

City Kids School

Enrollment Packet

An Outreach of City Ministries
Sheryl Nelson, Director
9051 132nd Ave. NE
Kirkland, 98033

The following information, birth date guideline, is for the upcoming school year.

Two's and Three's Classes: These sessions are perfect for both the first-time preschooler and for children who have previously been in a co-op or other preschool settings. The classroom environment is filled with age appropriate learning, rich and stimulating with opportunities for all learning styles. All six sessions are staffed with qualified teachers. Our 2's classes have two assistants and one lead teacher, with a class size of 15 children. Our 3's classes have one assistant and one lead teacher with a class size of 15 children.

- ❖ **Two's Class - Children must be 2.5 by August 31st.** There are 2 sessions to choose from. Our morning classes meet Monday/Wednesday or Tuesday/Thursdays from 9:00am-11:30am. Two days a week is \$240.00/month over 10months (\$2,400.00 annual tuition).
- ❖ **Three's Class: Children must be 3 by August 31st and must be potty trained.** There are 3 sessions to choose from. Our morning classes meet Monday, Tuesday and Thursdays; Monday, Wednesday, and Thursday from 9:00-11:30am and our afternoon class meets Monday, Tuesday and Thursday 12:30-3:00pm. Three days a week is \$290.00/month over 10 months (\$2,900.00 annual tuition).

Pre-K Classes: Our Pre-K classes are designed to equip children with a strong feeling of self-worth and provide an environment that challenges preschoolers academically, physically, socially and spiritually. Each class recognizes different learning styles and individual needs. Our half day classes have one assistant and one lead teacher, with a class size up to 16 children. Our full day class has one assistant and one lead teacher, with a class size of 15 children.

- ❖ **Half day Pre-K: Children must be 4 by August 31st.** A year of prior preschool is preferred to enroll in this class. The curriculum is foundational for Kindergarten readiness with layering experiences that will build a strong base. Our morning Pre-K class meets Monday-Thursday from 9:00-11:30am and our afternoon class meets Monday-Thursday from 12:30-3:00 pm. Four days a week is \$370.00/month over 10 months (\$3,700.00 annual tuition).
- ❖ **Full day Pre-K: Children must be 5 by December 31st.** Our full day Pre-K class meets Monday-Thursday from 9:00-3:00 pm. Four days a week is \$545.00/month over 10 months (\$5,450.00 annual tuition).

Kindergarten classes: These sessions are designed to layer understanding and knowledge so students are equipped for later elementary school years. Each class will help to build confidence to empower students to problem solve and make decisions and choices.

- ❖ **Half day Kindergarten: Student should be 5 by August 31st.** The class size is limited to 14 children. This class meets Monday-Thursday, 9:00-12:00 pm and is \$400.00/month over 10 months (\$4,000.00 annual tuition).
- ❖ **Full day Kindergarten:** The class size is limited to 18 children. Our full day Kindergarten class meets Monday-Thursday, 9:00-3:00 pm and is \$570.00/month over 10 months (\$5,700.00 annual tuition).

SESSIONS/FEE SCHEDULE

Class/Session		Fees		
Class	Session	Tuition	Application Fee (Non-Refundable)	Materials Fee (Non-Refundable)
2 Year Old	MW AM	\$240.00	\$90	\$90
2 Year Old	TTH AM	\$240.00	\$90	\$90
3 Year Old	M T TH AM	\$290.00	\$90	\$100
3 Year Old	M W TH AM	\$290.00	\$90	\$100
3 Year Old	M T TH PM	\$290.00	\$90	\$100
½ Day Pre-K	M T W TH AM	\$370.00	\$90	\$115
½ Day Pre-K	M T W TH PM	\$370.00	\$90	\$115
Full Day Pre-K	M T W TH	\$545.00	\$90	\$130
½ Day K	M T W TH AM	\$400.00	\$90	\$160
Full Day K	M T W TH	\$570.00	\$90	\$175
City Kids Club				
\$150/month for 3 days a week \$180/month for 4 days a week \$45 materials fee per student non-refundable				

- ❖ Sibling Discount: A \$100.00 discount off the 2nd and 3rd child's annual tuition rates will be offered.
- ❖ Application Fee is per student and non-refundable.
- ❖ Materials Fee is per student and non-refundable.
- ❖ City Kids Club is an extracurricular program designed for our 3-5 year olds who must be potty trained and is offered Monday-Thursday 11:30am-1:00pm. This program is theme based, including daily biblical application. Our teachers are trained and effective at creating a fun, safe, and comfortable environment. All the children need to do is bring their lunch! City Kids Club extends your child's day for an additional 1.5 hours. To secure your space, you must register for the class prior to attending.

