

KKCA

Enrollment Application

Student Applicant Information

Student's Full Name _____ DOB _____

Age _____ Do you already have a child attending KKCA? (Circle One) Yes No

Grade: (Circle One) Infant Toddler Two's JR. PRE-K (3'S) PRE-K

Academic School Year: (Circle One)

2020-2021

2021-2022

2022-2023

2023-2024

Is your child 100% potty-trained? (Circle One) Yes No

Are you or your spouse active duty military? Yes No Date to Begin School: ____/____/____

Parent Information

Mother's Full Name _____

Occupation _____ Employer _____

Work Number _____ Cell Number _____

Email Address _____

Father's Full Name _____

Occupation _____ Employer _____

Work Number _____ Cell Number _____

Email Address _____

Family Mailing Address: _____

City: _____ State: _____ Zip: _____

Reference Name: _____ Phone#: _____

Reference Name: _____ Phone#: _____

Parent Questionnaire

How did you hear about

KKCA? _____

Why are you considering enrolling your child at

KKCA? _____

KKCA is actively raising the necessary funds for a larger facility. Fundraising will be one of the major avenues in which we raise the funds needed to secure the loan for our new facility. We will be hosting a dinner, participating in a read-a-thon and selling Blue & Gold as well as Eileen’s Cookie Dough during the year. We need full parent participation to help us acquire the funds as quickly as possible. Will you commit to participating in these fundraising events?

Yes No

KKCA focuses on the development of the whole child. Your child’s teachers develop daily lesson plans that incorporate lessons from the Bible, manners, self-regulation, emotional and social maturity, potty training, early academics, as well as comprehensive Jr. Pre-K and Pre-K academics. Your child’s teacher works closely with each child to ensure their progress. They will perform an academic and CDC developmental assessment every nine weeks and will offer a Parent Teacher Conference shortly after assessments for parents to attend. Will you support your child’s teacher by actively engaging in communication, feedback and lessons to ensure your child’s success?

Yes No

Please briefly describe your child’s previous early childhood education experience/environment:(homeschool, daycare, private school, mother’s-day-out, no previous experience) _____

Has your child ever been assessed or diagnosed for any learning disorders? No

Yes, Explanation: _____

Have you or your child ever been released from an early childhood education center/school for failure to pay tuition, frequent absence or unresolved behavioral concerns?: _____

Parent/Guardian Signature _____

Relationship to Student _____ **Date** _____

KKCA Family Questionnaire

STUDENT NAME:	DATE:
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Information provided within this questionnaire does not determine enrollment status. This questionnaire is utilized only to help KKCA learn more about your child’s previous education experiences and your family’s preferences and expectations so that we can provide the best care possible to you and your child. This form will be filled out upon enrollment and also annually at re-enrollment.

- Has your child been a childcare setting before? If yes, please list all previous childcare settings (Center, Home, MDO, etc) of attendance including dates of enrollment and reason for leaving.

	Program Name	Center/Home/MDO	Dates of Attendance	Reason For Leaving
1			FROM:	
			TO:	
2			FROM:	
			TO:	
3			FROM:	
			TO:	
4			FROM:	
			TO:	

- What are your expectations for your childcare provider? _____

- What are your expectations for your child’s teacher? _____

- What academic/learning expectations do you have for your child for the next 12 month? _____

5. Does your family observe any special dietary, cultural or religious practices? _____

6. Is your child fully potty-trained?

If YES:

- 1) What age did your child begin training? _____
- 2) How long did it take to be fully trained? _____
- 3) Does your child communicate toileting needs with adults? _____
- 4) Does your child need assistance with (Circle all that apply):
Undressing/Redressing/Wiping/Handwashing
- 5) Describe your toilet training method: _____

- 6) Did your child receive rewards/incentives or other to encourage training?

 If YES please describe: _____

If NO:

- 1) Have you started training? YES/NO
- 2) If not, do you plan to start within the next 12 months?

7. Rate the following expectations according your personal level of importance.

(1 being most important, 10 being least important)

Communication		Christian Principles	
Safety		Parent Involvement Opportunities	
Challenging Academics		Nutrition	
Play-Based Learning		Outdoor Play	
Nurturing Environment		Center Cleanliness	

KKCA Registration & Enrollment Form

Student Contact Information									
Childs Full Name:					Date of Birth:				
Student Daily Arrival/Departure Times (For Staff Planning Purposes)									
Monday		Tuesday		Wednesday		Thursday		Friday	
ARRIVAL	PICKUP	ARRIVAL	PICKUP	ARRIVAL	PICKUP	ARRIVAL	PICKUP	ARRIVAL	PICKUP
Address:					Home Phone: () _____ - _____				
City:		State:		ZIP:		Fully Potty Trained? Y/N			
					Actively Potty Training? Y/N				
Mother's Full Name:					Cell Phone (Mother): () _____ - _____				
Mother's Email Address: (Please Print)									
Employer/Occupation (Mother):					Work Phone (Mother): () _____ - _____				
Father's Full Name:					Cell Phone (Father): () _____ - _____				
Father's Email Address: (Please Print)									
Employer/Occupation (Father):					Work Phone (Father): () _____ - _____				
Parent/Guardian With Legal Custody:					Parents Are: (Circle One)				
					Married		Living Together		
					Divorced		Separated		
					Widowed		Single		
Please list any special circumstances/situations KKCA should be aware of:									

