

Kids' Company Registration Drop In Form

SCHOOL AGE CHILD CARE WITH RECREATION AND ENRICHMENT FOR CHILDREN



ISD #110 Community Education

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



Child's Name: _____ Home Phone: _____

Email Address: _____

Home Address: _____ City: _____ Zip: _____

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

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

Birthday: _____ Age: _____ Current Grade _____ Gender: M F School Attending: _____

List any known allergies: _____

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

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

Site: BV SV LT SB 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 parent's 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 ISD #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 immunizations _____

Parent/Guardian Signature: _____

Date: _____

Drop In Charges

K-5th Graders

Before School \$12

After School \$18

Early Release \$22

Non-School Day \$45

Preschoolers

Before 8:45 \$14 Full School Day \$35

After 2:00 \$20 Non School Day \$49

School Day \$27

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

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