Please carefully review this checklist and each of the registration packet forms. If you have any questions regarding the program, please contact the school Director, Sheryl Nelson. (425)739-1227 sheryl@citymin.org

Please complete these forms and return them to the school office in order to finalize your child's registration for the upcoming school year.

- ✓ Student Information and Enrollment Application form: Fill out completely, sign, and date.
 - Allergy Review form: Fill out completely, sign, and date (even if your child has no known allergies).
 - Medical Consent & Physician Information form: Fill out completely, sign, and date.
 - Emergency Contact Information form: Please provide two or more emergency contacts. Fill out completely, sign, and date.
 - Authorization and Release and Waiver of Liability form: Please initial each paragraph where indicated, sign, and date.
 - Financial Policies Agreement: Fill out completely, sign, date, and keep a copy for your records.

- ✓ Allergy/Intolerance Report: If your child has an allergy, please complete this state required form which is available from your child's teacher or in the school office.

- ✓ Immunization Form: Please fill out the form, required by the state, with every immunization your child has received. No copies please. Form available on the school website at <http://cityministries.org/school.html>.

City Kids School
 Student Information and Enrollment Application

2017-2018 Enrollment

How did you hear about City Kids School/Referred by: _____

Today's Date: _____

Please confirm which class you have enrolled your child in with Jackrabbit by circling one of the options below.

I have enrolled my child in the following class/session:

Two's AM	Three's AM	Three's PM	Pre-K AM	Pre-K PM	Pre-K Full Day	Half Day K	Full Day K
2 days	3 days	3 days	4 days	4 days	4 days	4 days	4 days
MW TTh	MTTh MWTh	MTTh	Mon-Thu	Mon-Thu	Mon-Thu	Mon-Thu	Mon-Thu

Child's Preferred Name (if applicable): _____

Child's Birth Date: _____ Please Circle: Boy Girl

Home Address: _____

City, Zip _____ Home Phone: () _____

Father's Name: _____ Occupation: _____

Home Address, City, Zip: _____

Work Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Father has permission to pick up child: _____ Yes _____ No

Mother's Name: _____ Occupation: _____

Home Address, City, Zip: _____

Work Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Mother has permission to pick up child: _____ Yes _____ No

Language(s) spoken at home: _____

Church membership or attendance: (please list name of church) _____

I hereby apply for enrollment of my child, _____,
in City Kids School for the upcoming school year. I agree to fully comply with all of the policies,
procedures and requirements of the school as now in effect or as updated from time-to-time. I
understand that this application and my child's enrollment are subject to the acceptance of
the School, which is an outreach of City Ministries.

Parent/Guardian Signature _____ Date _____

Please print your full name _____

Allergy Review

Child's Full Name: _____

If your child has no known allergies, please check the box below, sign and date.

- My child has no known allergies.
- My child is allergic to or has the following food restrictions*: _____

Parent/Guardian Signature _____ Date _____

Please print your full name _____

If your child has any allergies, please provide us with an 'Allergy/Intolerance Report' which is
available online, from your teacher, or at the school office.

City Kids School
Medical Consent & Physician Information

2017-2018 Enrollment

If your child needs emergency medical care or treatment and is less than 18 years old, hospitals and other medical providers are required to contact you for authorization before they treat your child, except in the case of life-threatening situations. Only a parent or legal guardian can give this authorization. You can help ensure that your child receives any necessary emergency treatment when you cannot be contacted by completing this Medical Consent and Information form. The completed, signed form will be kept in your child's records in City Kids School office. In the event of a medical emergency, this record will accompany your child so that prompt emergency care or treatment may be administered.

CHILD'S INFORMATION

Full legal name: _____

Date of Birth: _____

Drug Allergies: _____

Other Allergies: _____

Chronic Illnesses or other information that may be relevant for medical treatment:

Regular Medication and Dosage: _____

Date of child's last physical exam: _____

Physician Name: _____

Physician Phone Number: _____

Physician Address: _____

Dentist Name: _____

Dentist Phone Number: _____

Dentist Address: _____

Medical Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone: _____

Number: Subscriber Name: _____

Subscriber or Policy Number: _____

I, _____ (print your full name), as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for: _____ (print child's full name) if I cannot be reached in the case of an emergency.

I also authorize City Kids School to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

Parent/Guardian Signature _____ Date _____

City Kids School
Emergency Contact Information

2017-2018 Enrollment

Child's name: _____

If my child has an illness or emergency and I cannot be reached by City Kids School at the phone number(s) on record with the School, I authorize the School to contact the following local individuals and allow them to pick up my child from School (please provide at least two emergency contacts, include at least one from out of state):

1. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____
Address: _____

2. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____
Address: _____

3. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____
Address: _____

4. Name: _____ Daytime Phone: () _____
Relationship: _____ Cell Phone: () _____
Address: _____

Parent/Guardian Signature _____ Date _____

NOTE: Daily consent forms are available with your child's teacher for an occasional permission to pick up.