**Emergency Contact Information & Authorized Person's for Pick-Up
(Other Than Parents/Guardian)**

1). Full Name:	Phone Number:
Relationship to Student:	
2). Full Name:	Phone Number:
Relationship to Student:	
3). Full Name:	Phone Number:
Relationship to Student:	
4). Full Name:	Phone Number:
Relationship to Student:	
5). Full Name:	Phone Number:
Relationship to Student:	

Student Medical Information

Student's Physician Name:	Phone Number:
Preferred Hospital:	Phone Number:
Medical Insurance Company:	Phone Number:
Insurance Policy Number:	Group ID:
Regular Medications:	Reason:
Food Allergies:	Description of Reaction:
Special Health Concerns/Conditions or Other Non-Food Related Allergies:	

Emergency First Aid Treatment and Transportation Consent

I hereby give permission that my child _____ may be given emergency first aid treatment which includes CPR if necessary by a staff member of KKCA. I also give permission for KKCA to call 911 for emergency assistance in the event emergency medical treatment is needed for my child and to be transported by car/ambulance to the nearest hospital emergency department for treatment and to hold KKCA and its employees harmless.

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child _____ in the case of an accident or emergency, as prescribed by a treating physician and hold KKCA and its employees harmless.

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

Permission to Publish, Post and/or Print

To be able to publish/post photos of your student and/or their classroom work on the KKCA Facebook/Twitter Page, Classroom DOJO account and KKCA website; please check one of the boxes below to give permission to do so.

- I consent
- I do not consent

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

Parent School Resources Acknowledgment

I/We acknowledge that for our reference KKCA's school menu's, operational calendars and the KKCA Parent Handbook that contains information about program specific policies and procedures (ex: attendance, behavior/guidance, illness/injury, enrollment terms/tuition/fees, etc) are published on KKCA's website: www.kkcaowls.com.

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

RECURRING ACH DEBIT CHARGE AUTHORIZATION FORM

I/we understand that all tuition payments (except for annual or semi-annual payment frequencies) are required to be paid via a recurring ACH Debit. First time enrollment and re-enrollment fees must be paid by check payable to KKCA.

I/we hereby authorize KinderKottage Christian Academy (KKCA) to initiate recurring debit entries to my Checking/Savings (select one, listed below), and to debit same such account. This authority will remain in effect until KKCA is notified by me/us in writing with 30 days of notice to withdraw enrollment or change of debiting account information. Draft amounts will include tuition as well as insufficient fund fees/returned payment fees incurred by KKCA for adequate funds not being available on draft date as chosen below.

(NAME-PLEASE PRINT AS APPEARS ON ACCOUNT)

(ADDRESS-PLEASE PRINT)

(PHONE NUMBER-PLEASE PRINT)

(EMAIL ADDRESS-PLEASE PRINT)

PLEASE CIRCLE ONE: CHECKING SAVINGS

BANK NAME: _____ ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHARGE AMOUNT: \$ _____

DEBIT FREQUENCY: (CIRCLE ONE)

BI-MONTHLY (1ST AND 15TH) MONTHLY (1ST)

(SIGNATURE)

(DATE)

Daycare Program New/Re-Enrollment Agreement

Please read and initial each line

- _____ I understand that I am enrolling my student in daycare program that is licensed by OKDHS. Enrollment in the daycare program is only for students 6 weeks of age through 5 years of age.
- _____ I understand that the daycare program parent handbook and daycare/school year calendar and menu are accessible to me via the website: www.kkcaowls.com in lieu of receiving a printed copy.
- _____ I have submitted a copy of my student's most recent vaccination record.
- _____ I understand that tuition payments are due monthly according to the frequency schedule. Partial payments are not accepted. Payments received late will be billed a \$5.00 late fee for every day that payment has not been received. For payments that are returned due to insufficient fees, a \$25.00 per occurrence fee will be billed. I understand that continued failure to pay tuition in a timely and responsible manner can lead to the forfeiture of my student's enrollment with KKCA.
- _____ I/We have successfully signed up for KKCA's Remind 101 Free Text Based Emergency Alert System. (Required, both parents/guardians) Instructions to sign up are outlined in the resource section of this enrollment application and accessible via the school website: www.kkcaowls.com. I understand that Remind 101 is the ONLY form of communication the school uses in the event of weather or non-weather related emergency that affects the operational status of the school.
- _____ I understand that tuition is due in full regardless of my child's attendance (sick, personal vacation, snow closings, daycare/school closings).
- _____ I have submitted my students Enrollment Fee or Re-Enrollment Fee.
- _____ I have submitted our completed ACH Form for authorizing KKCA to make automatically draft tuition payments from our financial institution. I understand that a 30 day notice is required in order to stop a future draft/change the associated bank account or tuition amount to be drafted. Additional amounts that can be drafted could include insufficient funds/returned check charges incurred by KKCA if funds are not available on draft dates (\$25.00 per occurrence).
- _____ I understand that KKCA is required by law to report any suspected instances of child abuse/neglect in regards to physical, emotional and/or mental forms of abuse/neglect to OKDHS. We retain the legal right to report findings anonymously to OKDHS and are not required to notify the family.
- _____ I understand that failure to comply with any of KKCA's policies within the handbook can result in the forfeiture of your child's enrollment.

Parent

Signature _____ **Date** _____

Parent

Signature _____ **Date** _____