



## Enrollment Form

Child's Name: \_\_\_\_\_  
Last First Middle Also Responds Too

Birthdate: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Program Choices	Monday	Tuesday	Wednesday	Thursday	Friday
5 Full Days: 6am-6pm					
2 Days (Min. Enrollment)					
Before School Care (6am-9am)					
After School Care (3pm-6pm)					
Before & After School Care					
School District					

Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Keystone Kids** has my permission to photograph my child for use within the center environment, website, social media, & brochures..... Y N

**Keystone Kids** has my permission to post medical information/dietary restrictions within the classroom for staff knowledge..... Y N

**Keystone Kids** has my permission to transport my child to/from school/activities in a vehicle under ownership of Keystone Kids ..... Y N

**Keystone Kids** has my permission to put sunscreen (provided by me) on my child..... Y N

**Keystone Kids** has my permission to use diaper ointment (provided by me) on my child..... Y N NA

**Keystone Kids** has my permission to use a cot for my child to sleep on for rest/naptime (12mths- 5yrs)..... Y N NA

**Keystone Kids** has my permission to videotape my child with intent to use material for parent awareness and educational resources.... Y N

Rates:	2 Days	3 Days	4 Days	5 Days	Drop In
<b>Infants</b> (6 weeks- 12 months)	\$125	\$160	\$215	\$245	\$55 (as avail)
<b>Young Toddlers</b> (12-24 months)	\$110	\$145	\$200	\$230	\$45 (as avail)
<b>Older Toddlers</b> (24-36 months)	\$100	\$140	\$190	\$220	\$45 (as avail)
<b>3-5 Years</b>	\$90	\$125	\$170	\$190	\$45 (as avail)
<b>Before School Care</b>	\$45	\$65	\$75	\$80	\$20 (as avail)
<b>After School Care</b>	\$45	\$65	\$75	\$80	\$20 (as avail)
<b>Before &amp; After School Care</b>	\$65	\$95	\$115	\$130	\$45 (as avail)
<b>Early Dismissal</b>	\$15- AM <b>AND</b> PM Care		\$45 Drop In Care (as avail)		
	\$30- AM <b>OR</b> PM Care		NO ADDITIONAL CHARGE (M, T, W, TH, & F AM <b>AND</b> PM care)		

\*REGISTRATION FEE- (NON REFUNDABLE): \$75\*

\* YEARLY RE-REGISTRATION FEE: \$50 PER FAMILY\*

Parent Name: _____ Date: _____ Signature: _____ Staff Initial: _____ Amount Paid: _____ Check #: _____ Cash: _____	<b>Office Use Only</b> Room Assignment: _____ Tuition Per Week: _____
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