

# Kids' Place Pre-K Registration

For Ages 3-5 including Lenox and YBK

For Office Use Only

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

## Student Information

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Nickname \_\_\_\_\_ Gender: Male  Female

Pre-K Location (if known):  Central  Central YBK  Lenox

Child resides with:  Both Parents  Mother  Father  Shared Custody  Guardian

Child's full address \_\_\_\_\_

Home phone number \_\_\_\_\_

Ethnicity of child:  African American/Black/African  American Indian/Alaskan Native  
 Asian/Pacific American  Hispanic/Latino  Caucasian/White  
 Native Hawaiian or Other Pacific Islander  Other \_\_\_\_\_

Child's primary language spoken at home:

English  Arabic  Cambodian  Hmong  Laotian  Oromo  
 Russian  Spanish  Serbo-Croatian  Somali  Vietnamese  Other: \_\_\_\_\_

Language/s other than English spoken at home \_\_\_\_\_

Previous child care/preschool arrangements (if any): \_\_\_\_\_

Does your child have any physical or mental impairments which would affect his/her participation in child care setting? If yes, please describe.

None  Yes: \_\_\_\_\_

## Parent Information

### Parent 1/Financial Sponsor:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Current Employer \_\_\_\_\_

Phone numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Other \_\_\_\_\_

Call this number first:  Cell  Home  Work  Other

Child's Legal Guardian?  Yes  No

**Parent 2:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Current Employer \_\_\_\_\_

**Phone numbers:** Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Other \_\_\_\_\_

**Call this number first:**  Cell  Home  Work  Other

Child's Legal Guardian?  Yes  No

**School Messenger Contact Information**

As part of St. Louis Park Schools, families who participate in the Kids' Place program will be included in any district-wide phone and email information blasts. Please share the best contact information for the district to send any school-related automated messages. Please choose the phone numbers and email addresses which are checked most frequently.

School Messenger Phone Number 1 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

Parent email addresses for School Messenger \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts - Must list at least two.**

*These people are also authorized to pick my child up.*

Contact 1 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact 2 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact 3 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Your Child's Schedule**

Which days will your child attend preschool?

Monday  Tuesday  Wednesday  Thursday  Friday

What will be your typical drop off time? \_\_\_\_\_ Pick up time? \_\_\_\_\_

**For Lenox Participants Only:**

Which days will you need before school care?

Monday  Tuesday  Wednesday  Thursday  Friday

Which days will you need after school care?

Monday  Tuesday  Wednesday  Thursday  Friday

Please read and initial in each box.

	<p><b>Medical/Emergency Procedures</b>                  I give my permission to Kids' Place to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the Kids' Place staff. In case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local resource (police/rescue squad) deems it necessary. I will be responsible for the cost of the transportation and any and all medical charges. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf. Medical insurance coverage for children is the responsibility of the child's family or guardian.</p>
	<p><b>Data Practice Procedures and Exchange of Information</b>                  Kids' Place complies with State and Federal data laws. Information gathered from registration and medical forms is shared with the teachers in the program to best serve your child's needs. I give my consent to an exchange of information between my Kids' Place site staff and other St. Louis Park Schools professional staff whenever it would be beneficial to my child.</p>
	<p><b>Meals and Snacks</b>                  I understand that my child needs to bring a lunch from home each day unless I have enrolled in the lunch program at an additional cost of \$4.25 per day. An afternoon snack will be provided by Kids' Place and is included in the daily fee.</p>
	<p><b>Publicity</b>                  I give permission for Kids' Place to use video taping, tape recording, photography or any other media to record events for educational or publicity purposes.</p>
	<p><b>Excursions</b>                  I give permission for my child to participate in any field excursion planned and supervised by the staff of Kids' Place. I understand these trips may include various modes of transportation, i.e. walking, biking, school bus, etc.</p>
	<p><b>Sunscreen</b>                  I understand that my child should arrive at Kids' Place with sunscreen already applied in the morning.  <input type="radio"/> I give permission for Kids' Place staff to apply any brand of sunscreen on my (our) child as needed throughout the day.  <input type="radio"/> I have provided sunscreen for my child. Only apply the sunscreen I have provided.  <input type="radio"/> DO NOT apply any sunscreen on my child.  <input type="radio"/> Other: _____</p>
	<p><b>Insect Repellent</b>  <input type="radio"/> I give permission for Kids' Place staff to apply insect repellent on my child as needed.  <input type="radio"/> I have provided insect repellent for my child. Only apply the repellent I have provided.  <input type="radio"/> DO NOT apply any insect repellent on my child.</p>
	<p><b>Antibacterial Hand Soap/Lotion</b>  <input type="radio"/> I give permission for Kids' Place staff to apply antibacterial soap/lotion on my child as needed.  <input type="radio"/> DO NOT apply antibacterial soap/lotion on my child.</p>

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

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

## Payment Information

Read and sign below to complete the registration.

I am currently receiving child care assistance.  Yes  No

Case worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special instructions to consider when creating our family's billing account:

None \_\_\_\_\_

Please send me an Annual Credit Card Authorization form.

This form must be signed and on file in our office in order to initiate automatic credit card payments.  
Visa and Mastercard accepted.

## Payment Agreement

*In signing this contract for services, I agree to the following:*

I understand that my child can not begin Kids' Place until I receive a written or oral confirmation from the Kids' Place main office. In order to properly prepare for student/staff ratios, Kids' Place reserves the right to not accept or process any registration for up to 5 business days prior to and after the start of any session.

### Billing and Fees:

1. A non-refundable registration fee of \$50.00 per child will be added to your first invoice
2. There will be no refunds for absence due to illness, vacation or school closing due to inclement weather.
3. In order to maintain service, you must pay your bill by the statement due date.  
Invoices will be placed in your child's parent folder in the classroom at the beginning of each month.
3. A late fee of \$1.00 per minute will be assessed for picking up a child after 6 pm.  
After the third incident, services may be terminated.
4. Kids' Place sites or classrooms may be closed or moved due to enrollment/staffing needs.  
In this event, you will be given at least two week's notice.
5. The Dept. of Community Education reserves the right to cancel this letter of agreement at any time.  
In this event, you will be given two week's notice.
6. I understand my child's enrollment will be terminated and my account will be turned over for collection if it is in default.  
I will be held responsible for all costs related to collections, including legal fees.

### Please review the terms above before signing.

By signing, I confirm that I have read, understand and agree to the terms as stated on this form.

Parent 1 Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Return this Form

### Mail

Kids' Place Main Office  
Central Community Center  
6300 Walker Street  
St. Louis Park, MN 55416

### Email

[johnson.terri@slpschools.org](mailto:johnson.terri@slpschools.org)

*You will receive an email confirmation of your family's registration when it is received in our office.*

### Questions

(952) 928-6764

FAX (952) 928-6728

Thank you.