Authorization and Release and Waiver of Liability

Child's name: _____

Please initial the following:

_____ I authorize my child to participate in all activities of City Kids School. This authorization includes field trips or other activities away from the School building. I understand that I will be notified in advance of all field trips, that while traveling for a field trip my child will use a car seat that I provide, and that parent chaperones accompany all field trips.

_____ I understand that it is my responsibility to provide a suitable car seat for my child that meets all government safety standards.

_____ I give permission, as necessary to use hand sanitizer in the classroom as a supplement, never a replacement, for regular hand washing. Hand sanitizer is dispensed only by a teacher. Yes, my child has permission to used hand sanitizer.

_____ I give permission for my child's information (child's name, birthday, parents' names, e-mail and telephone number,) to be included on a class list that will be handed out to other parents or guardians of children in the School. I understand that City Kids School will not hand out this information to advertisers or any other solicitors.

_____ * I authorize City Kids School to photograph or videotape, and permit other persons to photograph or videotape my child while attending the School or School-related functions. I also authorize photographs to be shared publicly over the Internet for school publicity or family purposes only. This includes sharing over the internet and on social media platforms.
*Note: At City Kids School we use photographs and video footage on bulletin boards, in art projects, and occasionally for publicity purposes including mailers, emails, or internet or television advertisement. A photographer/videographer may be invited to take individual student or class school photographs or films. We ask your permission to photograph and videotape your child and to share those photographs or videotapes.

*Note: At City Kids School we use photographs and video footage on bulletin boards, in art projects, and occasionally for publicity purposes including mailers or television advertisement. A photographer/videographer may be invited to take individual student or class school photographs or films. We ask your permission to photograph and videotape your child.

RELEASE AND WAIVER OF LIABILITY (please initial)

_____ In exchange for my child named above being allowed to participate in City Kid School, I as parent or guardian waive and I release and discharge City Kids School (an outreach of City Ministries), The City Church and its directors, officers, employees, volunteers, members, and agents from any and all claims, damages or expenses arising from or related to my child's participation in the School. I also agree to indemnify, hold harmless and defend The City Church and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of my child.

Parent/Guardian Signature _____ Date _____

Print your full name _____

FINANCIAL POLICIES AGREEMENT

We value the opportunity to have your child enrolled at City Kids School and look forward to making this experience a positive one in every way. Thank you for assisting us in the financial aspect so that the focus can be on the care and education of the children.

TUITION RATES 2017-2018

Half Day Sessions	Annual	10 Payments
2 days per week	\$2,400.00	\$240.00
3 days per week	\$2,900.00	\$290.00
4 days per week	\$3,700.00	\$370.00
Half Day Kindergarten	\$4,000.00	\$400.00
Full day Sessions		
Pre-Kindergarten	\$5,450.00	\$545.00
Kindergarten	\$5,700.00	\$570.00

DISCOUNTS

A \$100.00 discount off the 2nd and 3rd child's annual tuition rates (\$10 per month). There is no discount on tuition for days missed while City Kids School is in session.

TUITION PAYMENTS

We are pleased to announce our partnership with Jackrabbit Care, the most comprehensive and intuitive parent portal in the industry. Parents can login with their own User ID and Password and can:

- ✓ Update contact information.
- ✓ Change billing information.
- ✓ Make a payment.
- ✓ Update emergency contact/medical information.
- ✓ View recent statement and current policies.

In addition to the customer service provided by Jackrabbit Care, we're committed to serving you also and you may contact the City Kids School via email at sheryl@citymin.org if you have billing/payment questions.

WITHDRAWALS/DISCONTINUED SERVICES

The School Office must be informed in writing if a student will be withdrawing before the end of the school year. The letter must be received thirty (30) days prior to withdrawal. Failure to submit a thirty day written notice will result in an additional month's tuition fee(s) being assessed. Pro-rated rates are only available to families attending less than half of the month from which they are withdrawing from.

The City Kids School reserves the right to:

- Cancel any class;
- Balance class ratios; and
- Discontinue school services to families who do not adhere to policies and procedures, including but not limited to those outlined in The City Kids School Parent Handbook or as instructed by the school Director or classroom teachers.

LATE PAYMENTS

The City Kids School encourages the responsible billing party to meet with the school Director any time a financial problem arises. Many problems may be avoided and/or resolved with early communication. Tuition payment amounts are due by the 1st of each month and are late if not received by that date. If payment is not made by the 1st of the month the responsible billing party will be notified. Failure to make a payment by the 5th will be subject to a \$35 late fee.

Child's name: _____

I, _____ (please print your full name), as the responsible billing party for the above-named child, acknowledge that I have read the above financial policies and agree to them in their entirety.

Signature _____ Date _____

Billing Party Address: _____

Billing Party Phone Number: () _____

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