



2016-2017 Little Kids Rock

900 S Rock Road 316-788-5503 www.southrockchristian.com

ENROLLMENT FORM

Wednesdays--September 2016- May 2017

from 9:30 a.m. – 2:30 p.m.

Serving families with children ages 3 months to 5 years old

Child's Name _____ BOY / GIRL Nickname _____

Birthdate ____/____/____ *Age of child as of September 1, 2016 _____

*class placement will be determined by age as of September 1, 2016

Address _____ Home Phone # _____

City _____ State _____ Zip code _____

Email _____

Guardian/Parent Name _____

Cell Phone _____ Work Phone _____

Guardian/Parent Name _____

Cell Phone _____ Work Phone _____

Names & ages of siblings _____

The following people are authorized to pick up my child from Little Kids Rock:

1. _____ Relationship _____

Home Phone _____ Cell Phone _____

2. _____ Relationship _____

Home Phone _____ Cell Phone _____

In case of an EMERGENCY and a parent cannot be reached, please call:

1. _____ Relationship _____

Home Phone _____ Cell Phone _____

2. _____ Relationship _____

Home Phone _____ Cell Phone _____

Church Affiliation _____ How did you hear about our program? _____

A Non-Refundable Enrollment Fee of \$50 for individual or \$75 for family is due at registration.

This enrollment fee will hold your spot in the program.

Children will be placed on a first-come-first-serve basis according to the date in which we receive the registration form & fee. Please turn in completed enrollment form and enrollment fee to the office at South Rock Christian Church.

MEDICAL RELEASE AND EMERGENCY INFORMATION

Child's Physician: _____

Child's Physician Address: _____

Physician's phone _____ Hospital Preference _____

Health Insurance Policy name & # _____

Medical Conditions: _____

Drug Allergies: _____

Food Allergies: _____

Are shots up to date? YES / NO / UNSURE

(Please include a copy of the shot record)

Medical Consent Information:

I hereby authorize the staff of Little Kids Rock to give consent and/or administer any and all necessary emergency medical care for my child.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian _____

Media Consent Information:

I give my permission for my child's picture to appear in any Little Kids Rock publications with the understanding that their name and personal information will remain confidential.

Please initial one or the other: Allow: _____ Do not allow: _____

Financial Agreement:

I agree to pay the full tuition for my child by the first Wednesday of every month. If I must withdraw my child before the end of the session, I will notify the director in writing and make payment arrangements with her.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian _____