



## City Kids School

### 2022-2023 Enrollment Packet

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

The process of re-enrollment and open enrollment serves to reserve the student's seat for the coming school year. The following information and birthdate guideline are for the upcoming school year.

**2 Day and 3 Day Classes:** These sessions are perfect for both first-time preschoolers and 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 sessions are staffed with qualified teachers.

- ❖ **2 Day Class:** Children must be 2.5 years old by August 31st. There are two sessions from which to choose. Our morning 2 Day classes meet Monday/Wednesday or Tuesday/Thursday. Tuition for this program is **\$3,450.00 (\$345.00/month over 10 months)**.
- ❖ **3 Day Class:** Children must be 3 years old by August 31st and must be potty-trained. Our morning 3 Day class meets Monday, Tuesday, and Thursday. Tuition for this program is **\$4,250.00 (\$425.00/month over 10 months)**.
- ❖ **3 Full Days Class:** Children must be 3.5 years old by August 31st and must be potty-trained. Our full day class meet Monday, Tuesday, and Thursday. Tuition for this program is **\$6,600.00 (\$660.00/month over 10 months)**.

**Pre-K Classes:** Our Pre-K classes are designed to equip children with a strong sense of self-worth and provide an environment that challenges preschoolers academically, physically, socially and spiritually. Each class recognizes different learning styles and individual needs.

- ❖ **Half-Day Pre-K:** Children must be 4 years old 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 Half-Day Pre-K class meets Monday through Thursday. Tuition for this program is **\$5,460.00 (\$546.00/month over 10 months)**.
- ❖ **Full-Day Pre-K Plus:** Children must be 4.5 years old by August 31st. Our Full-Day Pre-K Plus class meets Monday through Thursday. Tuition for this program is **\$8,200.00 (\$820.00/month over 10 months)**.

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

- ❖ **Half-Day Kindergarten:** Students should be 5 years old by August 31st. Our Half-Day Kindergarten class meets Monday through Thursday. Tuition for this program is **\$5,460.00 (\$546.00/month over 10 months)**.
- ❖ **Full-Day Kindergarten:** Students should be 5 years old by August 31<sup>st</sup>. Our Full-Day Kindergarten class meets Monday through Thursday. Tuition for this program is **\$8,200.00 (\$820.00/month over 10 months)**.

### Sessions/Fee Schedule

Class/Session			Fees		
Class	Session	Duration	Monthly Tuition	Application Fee (Non-Refundable)	Materials Fee (Non-Refundable)
2 Day Class	M W AM	3 hours	\$345.00	\$175.00	\$95.00
2 Day Class	T TH AM	3 hours	\$345.00	\$175.00	\$95.00
3 Day Class	M T TH AM	3 hours	\$425.00	\$175.00	\$115.00
3 Full Days Class	M T TH	6 hours	\$660.00	\$175.00	\$155.00
Half-Day Pre-K	M T W TH AM	3 hours	\$546.00	\$175.00	\$150.00
Full-Day Pre-K Plus	M T W TH	6 hours	\$820.00	\$175.00	\$200.00
Half-Day K	M T W TH AM	3 hours	\$546.00	\$175.00	\$150.00
Full-Day K	M T W TH	6 hours	\$820.00	\$175.00	\$200.00
<b>City Kids Club (currently unavailable)</b>					
\$170.00/month for 3 days a week \$200.00/month for 4 days a week \$45.00 materials fee per student (non-refundable)					

- ❖ **Sibling Discount:** A 5% discount is offered on tuition for the 2<sup>nd</sup> and 3<sup>rd</sup> siblings enrolled in City Kids School. This discount will be applied to the lower tuition.
- ❖ **Application Fee** is per student and non-refundable.
- ❖ **Materials Fee** is per student and non-refundable.
- ❖ **City Kids Club** (currently unavailable) is an extracurricular program designed for our students ages 3 to 5 years old. Children enrolled in City Kids Club must be potty-trained. 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 until 1:30 p.m. for morning students. To secure your space, you must register for the class prior to attending.

