



# Application for Enrollment—2023-24 School Year

An annual Non-Refundable Registration Fee of \$150.00 per child is due with application. Each sibling will receive \$25 discount.

OFFICE USE ONLY	
School Year: _____	Date Rcvd: _____
Reg. Fee: _____	Pay Method: _____
Start Date: _____	Program: _____
M _____ T _____ W _____ R _____ F _____	
Schedule: FT _____	VPK Only: _____
VPK Morning Care (circle): 7:00am 9:00am	
VPK M—F Wraparound _____	
VPK MWF Wraparound _____	
VPK TR Wraparound _____	

\*Please print neatly. We will use your email address and text message for school communication.

Today's Date: \_\_\_\_\_

Program Requested (select one below):

Infant \_\_\_\_\_ Toddler \_\_\_\_\_ 2-Year-Old \_\_\_\_\_  
3-Year-Old \_\_\_\_\_ VPK \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F (circle one) Days Requested (select one below):

MTWRF \_\_\_\_\_ MWF \_\_\_\_\_ TR \_\_\_\_\_

Was child born premature? If so, how many weeks? \_\_\_\_\_

Does child receive any services? If so, please explain.

\_\_\_\_\_

Child's Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_

Both \_\_\_\_\_ Other \_\_\_\_\_

\*Any custody papers must be on file at KITC Daycare

Schedule Requested (select one below):

Full Time (7:00am—5:30pm) \_\_\_\_\_

VPK ONLY (8:30am—12:30pm) \_\_\_\_\_

VPK Morning Care (7:00am—8:30am) \_\_\_\_\_

VPK M—F WRAPAROUND (7:00am—5:30pm) \_\_\_\_\_

VPK MWF WRAPAROUND (7:00am—5:30pm) \_\_\_\_\_

VPK TR WRAPAROUND (7:00am—5:30pm) \_\_\_\_\_

## FAMILY INFORMATION

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

\*If parents are divorced, widowed, and remarried, is there a stepparent? Yes No (circle one)

Stepmother: \_\_\_\_\_

Stepfather: \_\_\_\_\_

## Emergency Medical Release

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to Kids in the City Daycare. I hereby request that in the event that I, or the people I designated for an emergency, cannot be reached in a timely manner, that an official representative of Kids in the City Daycare will seek first aid or emergency medical care for my child including transport to the nearest emergency facility available. I further give my consent to any emergency facility and physician to administer necessary medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment.

Physician: \_\_\_\_\_

Physician's Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Group#/Policy #: \_\_\_\_\_

List Medical Conditions/Treatments: \_\_\_\_\_

List Any Allergies: \_\_\_\_\_

\*\* Section 65C-22.006(2), F.A.C., requires a current physical examination (Form DH 3040) and immunization record (Form DH 680 or 681) on file at time of enrollment \*\*

## Tuition and Enrollment Agreement

In consideration of Kids in the City Daycare accepting and enrolling \_\_\_\_\_ (“Student”) into the programs and activities for the school year, the undersigned agrees to the following terms:

1. **Non-Refundable Registration Fee:** Parent/Guardian understand that the registration fee must accompany the registration papers and is non-refundable. Registration fees are collected annually.
2. **Tuition and Fees:** Parent/Guardian understand that the tuition goes to provide the highest quality care and early childhood education program for each child. Tuition is based on a total yearly cost of the program broken down into weekly or monthly payments to make it more feasible for our families. Therefore, tuition is due each week regardless of your child is in attendance or not. **No credit is given for scheduled holidays or school closings.**
3. **Payment:** I agree to pay the tuition rate reflected on the tuition schedule for the program that my child will attend. All tuition is due on Friday for the following week. Any late payments will be subject to a \$25.00 late fee which will be assessed to your child’s account at end of business day on Monday. Non-payment of tuition by Wednesday will result in disenrollment of your child. A \$50.00 fee (\$25.00 late fee and \$25.00 returned check or credit card declined fee) is charged for each returned check or credit card decline. Parent/Guardian understand that an electronic funds transfer authorization form (ACH) **must** be completed and kept on file.
4. **Dismissal:** Parent/Guardian understands the school reserves the right to dismiss any student for any reason. In the event of a dismissal from Kids in the City Daycare, any registration fees, the current week’s tuition and/or any activity fees are non-refundable and deemed earned. The Parent/Guardian remains responsible for payment of any unpaid charges to their account.
5. **Withdrawal:** This is a binding contract for the entire tuition for the school year. The child’s absence or failure to attend Kids in the City does not relieve the Parent/Guardian of the obligations set forth herein, regardless of the circumstances. However, if the parent/guardian must withdraw their child for circumstances out of their control, the parent/guardian must provide Kids in the City with two (2) weeks written notice on a Withdrawal Form provided by Kids in the City.
6. **Release and Waiver of Liability:** In consideration of Kids In The City accepting this Application for all programs and activities provided by KITC, I hereby waive my right to sue, make claim or bring any action against KITC, its owners, employees, or agents. I voluntarily agree to release, discharge, and hold harmless KITC, its owners, employees, or agents from and against all claims of liability, even those arising out of their negligence, fault, recklessness, and any other act or omission which causes my child damages, illness, injury or disease of any nature or in any way connected with the participation in these programs and activities.
7. **Breach:** In the event of breach of contract by the Parent/Guardian, Kids in the City reserves the right to recover from the Parent/Guardian all unpaid tuition, late fees, and administrative fees for the time period during which the student attended school, plus prejudgment interest and all costs of collection, including but not limited to attorney’s fees, collection agencies fees, and court costs.
8. **Entire Agreement:** This agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written concerning the subject matter of this Agreement. This Agreement supersedes any prior written or oral agreement between the parties.
9. **Governing Law and Venue:** This Agreement will be construed in accordance with the laws of the State of Florida. Any dispute arising from this Agreement shall be governed by Florida law and shall solely and exclusively by a court of competent jurisdiction located in St. Lucie County, Florida.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director’s Signature

