

Kids' Loft After School Care Enrollment Form



Kids' Loft operates five days a week Monday through Friday after school until 6:00pm. We are a school aged program licensed by the State of Michigan.

Date _____

Child's Name _____
Last First Middle

Address _____
Number Street APT/PO City Zip

Home Phone (____) _____ Other (____) _____

Child's Birth Date _____ Child's Gender _____

Does your child have any allergies or medical conditions? YES NO
Please explain: _____

If your child is to take ANY type of medication at Daycare, we will need a signed medical permission form. Medication must be in its original container with the instructions as to when to administer, dosage to be taken, and the name of the medication. Please contact the office for a medical permission form.

We take many pictures of the children in the classroom throughout the school year. Please sign below if we have permission to photograph your child to use on our bulletin boards, advertisements and various classroom needs?

Parent Signature Date

We take occasional field trips in the local area and/or nature walks. These activities are planned and supervised by the Kids' Loft Staff. We will notify you in advance of any field trips that will take place outside of the school area. Please sign below if you allow your child to participate in such events.

Parent Signature Date

Kids' Loft Policies:

***When you register your child for care we are holding a spot for them; therefore you will be responsible for payment whether or not your child is there.**

***We are not open on days we are not in school; therefore we do not charge for days we are not in school (holidays, snow days, etc.).**

***If at anytime you need to change your child's schedule or remove them from our program you must put it in writing . Please provide a copy to our staff and our billing office located at the ECEC.**

***Payment is due in full by the end of each week.**

***We have a \$200 limit policy; if at anytime your bill reaches \$200 than we will no longer be able to provide service until your payment is made in full.**

***You may send the payment with your child, bring it in, or mail it to the ECEC Office.**

Please sign below if you agree to follow the terms of our policies.

Parent Signature

Date

We offer care Monday through Friday:

Early AM Care (This is located at the ECEC building)	6:00-7:45AM	\$5.00/day \$20.00/week (pre-paid)
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After School~ Full Time	2:58-6:00PM	\$60.00/ week \$50.00/ week(pre-paid)
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After School~ As Needed		\$12.00/ day
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***Must give 24 hours advance notice**

Half Days	11:20AM-6:00PM	\$10.00 extra/child
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Please indicate below the days and times your child will be attending our program:

	Early Care	After School
Everyday	_____	_____
As Needed	_____	_____

***Please remember to put in writing any changes you need to make to your Daycare schedule and give it to our staff.**

Family Information

Mother's Information (only supply information that is different from the student):

Name _____ Address _____

Work Place _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email Address _____

Father's Information (only supply information that is different from the student):

Name _____ Address _____

Work Place _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email Address _____

In case of separated or divorced parents, are there any legal restrictions on the release of you child to either parent? YES NO

If yes, please explain: _____

***It is our policy that a court order restricting non-custodial parent contact MUST be on file with the Community Education Office.**