

**Kids Express**



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## **2019-2020 Registration Packet**

The registration packet **MUST** be complete, or it will **NOT** be processed.

Children must turn two years old before September 1st of the school year.

Children are placed in the program strictly according to their birth date.

Placement in the program is "first come, first serve".

### **REGISTRATION CHECKLIST:**

- BASIC INFORMATION**
- PROGRAM PLACEMENT/HANDBOOK**
- TUITION PAGE**
- MEDICAL NEEDS page 1**
- MEDICAL NEEDS page 2**
- MEDIA RELEASE**
- CHECK FOR REGISTRATION FEE AMOUNT**

### **MUST HAVE ONE OF THE FOLLOWING:**

- PHOTOCOPY OF CURRENT IMMUNIZATION RECORD**

**OR**

- A CONSCIENTIOUS OBJECTION LETTER**

**Find at:**

[www.nmhealth.org](http://www.nmhealth.org)

 **BASIC INFORMATION** 

**Child's Name** \_\_\_\_\_

Child's Nickname (optional) \_\_\_\_\_ Age as of 9/1/19 \_\_\_\_\_

DOB \_\_\_\_\_ BOY / GIRL (Circle One) Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

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

**Email** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

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

**Email** \_\_\_\_\_

**Are you currently a member of a church? YES / NO (Circle One)**

**If yes, which one?** \_\_\_\_\_

**List TWO people (other than parent/guardian) who are authorized to drop-off and pick-up your child and can be contacted in case of an emergency:**

1. Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Male/Female (Circle One)

2. Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Male/Female (Circle One)

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**Office Use Only:**

Room \_\_\_\_\_ Days \_\_\_\_\_ Teachers \_\_\_\_\_



**PROGRAM PLACEMENT/HANDBOOK**



**Please circle your child's birth month/year to determine your child's age group placement:**

**Young 2's:** 8/17 7/17 6/17 5/17 4/17 3/17

**Older 2's:** 2/17 1/17 12/16 11/16 10/16 9/16

**Three's:** 8/16 7/16 6/16 5/16 4/16 3/16  
2/16 1/16 12/15 11/15 10/15 9/15

**Pre-K:** 8/15 7/15 6/15 5/15 4/15 3/15  
2/15 1/15 12/14 11/14 10/14 9/14

**Please circle your preferred classroom program according to your child's age group:**

**Young 2's:** Mondays/Wednesdays Tuesdays/Thursdays

**Older 2's:** Mondays/Wednesdays Tuesdays/Thursdays

**Three's:** Mondays/Wednesdays Tuesdays/Thursdays Mondays/Tuesdays/Wednesdays

**Pre-K:** Mondays/Tuesdays/Wednesdays Mondays/Tuesdays/Wednesdays/Thursdays

**Is there anything special you would like Kids Express to consider when placing your child in a classroom?**

\_\_\_\_\_  
\_\_\_\_\_

**\*Students enrolling in our 3-year old or older program MUST be fully potty trained to attend. \***

\*\*\*\*\*

**Parent Handbook Acknowledgement:**

I acknowledge that I have access to and have read the Kids Express Parent Handbook found on our website at [www.hoffmantown.org](http://www.hoffmantown.org). I agree to abide by all of the policies and procedures set forth therein and I understand that failure to do so may result in the dismissal of my child(ren).

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Registration Fee:**

Two's and Three's \$100.00 per child  
Pre-K (Four's and Five's) \$125.00 per child

The registration fee is a yearly payment that is due upon application to the program. When a child is placed on a waiting list due to lack of classroom availability the registration fee will not be deposited until the child is placed in a classroom. Registration fees are non-refundable. **Please circle the days you are requesting and tuition amount.**

**Standard Tuition:**

2 days: \$226.00/month  
3 days: \$323.00/month  
4 days: \$404.00/month

**Discounted for Younger Siblings:**

2 days: \$204.00/month  
3 days: \$285.00/month  
4 days: \$365.00/month

August tuition is prorated to half of your normal monthly amount and is due on your child's first day of school. Beginning September 1<sup>st</sup>, full monthly **tuition payments are due on the first of every month.** May tuition is also prorated to half of your monthly amount.

Late fees will apply to tuition paid after the 10<sup>th</sup> of the month. If a child's tuition is more than 30 days past due, the child may be disenrolled from Kids Express. If a child has an outstanding balance at the end of the school year the child will not be permitted to participate in the year end activities, including graduation. A two-week notice is required for disenrollment or a full month's tuition will be charged.

