CITY KIDS SCHOOL

2026-2027 Enrollment Packet

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

The process of re-enrollment and open enrollment serves to reserve the student's space for the coming school year. **This Enrollment Packet is part of Step 2 in the enrollment process for all students.** If you have not completed Step 1 and added your child to a class online via Jackrabbit & paid the enrollment fees, your child is not enrolled in a class.

The following information and birthdate guidelines 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 Half Days Class:** Children must be 2.5 years old by August 31st. Our morning 2 Day class meets Tuesday and Thursday. Tuition for this program is **$3,920.00 ($392.00/month over 10 months).**
- **3 Half Days 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 **$4,960.00 ($496.00/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 meets Monday, Tuesday, and Thursday. Tuition for this program is **$7,720.00 ($772.00/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.

- **4 Half Days 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 **$6,690.00 ($669.00/month over 10 months).**
- **4 Full Days Pre-K:** Children must be 4 years old by August 31st. Our Full-Day Pre-K class meets Monday through Thursday. Tuition for this program is **$9,850.00 ($985.00/month over 10 months).**
- **5 Full Days Pre-K:** Children must be 4 years old by August 31st. Our Full-Day Pre-K class meets Monday through Friday. Tuition for this program is **$10,900.00 ($1,090.00/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.

- **Full-Day Kindergarten**: Students should be 5 years old by August 31st. Our Full-Day Kindergarten class meets Monday through Friday. Tuition for this program is **$10,900.00 ($1,090.00/month over 10 months).**

SESSIONS/FEE SCHEDULE

Class/Session			Fees		
Class	Session	Duration	Monthly Tuition	Application Fee (Non-Refundable)	Materials Fee (Non-Refundable)
2 Half Days Class	T TH AM	3 hours	$392.00	$175.00	$95.00
2 Half Days Class	M W AM	3 hours	$392.00	$175.00	$95.00
3 Half Days Class	M T TH AM	3 hours	$496.00	$175.00	$115.00
3 Full Days Class	M T TH	6 hours	$772.00	$175.00	$155.00
4 Half Days Pre-K	M T W TH AM	3 hours	$669.00	$175.00	$150.00
4 Full Days Pre-K	M T W TH	6 hours	$985.00	$175.00	$200.00
5 Full Days Pre-K	M T W TH F	6 hours	$1,090.00	$175.00	$200.00
Full-Day Kindergarten	M T W TH F	6 hours	$1,090.00	$175.00	$200.00
After School Care	M T W TH F		$440.00	–	$100.00
Before School Care	M T W TH F		$220.00	–	$35.00

- **Sibling Discount:** A discount is offered on tuition for the 2nd, 3rd and 4th siblings enrolled in City Kids School. This discount will be applied to the lower tuition.
  - 1st Child – Full Price
  - 2nd Child – 5% discount
  - 3rd Child – 10% discount
  - 4th Child – 15% discount
- **Application Fee** is per student and non-refundable.
- **Materials Fee** is per student and non-refundable.
- **After School Care** is for students enrolled in Full-Day Pre-K or Kindergarten. This program extends your student's day up to 5:30pm; students may be picked up at any time before 5:30pm. To secure your space, you must register for the class through Jackrabbit prior to attending.
- **Before School Care** is for students who are 4 by August 31st. This program starts your student's day as early as 8:00am. To secure your space, you must register for the class through Jackrabbit 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 Principal Sheryl – by phone or email at (437)739-1227 or 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.

STEP 1:

☐ Online Application
- New Families: create your Jackrabbit account and enroll your child in a class via the online registration page.
- Returning Families: log in to the Parent Portal to enroll in a class online.

☐ **Enrollment Fees** will be processed according to the class you enroll in.

STEP 2:

☐ Enrollment Packet:

- ☐ **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. 10-13)**: Fill out completely, sign, date, and keep a copy for your records.

☐ **Immunization Form**: Please fill out this **state-required** form with every immunization your child has received. No copies, please. Follow the directions on page 2 of this form, available on the school website at citykidsschool.org.

☐ ***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.

☐ ****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.

