



KDIC Enrollment Form

Fall 2018-Spring 2019

A ministry of Chapel Hill UMC

For Office Use Only
Enrollment fee: _____
Date _____
Check No. _____
Confirmation _____
Gracenet _____

Boy/Girl _____
(Circle One) First Name Last name Name to be used at KDIC

Address Phone

City, State, Zip Code

Date of Birth Age (in Months) on September 1st, 2018

Name and ages of siblings:

Father's Name Cell Phone #

Place of Employment Work Phone #

Mother's Name Cell Phone #

Place of Employment Work Phone #

E-mail Address(es)

Child lives with: both parents 1 parent guardian

The following additional people may pick up my child from KDIC:

- 1. Phone Relationship
- 2. Phone Relationship

Do you have a church affiliation? YES/NO If so, where?

How did you hear about our program?

Does your child have any special needs we should know about?

Day Preference: Please number your preference 1-3 for KDIC OR 1-4 for Lunch Bunch

Kid's Day in Christ • 9:30 AM - 1:30 PM
Tuesday _____ Thursday _____ Friday _____
Tuition is \$70 per month, \$60 for each additional child
Enrollment Fee is \$50 per child

Lunch Bunch • 12:00 - 1:30 PM
Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Tuition is \$30 per month per child
Enrollment Fee is \$35 per child
Lunch Bunch days must occur on a day your child is enrolled in preschool

The non-refundable/non-transferrable enrollment fee is due at time of enrollment for new and returning students. Payment of this fee indicates that you intend to enroll your child in our program through May 2019. Please make checks payable to Chapel Hill UMC and write "Fall KDIC" and your child's name in the memo line. Credit/Debit cards are not accepted. Monthly tuition will be automatically withdrawn on the 1st of each month.

PHOTO RELEASE

Yes, I consent and authorize Chapel Hill United Methodist Church, Wichita, Kansas to record, person named below, appearance in video, audio, film, and photograph and to use such media Chapel Hill deems appropriate for educational ministry, or promotional purposes of the Church. I understand they shall receive no compensation for such participation.

No, I do not consent to the above.
*By checking this box, you opt-out of receiving pictures of your child while in KDIC care.

Child's Name

Parent or Guardian's Signature

Date

MEDICAL RELEASE AND EMERGENCY INFORMATION

Child's Physician _____ Phone _____ Hospital Preference _____

Do you have health insurance: YES/NO Policy Name & Number _____

Do you receive medical assistance: YES/NO Program and Number _____

Is Child eligible for military medical care? YES/NO ID Number _____

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

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

I hereby authorize the staff of Chapel Hill United Methodist Church to give consent for any and all necessary emergency medical care for my child, _____, while he/she is in said care between the dates of August 2018 and May 2019.

Parent's Signature: _____ **Date:** _____

KID'S DAY IN CHRIST PARENT HANDBOOK

You will receive a copy of the 2018-2019 Kid's Day in Christ Parent Handbook at a later date. *Please leave the signature lines below blank until you have been given, and read that document. We will keep this document on file for you to sign at that time.*

Parent's Signature: _____ **Date:** _____

PARENTS ARE RESPONSIBLE FOR MAKING SURE CONTACT AND MEDICAL INFORMATION ON THIS FORM IS CORRECT AND UP TO DATE. PLEASE COMMUNICATE ANY CHANGES WITH THE SUPERVISOR OF KDIC AS SOON AS POSSIBLE.

2018-2019

Immunization Disclosure

Chapel Hill Preschool is committed to healthy children and believes strongly that immunizations are critical to that goal. With that in mind, Chapel Hill Preschool requires as a condition of enrollment that each incoming or returning student have received the immunizations required by KDHE per the schedule recommended by the U.S. Centers for Disease Control. The only exception to this requirement is if receiving a particular vaccine would endanger the child's life. For the exception to apply the parent must provide a signed certification to that effect from the child's physician. Of note, although the form also references an exception from the immunization requirements based on religious beliefs, the State of Kansas does not require that all child care facilities offer this exception (the form simply accommodates those who do) and Chapel Hill Preschool does not recognize it.

Students with Allergies

Chapel Hill Preschool is committed to reasonably accommodating students with allergies. If your child has any food allergies (e.g., dairy or nuts) or other allergies that may impact his or her surroundings (e.g., latex products or play dough made with wheat flour & food coloring) please list the **ALLERGIES** or place an **X** in the NONE box if your child has no known allergies:

NONE _____	ALLERGIES _____
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If at any time there are concerns, notify the Director of Chapel Hill Preschool immediately. Chapel Hill Preschool will work with you to identify means of reasonably accommodating your child within the preschool program. Please note, Chapel Hill Children's Ministries occupies the preschool classrooms on Sundays and Wednesdays. Chapel Hill Preschool does not have control over what is brought in or served during those time frames, and can only monitor what takes place during preschool hours.

Chapel Hill Preschool will make teachers and parents aware of any restricted items of which it is aware. It is essential that every parent take steps to make sure that your child does not bring food items (whether homemade or store-bought) to school that contain restricted ingredients and to likewise make sure that your child does not bring any other restricted items to school. It is not reasonable for Chapel Hill Preschool to screen on a daily basis each student as to what he or she may have brought to school so it is critical that every parent take an active role in this process.

As a parent, I will provide the daily snacks if my child is unable to eat what is served and the necessary medicine for a diagnosed allergy for my child as recommended/prescribed by my child's physician. It is my responsibility to request and complete a Medication Authorization Form so the Director of Chapel Hill Preschool may administer medication as outlined on the form.

By signing below I acknowledge, on my own behalf and on behalf of any of my children who are students at Chapel Hill Preschool that I have read and understand these disclosures, and I agree to their terms.

Print Student's Name

Parent Signature

Date