**A 5% discount will be applied to student tuition that is paid in full by August 31<sup>st</sup>.  
No discount will be offered after August 31<sup>st</sup> of the current school year.**

To assist us with planning and budgeting, do you anticipate paying your tuition in full by August 31<sup>st</sup>?        **YES**        **NO**

**Payment Options:**

- Pay online at [www.hoffmantown.org](http://www.hoffmantown.org)
- Deposit cash or check into the Kids Express tuition drop box. ***Checks must be made out to Kids Express and must have the child's full name written in the memo section.***
- Mail payment to Hoffmantown Kids Express, 8888 Harper Dr. NE, Albq. NM, 87111

**Late Pick-up Fee:**

Parents will be considered "late" if they pick up their child ten or more minutes after 1:00pm. Late parents will be charged \$1.00 for each minute after 1:10pm. Please speak to the Director if unavoidable circumstances cause you to be late.

I agree to adhere to the above tuition and fee regulations.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# MEDICAL NEEDS

Page 1 of 2

In connection with the ministry of Kids Express, I \_\_\_\_\_  
"Guardian"  
as parent and/or legal guardian of \_\_\_\_\_, having the authority  
"Child"

to execute this document, acknowledge and agree to the following:

**(IF NO MEDICAL NEEDS, PLEASE INDICATE BY N/A, NOT APPLICABLE)**

**1. I have advised Kids Express that the above-listed child has the following special medical needs:**

\_\_\_ Medical diagnosis of \_\_\_\_\_

\_\_\_ Allergies to (including medicinal) \_\_\_\_\_

\_\_\_ Life-threatening reaction to this allergy is likely/probable\*

\_\_\_ Moderate to severe (but not a life-threatening) reaction to this allergy is likely/probable

\_\_\_ Asthma

\_\_\_ Other: \_\_\_\_\_

**2. As a result of this condition, multiple symptoms may appear, including:**

\_\_\_ Wheezing, panting, or other difficulty breathing

\_\_\_ Seizures

\_\_\_ Swelling (including restriction of airway)

\_\_\_ Discoloration of skin

\_\_\_ Other: \_\_\_\_\_

**3. In connection with this condition, I have provided the following medications and/or medical equipment:**

\_\_\_\_\_

**4. In the event that symptoms appear, I request the following course of action (check all that apply):**

\_\_\_ Locate one of the child's guardians and advise him or her of the situation.

\_\_\_ Contact emergency medical assistance by calling 911\*

\_\_\_ Treat the symptoms in the following way (describe in detail, using page 2 of this form if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Note-If you indicate that a life-threatening reaction is likely, we will call 911 if symptoms appear, whether or not the "contact emergency medical assistance" box is checked. EMT costs will be charged to you.



5. I have included on this form a complete statement of medications, procedures, or other interventions that are required in the event of an emergency; and I will provide all medications, inhalers, injectors, or other necessary items whenever the child is participating in Kids Express activities.

6. I acknowledge and agree that, while Kids Express will attempt to take appropriate actions if such situations occur, Kids Express is not a medical facility and cannot be held liable for any resulting injury.

7. In the event that immediate medical attention is needed and neither the parents nor emergency contacts can be reached, I grant Kids Express and its agents permission to select the medical services that will provide transport and proper medical treatment for the child.

**Preferred Medical Facility** \_\_\_\_\_

**Facility Phone Number** \_\_\_\_\_

For the child to attend Kids Express activities, the guardian acknowledges and accepts the risks of injury associated with the child's pre-existing condition while participating in Kids Express activities. The guardian also acknowledges and accepts the risks of injury or harm associated with intervention and/or treatment performed by Kids Express workers.

ACCORDINGLY, THE GUARDIAN AGREES, ON BEHALF OF BOTH THE GUARDIAN AND THE CHILD, TO INDEMNIFY, DEFEND, AND HOLD HARMLESS KIDS EXPRESS AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES FOR INJURY ARISING DIRECTLY OR INDIRECTLY OUT OF THE DESCRIBED MEDICAL NEEDS OF THE CHILD.

Provide any additional comments, clarification, or direction below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that the above information is complete and accurate to the best of my knowledge and I agree to the various terms of this Medical Conditions form.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

 **MEDIA RELEASE** 

I, the undersigned, do hereby consent and agree that Hoffmantown Church, its employees and/or agents have the right to take photographs or digital recordings of my child during the period of the 2019-2020 Kids Express school year for the promotion of Kids Express through brochures, DVD's, and scrapbooks. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Hoffmantown Church, its employees or agents, all rights to exhibit this work in print and/or electronic form publicly or privately and to market and/or sell copies. I waive any rights, claims or interest I may have to control the use of my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback.

I also understand that Hoffmantown Church is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including, but not limited to, medical expenses due to any sickness or injury incurred as a result.

I am the parent/guardian of the child listed below. I have read and understand the foregoing statement, and am competent to execute this agreement.

**Child's Name** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_