



# Charis Kids Care, LLC

# ENROLLMENT (2016/2017)

**\*\*Please include:** 1. Payment of Registration Fee (yearly): \$50/1 child or \$65/two+ children  
2. Copy of IMMUNIZATION RECORDS

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian/Mother's Name: \_\_\_\_\_ Guardian/Father's Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer & Address: \_\_\_\_\_ Employer & Address: \_\_\_\_\_

**Schedule:** \_\_\_\_\_ Drop-in (DI) \_\_\_\_\_ AM: M T W Th F \_\_\_\_\_ PM: M T W Th F

(Please mark applicable schedule and circle days for planned use- this helps staff plan for safety & fun!)

**Emergency contacts if parent/guardian is unable to be reached. (2 REQUIRED by State of Colorado)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized to pick up, other than parent/guardian (please include a phone number)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Medical Information (additional forms may be required)**

Allergies or Special Considerations: \_\_\_\_\_

Medications: \_\_\_\_\_ Frequency: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby give permission to Charis Kids Care, LLC staff, for the purpose of securing emergency medical treatment, for the above named minor child, while in care. I understand that I am the primary insurance holder and therefor, the primary financially responsible party for any expenses incurred.

Signature of parent/guardian

Print

Date



**Sun Protection**

- I will provide sunscreen, labeled with my child's first and last name. Children will be applying their own sunscreen under the direct supervision of Charis Kids Care, LLC staff prior to outside play.
- I do not want my child to use sunscreen while in the care of Charis Kids Care, LLC. Staff will take this as my written notice that I have applied sunscreen myself. I understand and accept full responsibility for the ramifications of this decision.

**Photographs/Video Permission**

I hereby give permission for photographs or videos of my child taken by Charis Kids Care, LLC to be used for promotional purposes, news releases, newsletters, website and electronic communications, etc.

**Agree**                      **Disagree**

- I give permission for photographs to ONLY be used on bulletin boards within the school.

**Movie**

I hereby give permission for my child to watch "G" rated movies while attending Charis Kids Care, LLC. (All movies rated "PG" will be cleared with parent/guardian prior to showing.)

**Agree**                      **Disagree**

**Financial Agreement**

I agree to pay in full monthly, BY the 5<sup>th</sup> of the following month of care. Charis Kids Care, LLC staff are able to assist in calculating my bill throughout the month and I will receive a statement via e-mail by the morning of the 2<sup>nd</sup> day of the month. I may pay in cash or check\* (made out to Charis Kids Care, LLC).

**Agree**                      **Disagree**

I agree to pay a deposit of \$100 for my child's care IN ADVANCE, understanding I pay only for what I use. The purpose of this deposit is to go towards end of year care and will be applied towards the last month of care. Any unused base portion (service charge not included) may be requested, in writing, the last week of the school year.

**Agree**                      **Disagree**

Tuition not paid BY the 5th will incur a service charge of \$5.00 EACH DAY that tuition is past due. Any account balance exceeding \$100 will be placed in suspension and my child will not be eligible to attend until account is paid or Charis Kids Care, LLC, has agreed to payment arrangements.

**Agree**                      **Disagree**

**Communication**

Colorado State Licensing allows for a Registration to be used for two years with yearly signature & date. The primary route of communication from Charis Kids Care, LLC is via e-mail, phone and text. In order to assure best communication, safety of your child, and compliance with State Licensing I agree to keep my child's information up to date.

**Agree**                      **Disagree**

**Activity**

There will be a posted calendar of activities and snacks available each month. I understand I may choose to not have my child participate in any activity and/or I may provide an alternative snack. Charis Kids Care, LLC will strive to offer an alternative activity if a guardian prefers their child to not participate in the scheduled activity.

**Agree**                      **Disagree**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please e-mail or turn in COMPLETED Enrollment to: [chariskidscare@gmail.com](mailto:chariskidscare@gmail.com) or the RCS Elementary School Office