\_\_\_\_\_  
Date

## Parent School Enrollment Contract

This contract between the Parent (s) or Guardian (s) of below named Kids In the City Academy student and Kids In the City Academy stipulates the commitments required of all Kids In the City Academy families. All Kids In the City Academy families are required to read, initial, and sign this contract and agree to the following.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Early Intervention: I understand that Kids In the City Academy is a strong proponent of early intervention for children birth through 5 years of age. I agree to follow up with any recommendations made by any of the early childhood specialist brought to the school to help my child reach his/her maximum potential. \_\_\_\_\_ **Initials**
2. Daily Sign In/Sign Out: I/We understand that the Florida Department of Children & Family requires that each child be signed in and out daily. I/We will ensure to sign in/out my child each day. \_\_\_\_\_ **Initials**
3. Illness and Re-admission: I/We understand Kids In the City Academy's Illness Policy. If my child exhibits any symptoms of being sick during the school day, I agree to pick up my child within 45 minutes after notification to avoid spreading of germs. If my child contracts a contagious disease, I agree to notify the school immediately so every health precaution can be made for the well-being of all children. I/We understand that I/We may not return my child to school until after he/she is symptom free for at least 24 hours (without the aid of medication) and/or a doctor's note verifying he/she is no longer contagious and able to return to school. \_\_\_\_\_ **Initials**
4. Tuition Express Parent Authorization: I/We agree to complete the payment processing system form that allows secure, on time tuition payments to be made from either my bank account or my credit card. \_\_\_\_\_ **Initials**
5. Child Care Food: I acknowledge that I/we are responsible for breakfast, lunch and an afternoon snack for their child(ren) and will bring food, labeled bottles and/or sippy cups. \_\_\_\_\_ **Initials**
6. Distracted Adult Brochure: I/We acknowledge receipt of Department of Children and Family Brochure. \_\_\_\_\_ **Initials**
7. DCF 175-70 The Flu A Parent's Guide: I/We acknowledge receipt of Department of Children and Family Brochure. \_\_\_\_\_ **Initials**
8. Expulsion, Suspension, Dismissal Policy: I/We acknowledge receipt of the Kids In the City Academy Expulsion, Suspension, Dismissal Policy required by Florida Administrative Code. \_\_\_\_\_ **Initials**
9. Photo Release: I/We \_\_\_ do/ \_\_\_ do not authorize Kids In the City Academy to use and/or release any pictures of my child, for promotion of the school in newspaper advertisements, school Facebook page, special events held at the school, etc. \_\_\_\_\_ **Initials**
10. Parent Handbook: I acknowledge that I have read and agree to the terms stated in the Kids In the City Academy Parent Handbook found on the school website. \_\_\_\_\_ **Initials**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Directors Signature*

\_\_\_\_\_  
*Date*

## Emergency/Authorization Contacts

I understand my child will be released only to the custodial parent or legal guardian and the persons listed on the Emergency/Authorization Contact list below. I understand the individuals listed will also be contacted and are authorized to remove my child from the facility in case of illness, accident, or emergency.

Please list the names and phone numbers of those individuals beside the parent/guardian, who are authorized to pick your child up from Kids In The City Academy. Please also list the order in which you would like the individual to be called in case of emergency.

CHILD's NAME: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_



**Kids In The City Academy**

**Participation Agreement**

I would like to participate with ProCare Parent Engagement App so I can receive email, my child’s published work, photographs, and videos via the ProCare Parent Engagement App.

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for publishing children’s work, photographs, or videos through a software program called ProCare Parent Engagement (the “Program”). By signing this form, you grant permission for us to photograph and/or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos, or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, visit [procaresoftware.com/parent-engagement](http://procaresoftware.com/parent-engagement). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

Date: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Please complete the Participation Agreement for each parent / guardian of the child requesting account access.