



Kid's Under Construction, Inc.

Enrollment Form

2018-2019

OFFICE USE ONLY:		Start Date _____
		Disenrollment Date _____
Class <input type="checkbox"/> 2	Days <input type="checkbox"/> M/W	Fees <input type="checkbox"/> PS (\$100)
<input type="checkbox"/> Y3	<input type="checkbox"/> M/W/F	<input type="checkbox"/> CZ (\$35)
<input type="checkbox"/> 3	<input type="checkbox"/> Tu/Th	<input type="checkbox"/> LB (\$20)
<input type="checkbox"/> PK4	<input type="checkbox"/> M-Th	
<input type="checkbox"/> PK5		
C.Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization Rec. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name _____ D.O.B. _____
Last First Middle Sex Male Female

Address _____
Street City State Zip Code

Are both mother and father eligible to pick up child? Yes No

If "No", legal documentation is required. Please provide most recent custody orders.

MOTHER'S/GUARDIAN'S INFORMATION
Mother's Name _____
Home Phone _____
Employment _____
Work Number _____
Cell Number _____
Email _____

FATHER'S/GUARDIAN'S INFORMATION
Father's Name _____
Home Phone _____
Employment _____
Work Number _____
Cell Number _____
Email _____

Religious Preference (check one) Protestant Catholic Other _____ No Preference

Does your child attend Sunday School? Yes No If "Yes", which church? _____

Custodial Parent(s) (check one) Mother Father Both Parents Other _____

SIBLINGS	Name _____ Age _____	Name _____ Age _____
	Name _____ Age _____	Name _____ Age _____

PERSONS AUTHORIZED TO PICK UP CHILD BESIDES PARENTS/GUARDIANS (I.D. REQUIRED)			
1. _____	_____	_____	_____
Name	Relationship	Cell Phone	Home Phone
2. _____	_____	_____	_____
Name	Relationship	Cell Phone	Home Phone
3. _____	_____	_____	_____
Name	Relationship	Cell Phone	Home Phone

EMERGENCY CONTACTS OTHER THAN PARENTS/GUARDIANS (REQUIRED BY STATE OF NEW MEXICO)			
1. _____	_____	_____	_____
Name	Relationship	Cell Phone	Home Phone
2. _____	_____	_____	_____
Name	Relationship	Cell Phone	Home Phone

Physician's Name _____ Physician's Phone _____

Preferred Hospital in Case of Emergency _____

Medical Alert Information (Allergies, Medical and/or Handicapping conditions, additional info)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at Kids Under Construction, Inc. (KUCI), I understand that KUCI will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should KUCI be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment and transportation.

The physician and/or medical facility are authorized to administer emergency medical treatment and transportation necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE _____ RELATIONSHIP _____ DATE _____

CONSENT FOR FIELD TRIP PARTICIPATION

I certify that I am the parent or guardian of _____, and hereby give my permission for this child to participate in all field trips sponsored and conducted by Kids Under Construction, Inc. preschool. I will not hold KUCI, its employees, or agents liable for any injury sustained by this child while participating in such field trips unless such injury is the direct result of gross negligence on their part.

SIGNATURE _____ DATE _____

I give permission for my child's name, address and phone number to be published on a class list for distribution at KUCI.

SIGNATURE _____ DATE _____

I give permission for my email address to be used for billing purposes and communication from Kids Under Construction, Inc. & St. Stephen's UMC.

SIGNATURE _____ DATE _____

I give consent that photos of my child may be released for special occasions such as Christmas Programs, end-of-year video, etc.

SIGNATURE _____ DATE _____

I verify that the information provided by me on both sides of this form is true and correct and that it is my responsibility to keep all information accurate on registration forms. I also acknowledge receipt of the KUCI Parent/Student Handbook and agree to abide by its policies.

SIGNATURE _____ DATE _____