



Kids' Company Registration Drop in Form



ISD #110 Community Education

516 Industrial Blvd. - Waconia, MN 55387 - 952-442-0618 / 952-442-0610

Child's Name: _____ Home Phone: _____

E-Mail Address: _____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

Birthdate: _____ Age: _____ Grade : _____ Gender: M F School Attending: _____

List any known allergies: _____

Does your child have any special needs? Yes No Does your child have IEP? Yes No

Name(s) of authorized person(s) to pick up your child(ren):

Student Drop In Information

Dates: _____

Site: BV SV WEC Session: Before School After School Non-school day Full School day (PreK)

Emergency Contact Information: If staff are unable to reach the parents, they will attempt to reach someone else that will assume responsibility for care of the child in an emergency.

Name #1: _____ Phone #: _____

Relationship: _____ Alt. Phone #: _____

Name #2: _____ Phone #: _____

Relationship: _____ Alt. Phone #: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parents, child's physician and /or other adult acting on the parents behalf. In case of a medical emergency, I understand that my child will be transported to the nearest hospital by the local police/rescue squad if necessary. Transportation costs are not the responsibility of ISD #110 Community Education. I give my permission to Community Education to take whatever emergency measures are deemed necessary for the care and protection of my child while under the supervision of the school/center. In case of injury, I will not hold IDS # 110 Community Education or its employees liable.

I grant permission for my child to leave the school program during the day under the supervision of a staff member for walks and also for field trips requiring cars or buses.

Immunization Record:

Tetanus: date when received immunization _____

Parent/Guardian Signature: _____ Date: _____

Drop In Charges

K-5th Graders

Before School \$15

After School \$22

Early Release \$27

Non-School Day \$45

Preschoolers

Full School Day \$42

Non-School Day \$47

School Closure Day \$50

Rates are subject to change. Please confirm rates when registering.

Payment Total: _____ Payment Method: _____ Staff Initials: _____

FULL PAYMENT MUST BE MADE AT THE TIME OF REGISTRATION BEFORE STUDENT CAN ATTEND!