



*King's Kids Christian Academy
Of Tampa Inc.*

*An Outreach Education Ministry of 34th Street Church of God Inc.
Toddlers - Kindergarten*



Bishop Thomas Scott, Pastor

Sharon E. Miller, Ph.D., Director of Administration

Application Form

Parent/Guardian Information

Registration Date _____

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) _____

Email: _____ Driver's License #: _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) _____

Email: _____ Driver's License #: _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

Child Information - Continued

2nd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

3rd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

4th Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

2nd Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

3rd Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

4th Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

Authorization for Emergency Medical Treatment:

If my child, _____, should become ill or injured at King's Kids Christian Academy of Tampa, Inc., I understand that

King's Kids Christian Academy of Tampa, Inc. will (1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the other person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Alternate Nutrition Plan Agreement

In understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional needs.

Indicate Special Dietary Requirements

(Mark P for Parent Provides, or C for Center Provides)

<u>Breakfast</u>	<u>A.M. Snack</u>	<u>Noon Meal</u>	<u>P.M. Snack</u>	<u>Dinner Snack</u>	<u>Evening</u>	<u>Formula</u>
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Tuition / Payment Information:

Weekly Tuition Amount: _____

Please outline below whom is responsible for payment of tuition and fees.

Screening Consent:

I understand and give permission for testing; which include but are not limited to ASQ (Ages & Stages Questionnaire); and the SAT.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Field Trip Consent

I _____ give my child _____ permission to participate in all classroom field trips. I understand that my child will be transported in King's Kids Christian Academy of Tampa, Inc. vehicle and will be accompanied by King's Kids Christian Academy of Tampa Inc. teachers and staff (PreK3 – K5)

Signature:

Parent's Signature: _____ Date: _____

Hillsborough County Ordinance requires that parents must receive a copy of the “KNOW YOUR CHILD’S DAY CARE FACILITY BROCHURE/FCCH”, Information on the INFLUENZA (FLU) VIRUS, and the parent’s are notified in writing of the “DISCIPLINARY PRACTICES” USED BY THE CHILD CARE FACILITY. The parent’s or legal guardian’s signature certifies receipt of the child care facility brochure/fch brochure, influenza information, and discipline policies. Agreement of the alternate nutrition plan and that all the information on this form is complete and accurate.

Parent’s Signature: _____ Date: _____

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 10 days of enrollment.

Section 402.3125(5), FS., requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility” (CF/PI 175-24).

Section 65C-22.006(3) c2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicates that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

King’s Kids Christian Academy of Tampa, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.