

# Application for Enrollment 2018-19

## THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER

CHILD'S LAST NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ REQUESTED START DATE \_\_\_\_\_

PARENT'S STATUS  MARRIED  SINGLE  DIVORCED  WIDOWED  SEPARATED

### MEMBERSHIP INFO

CURRENTLY A MEMBER

PLAN ON BECOMING A MEMBER IN THE FUTURE

NOT CURRENTLY MEMBER

WOULD LIKE INFO ON BECOMING A MEMBER

Program	Day/Time	Member Price	Guest Price
<input type="radio"/> Preschool 2-day Morning	TUES/THUR 9AM-11:30AM	\$140	\$170
<input type="radio"/> Preschool 3-day Morning	MON/WED/FRI 9AM-11:30AM	\$170	\$200
<input type="radio"/> Preschool 5-day Morning	MON-FRI 9AM-11:30AM	\$225	\$255
<input type="radio"/> Preschool 2-day Afternoon	TUES/THUR 12:30PM-3PM	\$140	\$170
<input type="radio"/> Preschool 3-day Afternoon	MON/WED/FRI 12:30PM-3PM	\$170	\$200
<input type="radio"/> Preschool 5-day Afternoon	MON-FRI 12:30PM-3PM	\$225	\$255
<input type="radio"/> Pre-K 5-day Morning	MON-FRI 8:30AM-11:30AM	\$260	\$290

Annual Registration fee (non-refundable) \$75 (by June 1st) / \$100 (after June 1st)

### OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

REG FEE\$ \_\_\_\_\_

RETURNER  NEW

SCHOLARSHIP \_\_\_\_\_

DISCOUNT \_\_\_\_\_

## STUDENT CONTACT INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

STUDENT PREFERRED NAME/NICKNAME \_\_\_\_\_  MALE  FEMALE

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ POTTY TRAINED  YES  NO

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

## PRIMARY CONTACT INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

RELATIONSHIP TO CHILD  FATHER  MOTHER  LEGAL GUARDIAN  OTHER (SPECIFY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PERMISSION TO PICK UP STUDENT?  YES  NO CONTACT IN EMERGENCY?  YES  NO

RESPONSIBLE FOR PAYMENT?  YES  NO LIVES WITH CHILD?  YES  NO

OCCASIONALLY RESPONSIBLE FOR PAYMENT?  YES  NO

## SECONDARY CONTACT INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

RELATIONSHIP TO CHILD  FATHER  MOTHER  LEGAL GUARDIAN  OTHER (SPECIFY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PERMISSION TO PICK UP STUDENT?  YES  NO CONTACT IN EMERGENCY?  YES  NO

RESPONSIBLE FOR PAYMENT?  YES  NO LIVES WITH CHILD?  YES  NO

OCCASIONALLY RESPONSIBLE FOR PAYMENT?  YES  NO

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## LATE FEE POLICIES

**Late Pick Up Fee** - A \$10 late fee will be charged to your account if your child remains at school 10minutes past the designated class end time, and an additional \$10 for every ten minute increments thereafter. Your child will not be allowed to return to class until the late pick up fee is paid.

**Late Payment Fee**—A late fee of \$25 will be charged to your account on the 5th of every month if you have not paid your tuition in full your child will not be allowed back to class until late fee and tuition are paid in full.

**I have hereby read and understand the late fee policies and agree to abide by them.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PHOTO RELEASE

During the course of the year your child's picture may be taken during class time, on field trips, etc. These pictures will be displayed in the preschool classroom, in newsletters and publications.

I agree to allow The Salvation Army, a California Corporation, (Kroc Center) to use and publish any pictures or video of my student ( the minor child for whom I am signing) with or without their name, for such purposes as publicity, promotional materials, illustration, advertising, and Web content. ( Pictures will only be used to promote the Kroc Center).  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PROGRAM WITHDRAWAL POLICY

If you wish to withdraw during the year, a program withdrawal form must be filled out **before the 5th of the month if you wish to withdraw.** A Withdrawal from class **after the 5th of the month** will not be refunded. All refunds must be approved by Program Coordinator. Withdrawal during the year will result in forfeit of enrollment, and if you desire to re-enroll, you must pay \$100 registration fee to reapply. Re-enrollment will be based upon availability. No pro-rated credits are issued for partial attendance, or for missed days of a program due to illness, or behavioral issues. *\*Emergency situations may be considered case-by-case and must have Director's approval. Doctor's note may be required.*

Tuition is divided up into 9 equal payments (10 Pre-k) and is **due by the 5th of every month.** Tuition should be paid directly to the front desk. A **late fee of \$25** will be charged for any late payments, and your child will not be allowed in class until the late fee and tuition are paid in full.

**I have read, understood, and agree to the Kroc Center policies regarding payments, cancellations, late fees and credits.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CONDITIONS OF PROGRAM ENROLLMENT

**Parent/Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.**

In condition of the participation of my child at the Salvation Army's RJ's Preschool & Kindergarten program at the Ray and Joan Kroc Corps Community Center, I (on behalf of myself and my child) agree to the following:

- (1) I have been advised of and understand the types of activities that my child will be participating in while at the Kroc Center. While the Kroc Center will provide supervision and act responsibly to ensure the safety and well being of my child, I understand that it is possible that by participating in these activities, my child may be hurt or injured or may suffer the damage or loss of property, and I agree to assume that risk.
- (2) My child may participate in swimming or other water activities under required supervision. (notice in advance will be given of any special swim days/class parties.)
- (3) I also agree that the safety of my child is a shared responsibility and that I will promptly advise employees/staff of any medical or physical condition that may create a safety or health risk for my child or other persons at the Kroc Center.
- (4) I agree on behalf of myself and my child to waive any claims that I or my child may have against Kroc Center, its agents, employees and volunteers for any injuries or property damages suffered as a result of my child's participation in activities offered during RJ's Preschool, except for losses caused by the gross negligence or willful misconduct of the Salvation Army.
- (5) I am authorizing the Kroc Center to seek medical attention for my child if an emergency were to arise while the minor camper is involved in these activities. In an emergency the Kroc Center has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible. I understand that The Salvation Army Ray and Joan Kroc Corps Community Center is not responsible for medical expenses.