## Enrollment Checklist

Please carefully review the checklist below and each of the forms in this enrollment packet. If you have any questions regarding any program, please contact the school Director, Sheryl Nelson - by phone or email at (425)739-1227 or [sheryl@citymin.org](mailto:sheryl@citymin.org).

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

- Student Information and Enrollment Application form (pg. 4-5):** Fill out completely, sign, and date.
- Allergy/Asthma Review form (pg. 6):** Fill out completely, sign, and date (even if your child has no known allergies).
- Medical Consent & Physician Information form (pg. 7):** Fill out completely, sign, and date.
- Emergency Contact Information form (pg. 8):** Please provide two or more emergency contacts. Fill out completely, sign, and date.
- Authorization & Release and Waiver of Liability form (pg. 9):** Please initial each paragraph where indicated, sign, and date.
- Financial Policies Agreement (pg. 10-12):** 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 at the school office and on the school website at [citykidsschool.org](http://citykidsschool.org).
- Asthma Action Plan:** If your child has asthma, please complete the state-required form, which is available at the school office and on the school website at [citykidsschool.org](http://citykidsschool.org).
- Immunization Form:** Please fill out this state-required form with every immunization your child has received. No copies, please. This form is available on the school website at [citykidsschool.org](http://citykidsschool.org).

## Student Information and Enrollment Application

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 online:

<b>2 Day AM</b>	<b>3 Day AM</b>	<b>3 Full Days</b>	<b>Pre-K AM</b>	<b>Full-Day Pre-K Plus</b>	<b>Half-Day K</b>	<b>Full-Day K</b>	<b>3 Day CKC</b> <small>(currently unavailable)</small>	<b>4 Day CKC</b> <small>(currently unavailable)</small>
2 days	3 days	3 days	4 days	4 days	4 days	4 days	3 days	4 days
M W T Th	M T Th	M T Th	M T W Th	M T W Th	M T W Th	M T W Th	M T Th	M T W Th

Child's Preferred Name (if applicable): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Please Check:  Boy  Girl

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

City, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Home Address, City, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father has permission to pick up child:  Yes  No

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

Home Address, City, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work 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) \_\_\_\_\_

List all prior preschool's your child has attended: \_\_\_\_\_

## Enrollment Agreement

I hereby apply for enrollment of my child, \_\_\_\_\_, in City Kids School, an outreach of City Ministries (“School”), for the upcoming school year. I agree to fully comply with all policies, procedures, and requirements of School now in effect and as may be updated from time to time. I understand that this application and my child’s enrollment are subject to acceptance by City Kids School.

## Suspension & Expulsion Policies

At City Kids School, we will work with each individual child to promote consistent care and maximize opportunities for child development and learning. However, where efforts to modify certain behaviors are unsuccessful, suspension and/or expulsion may be appropriate.

**Suspension Policy** – When a child exhibits behavior that presents a serious safety concern for the child or others, the School may suspend the child. Examples of such behavior include, but are not limited to, hurting or threatening to bring physical harm, “put downs,” profanity or obscene language, biting, throwing objects, hurting others with their body, and hitting others with objects. The age appropriateness and severity of the behavior will be examined on a case-by-case basis.

**Expulsion Policy** – When a child exhibits a pattern of repeated behavior that presents a serious safety concern for the child or others, and the School is not able to reduce or eliminate the safety concern through reasonable modifications, the child’s enrollment will be terminated. Examples of such behavior include, but are not limited to, hurting or threatening to bring physical harm, “put downs,” profanity or obscene language, on-going biting, throwing objects, and hitting others with objects. The age appropriateness and severity of the behavior will be examined on a case-by-case basis.