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 checking **one** of the options below – the exception is Extended Care:

Preschool	Pre-K & Kindergarten	Extended Care
☐ 2 Day MW AM	☐ 4 Half Days Pre-K	☐ After School Care
☐ 2 Day TTh AM	☐ 4 Full Days Pre-K	☐ Before School Care
☐ 3 Day MTTh AM	☐ 5 Full Days Pre-K	
☐ 3 Full Days MTTh	☐ Full-Day Kindergarten	

Child's Full Name: _____

Child's Preferred Name (if applicable): _____ Please Check: ☐ Boy ☐ Girl

Child's Birth Date: _____ Home Phone: _____

Home Address, City, Zip: _____

Father's Name: _____ Occupation: _____

Home Address, City, Zip: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Father has permission to pick up child (please check): ☐ Yes ☐ No

Mother's Name: _____ Occupation: _____

Home Address, City, Zip: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Mother has permission to pick up child (please check): ☐ Yes ☐ No

Language(s) spoken at home: _____

Church membership/attendance (please list name of church):

_____

List all prior schools your child has attended: _____

_____

ENROLLMENT AGREEMENT

I hereby apply for enrollment of my child, _____, in City Kids 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 Principal Sheryl at (437) 739-1227 or sheryl@citymin.org.

_____ _____

Parent/Guardian Signature Required **Date:**

_____

Please print your full name

ALLERGY/ASTHMA REVIEW

Fill out completely, sign, and date **even if your child has no known allergies**.

Child's Full Name: _____

ALLERGIES:

***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 in the original packaging with the child's name on it. **Your child can not attend class without their NON-EXPIRED 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 Required **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 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 Required **Date:**

EMERGENCY CONTACT INFORMATION

Child's name: _____

If my child has an illness or emergency and I cannot be reached by City Kids School 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 Required **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 used 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 acknowledge and agree that photos and/or video recordings may be taken during school or social events. These images and recordings may be used by City Kids School for promotional, marketing, and educational purposes, in print and digital formats, without further notice or compensation. If you prefer your child not to be photographed or recorded, please notify the school office admin.

***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 Kids 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, 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, 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 Required **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 2026-2027

TUITION IS AN ANNUAL FEE PAYABLE IN FULL OR IN 10 MONTHLY INSTALLMENTS FROM AUGUST-MAY.

Half-Day Sessions	Annual	10 Payments
2 Day Classes:	$3,920.00	$392.00
3 Day Classes:	$4,960.00	$496.00
4 Day Pre-K:	$6,690.00	$669.00
Before School Care	$2,200.00	$220.00

Full-Day Sessions	Annual	10 Payments
3 Day Class:	$7,720.00	$772.00
4 Day Pre-K:	$9,850.00	$985.00
5 Day Pre-K:	$10,900.00	$1,090.00
Kindergarten:	$10,900.00	$1,090.00
After School Care	$4,400.00	$440.00

DISCOUNTS

Sibling Discount: discounts for families with more than one child enrolled are shown in the chart below. This discount will be applied to the lower tuition.

PRESCHOOL – KINDERGARTEN

	2 Half Days	3 Half Days	3 Full Days	4 Half Days Pre-K M-Th	4 Full Days Pre-K M-Th	5 Full Days Pre-K M-F	Full-Day Kindergarten M-F
1st Child (oldest)	$3,920	$4,960	$7,720	$6,690	$9,850	$10,900	$10,900
2nd Child	$3,724	$4,712	$7,334	$6,356	$9,358	$10,355	$10,355
3rd Child	$3,528	$4,464	$6,948	$6,021	$8,865	$9,810	$9,810
4th Child	$3,332	$4,216	$6,562	$5,687	$8,373	$9,265	$9,265

PAYMENT OPTIONS

- **Credit or Debit card:** City Kids School families may use credit or debit card payments, 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.
- **E-Check/ACH Bank Account:** payments continue to be an option, and the tuition price posted above will be applied.

TUITION PAYMENTS

We are pleased to partner with Jackrabbit Care. 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, except as set forth in the "Withdrawals/Discontinued Services" section below.

If tuition is paid in full, the payment will be processed on the first business day in August. Once paid, one tenth of the payment will be automatically applied to prepay June tuition. The prepayment of June tuition confirms the family's intent to attend City Kids School. It is completely non-refundable and cannot be applied to the tuition due for any other month of the school year.

