



Please fill out all pages of this registration packet and provide all information requested. Return completed packet and registration fee to KCLC. One form is required per child.

Child's Full Name: \_\_\_\_\_ Grade (2011-2012): \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/s Email Address: \_\_\_\_\_

Please indicate the days that your child will be attending KCLC:

AM Program

Monday   Tuesday   Wednesday   Thursday   Friday

PM Program

Monday   Tuesday   Wednesday   Thursday   Friday

Parent and Child Agreement:

1. I have read the KCLC Parent Handbook and am aware of all KCLC policies, procedures, and guidelines.
2. I have discussed KCLC's behavior expectations with my child, and am aware of KCLC's guidelines for handling participant behavior.
3. My child and I will treat all participants, staff, program volunteers and parents/guardians connected with KCLC with respect and dignity in language, attitude, behavior and mannerisms.
4. I will provide KCLC with updated information regarding my child's address, phone number, medication, special needs, and any other relevant information that will enable KCLC staff to serve my child in the best possible manner.
5. I will notify KCLC staff of my child's absence/s from program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment and Billing Information

KCLC is dedicated to providing affordable childcare to everyone. Please fill out this form completely and return with registration materials.

**Registration Fee:** \$40 per child, \$10 for each additional child

| Tuition              | 5 Days   | 4 Days | 3 Days | 2 Days |
|----------------------|--|--------|--------|--------|
| AM                   | 120  | 110    | 90     | 70     |
| PM                   | 330  | 280    | 220    | 150    |
| Both                 | 425  | 370    | 295    | 210    |
| Daily                | \$20 per day - pre paid at the beginning of each month     |        |        |        |
| Drop In              | \$10 per hour – due day of service                         |        |        |        |
| Closure Day          | \$40 per day   |        |        |        |
| Closure Day Packages | \$30 per month (Sept-May)<br>\$250 one time payment (Sept) |        |        |        |

KCLC is Closed on the following holidays in the 2011-2012 School Year: 9/5, 11/11, 12/26, 1/2, 1/16, 2/20, 5/28, 7/4

Step 1: Please help us understand your financial need at this time by checking one of the following options:

I am able to pay all of my monthly tuition (skip Step 2)

OR

I am able to contribute **part** of my monthly tuition, and would like to apply for financial assistance to cover the rest

I am eligible to receive financial assistance from the State of Oregon (ERDC, JOBS, TANF)

I am unable to pay my monthly tuition and do not qualify for assistance from the State of Oregon

I am unsure if I qualify for State assistance

Step 2: If you would like to request financial assistance to cover part of your tuition, please complete the remainder of this form and submit with documentation of income.

What is your total monthly household gross income? \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

In order to receive financial assistance from Kids Community you must provide the following:

- A letter from Oregon Department of Human Services denying your request for childcare assistance
- Documentation of current income including: Your most recent pay stub, Workers Compensation Check, Latest award letter from Social Security or Veteran's Administration, Court order stating amount of child support or alimony, Records of income from self-employment, including last year's tax statement, Student financial aid award letter, Record for property and other income sources
- Free/Reduced Lunch acceptance letter

If you cannot provide proof of monthly income, please provide an explanation as well as any other information you would like us to know about your financial situation. Use a separate sheet if necessary:

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**KCLC Enrollment and Authorization Form  
2011-2012 School Year**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

We will always attempt to contact parents first. However, we are required to have an emergency contact other than parents that are authorized to pick up your child from the facility.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Other people authorized to pick up in non-emergency situations:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Group # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies? Yes No

If so, please list all allergies: \_\_\_\_\_

Are there any other health concerns that we need to know about to provide the best possible care? Y N

If yes, please explain:

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

Does your child require medication during program hours? Yes No

If yes, you will be required to complete a Medication Authorization Form in order for KCLC staff to dispense any type of medication to your child including over the counter medicine and prescription medication.

## Other Authorization

Please read the following and respond by circling yes or no. By circling yes, you are giving your permission for that specific statement:

|   |     |    |
|---|-----|----|
| In an emergency, the childcare facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergency situations, 911 is called and child is transported to nearest hospital and seen by the Dr. on call. | Yes | No |
| My child may be given non-prescribed medication as indicated on the container including sunscreen, anti-bacterial first aid cream, unscented dry skin lotion, and aloe vera gel.  | Yes | No |
| My child may be taken on field trips or excursions by public transportation or bus, and on neighborhood walking excursions during KCLC program hours under required supervision.  | Yes | No |
| My child may participate in swimming or other water activities under required supervision.  | Yes | No |
| Photographs of my child may be used for advertising purposes, publicity or news.  | Yes | No |
| *Permission required upon entry of program* I give KCLC staff permission to communicate with appropriate PPS staff regarding my child's behavior, safety, education, health, Individualized Education Plan and social skills.   | Yes | No |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to communicate with us whenever necessary.

For more information please contact:

Deirdre Steinmetz, KCLC Director

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503.916.6367

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