Additional information concerning these policies is included in the Parent Handbook. Please direct all questions concerning these policies to the School Director at (425) 739-1227 or [sheryl@citymin.org](mailto:sheryl@citymin.org).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your full name: \_\_\_\_\_

### Allergy/Asthma 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 has the following food restrictions (*no allergic reaction*): \_\_\_\_\_  
\_\_\_\_\_
- My child is allergic to\*: \_\_\_\_\_  
\_\_\_\_\_
- My child has an EpiPen/AUVI-Q \*\*       Yes       No

*\*If your child has any allergies*, you must complete an “**Allergy/Intolerance Report**” so that we are prepared should your child have an allergic reaction. This form is available at the school office and on the school website at <http://citymin.org/city-kids-school>.

\*\*If your child has an EpiPen/AUVI-Q you **must** bring it with you to the first day of school. Your child is not allowed to attend class without their EpiPen/AUVI-Q.

#### Asthma:

- My child has asthma.

*If your child has asthma*, please obtain an asthma plan document from your doctor or fill out the “**Asthma Action Plan**” form available on the school website at <http://citymin.org/city-kids-school>.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your full name: \_\_\_\_\_

## Medical Consent & Physician Information

If your child needs emergency medical care or treatment and is less than 18 years old, except in the case of life-threatening situations, hospitals and other medical providers are required to contact you for authorization before they treat your child. Only a parent or legal guardian can give this authorization. By completing this Medical Consent and Physician Information form, you can help ensure that your child receives any necessary emergency treatment when we are unable to reach you. The completed, signed form will be kept in your child's records in City Kids School office. If your child has 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's Name: \_\_\_\_\_

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

Physician's Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Medical Insurance Company Address: \_\_\_\_\_

Medical Insurance Company Phone: \_\_\_\_\_

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 healthcare provider for \_\_\_\_\_ (print child's full name), in case of an emergency, if I cannot be reached.

I also authorize City Kids School to call 911 if any staff member determines that my child needs 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: \_\_\_\_\_

## Emergency Contact Information

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:

**Provide at least two emergency contacts, including at least one from out of state:**

1. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Ongoing Permission to Pick Up

Please include the name, phone number, and home address of the person(s) who have permission to pick-up your child/children from school ***on a regular basis*** (ex: **nanny, grandparent, etc.**). This is to ensure the safety of your child. Thank you!

1. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization & 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 family social events or other activities away from the School building. I understand that I will be notified in advance of all social events, that while traveling my child will use a car seat that I provide, and that parent chaperones accompany all family social events.
- \_\_\_\_\_ 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 use hand sanitizer.
- \_\_\_\_\_ I give permission for my child's information (child's name and birthday and parents' names, e-mail, and telephone numbers) to be included on a class list that will be distributed to other parents or guardians of children in the School. I understand that City Kids School will not release this information to any advertisers or any other solicitors.
- \_\_\_\_\_ I authorize City Kids School to photograph or videotape my child while attending the School or School-related functions. I understand that these photos are not shared on social platforms, but for in-house family social events (like our Christmas Program) and classroom activities.
- \_\_\_\_\_ **\*\*I understand that the School requests my permission to photograph and videotape my child for the purpose of sharing the photographs and video publicly over the Internet for School publicity, including, without limitation, on social media platforms. I authorize the School to take photographs and videotape of my child for these purposes. I understand that these photographs and videos may be shared publicly over the Internet for School publicity, including, without limitation, on social media platforms.**

*\*\*Note: You will be notified in advance if a photographer and/or videographer may be invited to take individual student or class school photographs or films.*

## RELEASE AND WAIVER OF LIABILITY

In exchange for my child being allowed to participate in City Kid School, as parent or guardian of the child named above, I, \_\_\_\_\_ (please print your full name) waive and I release and discharge City Kids School (an outreach of City Ministries), City Ministries, Churchome, and each of their 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 School, City Ministries, Churchome, and each of their directors, officers, employees, volunteers, members, and agents 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: \_\_\_\_\_

Please 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 2022-2023

<b>Half-Day Sessions</b>	<b>Annual</b>	<b>10 Payments</b>
2 Day Classes:	\$3,450.00	\$345.00
3 Day Classes:	\$4,250.00	\$425.00
Half-Day Pre-K:	\$5,460.00	\$546.00
Half-Day Kindergarten:	\$5,460.00	\$546.00