**I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasee's or otherwise and understand that by signing below, I am giving up the right to sue The Salvation Army.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# All About Your Child



CHILD'S NAME: \_\_\_\_\_

WHAT IS MOST IMPORTANT TO YOU IN THE CARE OF YOUR CHILD DURING PRESCHOOL?  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY PARTICULAR EXPERIENCES YOU WANT YOUR CHILD TO HAVE THROUGH RJ'S PRESCHOOL PROGRAM?  
\_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD HAD PREVIOUS CHILD CARE/PRESCHOOL INVOLVEMENT WITH OTHER ORGANIZATIONS? IF YES, WHERE AND FOR WHAT LENGTH OF TIME?  
\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL, EDUCATIONAL, OR EMOTIONAL NEEDS, VALUES, OR RELIGIOUS BELIEFS THAT WE SHOULD BE AWARE OF?  
\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY PARTICULAR DIFFICULTIES, WORRIES OR FEARS THAT WE SHOULD KNOW ABOUT?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE SOME OF YOUR CHILD'S FAVORITE PLAY ACTIVITIES?  
\_\_\_\_\_  
\_\_\_\_\_

WHO RESIDES IN THE HOME WITH THE CHILD? (IF SIBLINGS, PLEASE LIST AGES AND NAMES)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE SOME THINGS THAT HELP YOUR CHILD TO CALM DOWN WHEN FEELING UPSET, AGITATED OR CRYING?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PERSON COMPLETING FORM:** \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE YOUR ANSWERS TO THESE QUESTIONS WILL HELP US PROVIDE THE BEST POSSIBLE PRESCHOOL & PRE-K/KINDERGARTEN EXPERIENCE FOR YOUR CHILD.

## EMERGENCY CONTACT/PICK UP LIST

PLEASE LIST ALL INDIVIDUALS APPROVED TO PICK UP YOUR CHILD (**INCLUDING YOURSELF**) AND AT LEAST 2 ADDITIONAL EMERGENCY CONTACTS BESIDES PARENTS/GUARDIANS THAT ARE ALLOWED TO PICK UP AND CAN BE CALLED IN CASE OF AN EMERGENCY

NAME	RELATIONSHIPS	PHONE NUMBER

PLEASE LIST ANYONE WE SHOULD BE AWARE OF THAT IS **NOT ALLOWED** TO PICK UP YOUR CHILD UNDER ANY CIRCUMSTANCE:

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## STUDENT MEDICAL/HEALTH HISTORY

STUDENT'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ SEX: M F

NAME OF PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS OF PHYSICIAN: \_\_\_\_\_

### INFORMATION REQUIRED BY STATE LAW:

HEALTH INSURANCE:  Yes  No COMPANY: \_\_\_\_\_ POLICY#: \_\_\_\_\_

1. DOES YOUR STUDENT HAVE A PHYSICAL DISABILITY?  YES  NO  
IF YES, PLEASE STATE THE NATURE OF THE CONDITION: \_\_\_\_\_

2. HAS YOUR CHILD EVER HAD AN OPERATION?  YES  NO  
IF YES, PLEASE STATE THE NATURE OF THE OPERATION AND DATE PERFORMED: \_\_\_\_\_

3. HAS YOUR STUDENT EVER HAD A SEVERE INJURY?  YES  NO  
IF YES PLEASE EXPLAIN AND GIVE DATE OF INJURY: \_\_\_\_\_

IF ANSWERED YES TO (1-3) ARE THERE ANY PRECAUTIONS/ACCOMODATIONS NEEDED: \_\_\_\_\_

4. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:

ADD/ADHD : \_\_\_\_\_

ASTHMA PLEASE CHECK APPLICABLE TRIGGERS:

ALLERGENS  EXERCISE  IRRITANTS  RESPIRATORY INFECTION  WEATHER (COLD AIR)

CARRIES AN INHALER. DESCRIBE: \_\_\_\_\_

DIABETES (PLEASE CHECK):  TYPE 1  TYPE 2  SEIZURE DISORDER

SEVERE ALLERGY WITH EPINEPHRINE PRESCRIBED PLEASE SPECIFY ALLERGEN : \_\_\_\_\_

FOOD ALLERGY/RESTRICTIONS: \_\_\_\_\_

SUPPRESSED IMMUNE SYSTEM

OTHER HEALTH PROBLEMS PLEASE SPECIFY: \_\_\_\_\_

5. IS YOUR STUDENT PRESENTLY UNDER A DOCTOR'S CARE FOR A PARTICULAR ILLNESS OR CONDITION?  YES  NO  
IF YES, PLEASE STATE THE NATURE OF ILLNESS OR CONDITION: \_\_\_\_\_

6. IS HE/SHE TAKING MEDICATION?  YES  NO

7. DO YOU HAVE ANY CONCERN OR ANTICIPATE YOUR CHILD NEEDING ANY SPECIALIZED ASSISTANCE IN THE FOLLOWING DEVELOPMENTAL AREAS:  MOTOR FINE & GROSS  SOCIAL  SPEECH  
 EMOTIONAL/BEHAVIORAL  HEARING  VISION