

Student Information

Child's Full Name _____

Child's Address _____

City/State/Zip _____

Home Phone Number _____ SS# _____

Child's Birthdate _____ Exact Age _____ Sex _____

Nickname (if any) _____

Medical Information

Child's Physician _____ Phone _____

Physician's Address _____

Allergies _____

Dietary Information/Allergies _____

Current Information _____

Disabilities _____ (if _____ any)

Health Insurance Provider _____

Health Insurance Group # / Policy # _____

Other Pertinent Information _____

Parent Information

Mother's Name _____

Mother's Address _____

City/State/Zip _____

Mother's Home Phone # _____ Cell # _____

Mother's Employer _____

Work # _____

Father's Name _____

Father's Address _____

City/State/Zip _____

Father's Home Phone# _____ Cell # _____

Father's Employer _____

Work # _____

Persons to Whom the Child May Be Released: (Including Parents)

_____ relationship _____

_____ relationship _____

_____ relationship _____

_____ relationship _____

In the event of accident or injury, when the parents cannot be reached, please contact:

Emergency Contact #1 _____

Relationship to Child _____

Home Phone # _____ Work Phone # _____

Contact #1's Employer _____

Emergency Contact #2 _____

Relationship to Child _____

Home Phone # _____ Work Phone # _____

Contact #2's Employer _____

****THE FINE PRINT****

Application is being made for child day care with the First Baptist Kiddie Kampus/Extended Care Center to begin on (date) _____.

Signatures are required for each item below indicating parental consent.

First Baptist Kiddie Kampus/Extended Care Center is authorized to seek medical attention in the event of accident or emergency	
Mother _____	Father _____
First Baptist Kiddie Kampus/Extended Care Center is authorized to take my child on walks/trips Or engage in water (sprinkler) activities on the First Baptist property.	
Mother _____	Father _____
First Baptist Kiddie Kampus/Extended Care Center is authorized to administer prescription medication as supplied by the parent, in its original container, with Physician's instructions attached.	
Mother _____	Father _____
First Baptist Kiddie Kampus/Extended Care Center is authorized to provide minor First-aid procedures on my child.	
Mother _____	Father _____
First Baptist Kiddie Kampus/Extended Care Center is authorized to evaluate my child on the basis of illness/health, as it relates to daily attendance.	
Mother _____	Father _____

KIDDIE KAMPUS/EXTENDED CARE CENTER

Non Student Financial Agreement

Child's Name _____ Date of Birth _____

Starting Date _____

I am/We are contracting with the First Baptist Kiddie Kampus/Extended Care Center for child care services at a monthly rate of One Hundred Forty Dollars (\$140.00). I/We will make the monthly payment on or before the twenty-fifth (25th) of each prior month. I/We agree to pay a late fee of \$35.00 per enrolled child if I/we fail to make the payment on time. If I fail to make the payment by the 1st of the month I understand that my child will not be allowed to return to extended care. I/We acknowledge that closing for holidays, snow days, vacation, illnesses or other emergency situations does not exempt me from payments. Any attorney and/or collection fees will be added to your account.

Each year, I/we will agree to sign a new financial agreement with First Baptist Kiddie Kampus/Extended Care Center and understand that I/we cannot use the facilities without a signed agreement on file. The financial agreement may be cancelled by me/us with a written notice to First Baptist Kiddie Kampus/Extended Care Center. The First Baptist Kiddie Kampus/Extended Care Center may withdraw the contract at any time.

I have read and fully understand the meaning of this agreement. I am the natural parent or guardian for the above listed student(s).

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

Director Signature _____ Date _____