### **Full-Day Sessions**

3 Day Class:	\$6,600.00	\$660.00
Pre-K Plus:	\$8,200.00	\$820.00
Kindergarten:	\$8,200.00	\$820.00

### DISCOUNTS

**Sibling Discount:** A 5% discount is offered on tuition for the 2<sup>nd</sup> and 3<sup>rd</sup> siblings enrolled in City Kids School. This discount will be applied to the lower tuition.

### PAYMENT OPTIONS

Tuition is an annual fee payable in full or in 10 monthly installments from August-May.

#### **E-Check/ACH Bank Account:**

City Kids School families may use the ACH (e-check/automated clearing house) payment method. The tuition rates posted above will be applied.

#### **Credit or Debit card:**

Credit or debit card payments continue to be an option, and the tuition price posted above will be applied. American Express is not currently accepted for tuition and fee payments. The late payment policy applies to payments made by credit or debit card.

## TUITION PAYMENTS

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

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

The application and materials fees are due upon enrollment and are non-refundable. Tuition is an annual fee payable in full or in 10 monthly installments from August-May. Tuition is due once billed and is non-refundable. If tuition is paid in full, the payment will be processed on the first business day in August. If tuition is paid in 10 monthly installments, the first of the 10 payments will also be processed on the first business day in August. The process of making tuition payments in August serves to confirm a family's intention to attend City Kids School and to cover June tuition. The remaining installment payments will be processed on the first business day of each of the following months of the school year, with the last of the 10 payments processed on the first business day in May, and no payment in June. City Kids School relies on both processes to make budget decisions for its fiscal year and to make commitments for the upcoming school year.

## MIDYEAR ENROLLMENT

Students who enroll midyear follow the same payment schedule as current students. Prorated tuition for midyear enrollment is payable in full or in monthly installments. If tuition is paid in full, the payment will be processed on the first business day of the month before the student begins attending City Kids School. If tuition is paid in monthly installments, the first payment will also be processed on the first business day of the month before the student begins attending City Kids School. The advance payment of tuition serves both to confirm a family's intention to attend City Kids School and to cover June tuition. The remaining installment payments will be processed on the first business day of the month the student begins attending the school, continuing each of the following months of the school year, with the last payment processed on the first business day in May, and no payment in June.

## LATE PAYMENTS

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 on the first business day of each month and are late if not received by that date**. If payment is not received on the first business day of the month the responsible billing party will be notified. Failure to make a payment **5 days after the due date** will incur a **\$35 late fee**.

## 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 (30) day written notice will result in an additional month's tuition fee(s) being assessed. Pro-rated tuition is only available to families who withdraw by the 15<sup>th</sup> of the month. No refunds will be given for withdrawing after the 15<sup>th</sup> (this includes the month of August). No refunds will be given without a thirty (30) day notice, and **no refunds will be given after April 30th**.

City Kids School reserves the right to:

- Cancel any class;
- Balance class ratios; and
- Discontinue school services as set forth in the Termination of Services section below.

### TERMINATION OF SERVICES

Parents may terminate services and withdraw their child from City Kids School according to the terms and conditions set forth in the section of this handbook entitled, "Withdrawal." The following are conditions that may cause City Kids School to immediately terminate services and a child's enrollment:

- Family members or other adults not meeting program requirements, inappropriate or unsafe behavior in or near the facility, disrespecting the childcare facility, staff, or policies.
- Continual late tuition payments or other unpaid fees.
- Continual late arrivals or pick-ups.

Please direct all questions concerning this termination of services policy to the School Director at (425) 739-1227 or [sheryl@citymin.org](mailto:sheryl@citymin.org).

### FINANCIAL POLICIES AGREEMENT

Child's name: \_\_\_\_\_

I, \_\_\_\_\_ (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: \_\_\_\_\_