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. This first August payment will be automatically applied to prepay June tuition. The prepayment of June tuition confirms the family's intent to attend City Kids School. It is completely non-refundable and cannot be applied to the tuition due for any other month of the school year. The remaining installment payments for tuition for the months of September through May will be processed on the first business day of each of those months and pay the child's tuition for the current month that they are attending. For example, the September tuition payment is paid at the beginning of September and pays for the child's tuition during the month of September, the October tuition payment is paid at the beginning of October and pays for the child's tuition during the month of October, and so on.

The monthly installment payment schedule is shown in the table below.

Monthly Tuition Installment Payments	Due on the 1st business day of the month:	Restrictions
June tuition	August	This first payment is automatically applied to prepay June tuition. It confirms the family's intent to attend City Kids School is completely non-refundable, and cannot be applied to the tuition due for any other month of the school year.
September tuition	September	Tuition paid September through May is non-refundable, except as set forth in the "Withdrawals/Discontinued Services" section below. Tuition is paid at the beginning of each month and pays for the child's tuition during that month.
October tuition	October	
November tuition	November	
December tuition	December	
January tuition	January	
February tuition	February	
March tuition	March	
April tuition	April	
May tuition	May	

LATE PAYMENTS

City Kids School encourages the responsible billing party to meet with the Principal 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**.

MIDYEAR ENROLLMENT

Students who enroll midyear follow the same payment schedule as current students. Pro-rated 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. A portion of this payment will be automatically applied to prepay June tuition (for example, if the child is enrolled for 6 months of the school year from January to June, one-sixth of the payment will be applied to prepay June tuition). The prepayment of June tuition confirms the family's intent to attend City Kids School. It is completely non-refundable and cannot be applied to the tuition due for any other month of the school year.

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. This first payment will be automatically applied to prepay June tuition. The prepayment of June tuition confirms the family's intent to attend City Kids School. It is completely non-refundable and cannot be applied to the tuition due for any other month of the school year. The tuition payments for the remaining months of the school year through May will be processed on the first business day of each of those months and pay the child's tuition for the current month that they are attending. For example, the January tuition payment is paid at the beginning of January and pays for the child's tuition during the month of January, the February tuition payment is paid at the beginning of February and pays for the child's tuition during the month of February, and so on.

WITHDRAWALS/DISCONTINUED SERVICES

The school office must be informed in writing if a student will be withdrawing from City Kids School before the end of the school year. The written notice must be received by the school office 30 days before the child's withdrawal (for example, 30 days before the child stops attending class). The written withdrawal notice must be provided by email to the Principal at sheryl@citymin.org or by hand delivery or mail to the school office. Failure to submit a 30-day written notice will result in monthly tuition being assessed until 30 days after the school office is properly notified of the child's withdrawal (for example, the family will continue to pay tuition until 30 days after the family provides written notice to the school office that they are withdrawing their child from the school).

No refunds will be given without a 30-day written notice. No refunds will be given after April 30th. Families who withdraw their child before their child begins attending class – whether they enrolled in August before the school year begins or enrolled mid-year – will only be refunded tuition prepaid for the months of September through May.

Pro-rated tuition is only available to families who withdraw by the 15th of the month (for example, if the child stops attending class after the 15th of the month) and only during the months of September through April. No pro-rated refunds will be given to families who withdraw after the 15th of any month (for example, if the child attends class after the 15th of the month).

Absolutely no refunds will be given for prepaid June tuition, and prepaid June tuition cannot be applied to tuition due for any other month of the school year.

Example: On January 16, a family provides a written notice of withdrawal to the school office that they are withdrawing their child from the school and that the child's last day to attend class will be February 16. According to this policy, the family will pay tuition for the full month of February because their child is withdrawing on February 16 and because no pro-rated refunds are given to families who withdraw their child after the 15th of the month. The family cannot apply prepaid June tuition to pay for tuition for the month of February because prepaid June tuition cannot be applied to any other month of the school year. The family will not be refunded prepaid June tuition because prepaid June tuition is completely non-refundable. If the family prepaid tuition in full before their child began attending class, they would be refunded tuition for the months of March, April, and May.

The finance department will review and process all refunds of prepaid tuition and bill all monthly tuition according to these guidelines.

If you have any questions concerning withdrawal, including the timeframe in which a 30-day withdrawal notice should be submitted, please contact the Principal at (425) 739-1227 or sheryl@citymin.org.

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 Principal at (437) 739-1227 or 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 (pages 10-13) and agree to them in their entirety.

_____ _____

Signature Required **Date:**

Billing Party Address: _____

Billing Party Phone Number: _____