



# KidLife Club

## Application for Admission

30 months – Prekindergarten

**TO BE FILLED OUT BY STAFF:**

Rate: Full \_\_\_ Half \_\_\_ Hourly \_\_\_  
 Registration Fee \_\_\_ Supply Fee \_\_\_  
 Registration Form \_\_\_  
 Immunization Record \_\_\_  
 Proof of Age \_\_\_  
 Medication Form (if needed) \_\_\_

Please Print in Black Ink

Applicant's Full Name \_\_\_\_\_

Last

First

Middle

Female  Male

Date of Birth \_\_\_\_\_

Month Day Year

Previous Child Day Care Programs and Schools Attended \_\_\_\_\_

Is the applicant fluent in more than one language? \_\_\_\_\_ If yes, in which language? \_\_\_\_\_

Mother/ Guardian (A)	Father/ Guardian (B)
Name	Name
Address/ Street City	Address/ Street City
State Zip Code	State Zip Code
Phones: residence      business cellular(s)	Phones: residence      business cellular(s)
E-mail	E-mail
Occupation/ Profession	Occupation/ Profession
Employer	Employer
Address	Address

If parents are divorced, who has legal custody? \_\_\_\_\_

If father remarried, what is stepmother's name? \_\_\_\_\_

If mother remarried, what is stepfather's name? \_\_\_\_\_

If the applicant does not live with both parents in one household, with whom does he/she live?  
 If shared custody and applicant spends time in both homes, please indicate: \_\_\_\_\_

Please indicate to which address correspondence should be sent: \_\_\_\_\_

Has the applicant ever been suspended, expelled or withdrawn from any school? If so, explain:  
 \_\_\_\_\_

**FAMILY**

Other children in the family:

Name(s)	Date of Birth	School
_____	_____	_____
_____	_____	_____

How did you first learn about KidLife Club? \_\_\_\_\_

**HEALTH**

Does your child have any allergies? If so, please list: \_\_\_\_\_

Does applicant have any health condition, physical, behavioral or emotional, which warrants special consideration or would interfere with the undertaking of normal school life, including physical education? If yes, please explain: \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

**FINANCIAL**

A supply fee of \$45 and a registration fee of \$45 is required at the time of enrollment. These fees are non-refundable nor applicable to tuition.

KidLife Club and City Life Church admits students without regard to race, color, religion, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the program. KidLife Club and City Life Church do not discriminate on the basis of race, color, religion, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, employment practices and other programs.

**EMERGENCY INFORMATION**

Allergies or intolerance to food, medication, etc and action to take in an emergency: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Two people to be contacted if parent(s) cannot be reached:

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) authorized to pick up child: \_\_\_\_\_

\*Person(s) NOT authorized to pick up child: \_\_\_\_\_

\* Appropriate paperwork such as custody papers shall be attached if a parent is now allowed to pick up the child.

\* NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

- 1) The child day center agrees to notify the parent(s)/ guardian(s) whenever the child becomes ill and the parent(s)/ guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
- 2) The parent(s)/ guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/ guardian(s) cannot be located immediately. \*\*
- 3) The parent(s)/ guardian(s) agree to inform the center within 24 hours of the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening disease which must be reported immediately.
- 4) The undersigned hereby makes formal application their child to be considered for entrance to KidLife Club. We understand the KidLife Club relies on the accuracy of the information contained in this application and, therefore, any inaccuracies or omissions will be grounds for KidLife Club to terminate any contract entered into based in this application. By executing this application, we authorize KidLife Club to investigate our child’s academic record and performance and to secure information KidLife Club deems pertinent.

**SIGNATURES**

\_\_\_\_\_  
Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator of Center

\_\_\_\_\_  
Date

Date Child Entered Care: \_\_\_\_\_

Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement is required from the parent(s) or guardian(s) that states the objection and the reason for the objection. All costs due to transport or medical treatment will be the responsibility of the parent/ guardian.

Section 63.2-1809 of the *Code of Virginia* states that the proof of identity, if produced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documentation by (i) shredding, (ii) erasing, (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

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