult must accompany my child into the center upon arrival and my child will be released only to those individuals whose names I have listed on my registration form. Kid Watch **WILL** request proof of identification before releasing your child to an unknown adult.

**I REALIZE** that my child is **NOT** to attend the center if he/she displays signs of illness (refer to Kid Watch Contagious Disease Policy in Parent Handbook). I will be notified by Kid Watch staff if my child becomes ill during the day, and that it might be necessary to make arrangements to have my child picked up as soon as possible after notification. If my child has a fever, the child must be fever-free for 24 hours before returning to Kid Watch.

**I GIVE PERMISSION** for my child to have photographs taken which could appear in local news, articles, the Kid Watch Facebook/Instagram page, and the PUCC website. Yes \_\_\_\_\_ No \_\_\_\_\_

**I GIVE PERMISSION** for my child to meet weekly in the PUCC chapel for weekly chapel class, the session is less than 30 minutes. (preschoolers only). Yes \_\_\_\_\_ No \_\_\_\_\_

**I AGREE** that the director may authorize an emergency room physician, from the hospital of my preference, to provide emergency care in the event that neither I, my spouse, alternate contacts, nor my child's doctor can be contacted immediately. **Please list Allergies** \_\_\_\_\_

**I UNDERSTAND** that the proper safety rules have been taught to the children and they are expected to follow the rules while riding or walking. LES students will walk to and from the school with a KW teacher. NN students will ride a Louisville School Bus and will be met by a KW teacher upon pickup and drop off.

### **Child Custody**

1. Do both parents live with your child? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If no, state name of custodial parent (proof of custody needed on file) \_\_\_\_\_
3. Does the non-custodial parent have permission to pick up the child? Yes \_\_\_\_\_ No \_\_\_\_\_

My signature below is an indication that I have read the fee schedule and permission forms on this contract and desire to register my child for the classes marked. I agree to follow policies listed in this contact as well as those included in the Kid Watch Handbook available online, [paradisearchurch.org](http://paradisearchurch.org) under the Kid Watch tab.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parents Name:** \_\_\_\_\_ **Primary Cell Phone:** \_\_\_\_\_  
**School Year:** \_\_\_\_\_

### **Names of Authorized Pick-Up Adults**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_