



REGISTRATION PACKET

22045 CR 18

GOSHEN IN 46528

574-875-4438

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EMAIL: KINGDOM-KIDS@HOTMAIL.COM

A Ministry of Faith United Methodist Church

ENROLLMENT FORM

Kingdom Kids Daycare Ministry

Child Information

Full Name _____ Date of Birth _____ Sex: M F

Home Address (Street) _____

City _____ State _____ Zip _____

Child's Living Arrangements: (check one).....() Both Parents () Mother () Father () Other

Child's Legal Guardian: (check one).....() Both Parents () Mother () Father () Other

Medical Information

Child's Doctor/Clinic Name _____

Child's Doctor/Clinic Phone Number _____

Please list any medication your child is taking for long-term use _____

Please list any medical conditions or illnesses that your child has _____

Other Information

Please list any siblings your child has and their ages _____

Language your child primarily speaks _____

Is your child potty trained? YES NO

Days your Child will attend: Mon Tue Wed Thur Fri (Circle) Approximate Hours _____

Circle One: Full Time or Part Time (Part Time is for children ages 4 & 5 only)

Start Date: _____

End Date (if applicable): _____

****A copy of your child's birth certificate and an immunization record from your Doctor is required for each child's file.****

Emergency Contacts and Pick-Up Information

Persons to contact in case of emergency when parent/guardian(s) cannot be reached. These people are also given permission to pick up your child. All emergency contacts will be required to show identification in the case they are picking up the child.

- 1) **Name** _____ **Phone Number** _____
Relationship to child _____
Relationship to parent(s) or guardian _____

- 2) **Name** _____ **Phone Number** _____
Relationship to child _____
Relationship to parent(s) or guardian _____

- 3) **Name** _____ **Phone Number** _____
Relationship to child _____
Relationship to parent(s) or guardian _____

- 4) **Name** _____ **Phone Number** _____
Relationship to child _____
Relationship to parent(s) or guardian _____

- 5) **Name** _____ **Phone Number** _____
Relationship to child _____
Relationship to parent(s) or guardian _____

- 6) **Name** _____ **Phone Number** _____
Relationship to child _____
Relationship to parent(s) or guardian _____



PARENT'S NOTICE

State Form 49144 (R2/5-17)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Kingdom Kids Daycare Ministry

Address of facility (number and street, city, state, and ZIP code)

22045 CR 18 Goshen IN 46528

County

Elkhart

IDOE/CACFP Enrollment Form Instructions

- Fill out the yellow highlighted parts in entirety and correctly.
 - When filling out the child's name please put their legal full name.
- Write in the approximate hours that your child will be attending
- Put a check mark by the meals that your child will be receiving with us.
- An example form has been included in this packet for reference but your hours and meals may differ from the example.

**THIS FORM MUST BE FILLED OUT IN ENTIRETY AND CORRECTLY
BEFORE YOUR CHILD CAN ATTEND.**

CHILD ENROLLMENT FORM

IDOE/CACFP
June 2019

Name of Institution: Kingdom Kids Daycare
Name of Facility: Kingdom Kids Daycare

Sponsor ID Number: 1200100

Child's Name: _____

Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (✓) the meals your child normally receives while in care.	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/>
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here. _____							

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

Infant Formula

This facility will provide the following iron-fortified infant formula: Comforts Infant Formula

Check here to accept: Check here to decline: Provide name of parent-provided formula: _____

Infant Meals and Snacks

Check here to accept: Check here to decline:

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____

Phone Number: _____

Signature of parent/guardian: _____

Date: _____

This institution is an equal opportunity provider.

Policies and Procedures Statement of Acknowledge and Agreement

I have received and read a copy of the Policy and Procedures handbook and understand the importance of the information in the handbook. I agree to abide by these guidelines while my child attends Kingdom Kids. I understand that at any given time information in the handbook may need to be modified, amended, revised, added, or eliminated by Kingdom Kids.

Child's Name: _____

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____

**Please turn only this form in with the other enrollment forms and keep the handbook at home for referencing.

KINGDOM KIDS EARLY LEARNING CENTER - AUTOMATED PAYMENT PROCESSING AUTHORIZATION

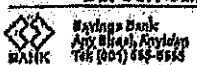
We are offering an Automated Tuition Payment Program. This eliminates bringing in funds and waiting for a receipt. Payments are automatically processed each Monday for those enrolled. You have two options to participate in this program.

The ACH option uses the Automated Clearing House (ACH) network that coordinates electronic payments and moves money between banks without using paper checks or wire transfers. There is no added fee for using this option. Payer must have funds available in the account or an overdraft will arise which is the payer's responsibility to address in addition to any unpaid fees to Kingdom Kids Early Learning Center.

The credit or debit card option processes through the credit and debit card system and charges your credit or debit card each Monday. There is a \$5.00 weekly added charge to use credit or debit cards which defrays the added card charges.

This system automatically transfers funds from your checking or savings account or charges your credit or debit card each Monday, provides an email receipt to your email address of record, notifies the Kingdom Kids of the payment, and sends the funds to the Kingdom Kids bank.

We need your authorization, a voided check (not a deposit slip) and the information for you to participate.

Your Information - NEEDED FOR ACH TRANSFER AND FOR CREDIT OR DEBIT CARD PAYMENT			
*Your Name		*Your E mail Address	
*Your Street Address & Apartment #		*City	*State * Zip
FOR ACH TRANSFER - NOT CREDIT OR DEBIT CARD See sample check below for Routing and Account Number Layout.			
*Bank / Credit Union Name	Bank/Credit Union Address	Bank/Credit Union City	State Zip Code
*This is a <input type="checkbox"/> checking or a <input type="checkbox"/> Savings account.			
*Routing Transit Number	*Account Number	Check One above	
FOR CREDIT OR DEBIT CARD PROCESSING - NOT FOR ACH TRANSFER			
Exact Cardholder Name on Card	Card Number	Expiration Date (MM/DD/YY)	
Your Authorization			
I (we) authorize Kingdom Kids Early Learning Center to initiate debit entries to my (our) checking or savings account OR credit or debit card. I (we) understand that should I (we) wish to cancel this in the future, I (we) are required to provide written notice of cancellation and understand cancellation can take up to 3 weeks to implement. I (we) understand that should Kingdom Kids Early Learning Center implement fee changes, the fund transfers will change accordingly. I (we) are enclosing a voided check to assure accuracy for ACH payment. I (we) understand that this authorization is for the current weekly fee. I (we) understand that if we elect to pay by credit or debit card there is an added \$5.00 charge per weekly payment which will be added to your fees and deducted with the weekly payment. I (we) also understand that if we pay by ACH there is no added fee.			
*Authorized Signature		*Date (Month / Day / Year)	
FOR ACH PAYMENT ONLY			
Your Name Any Street, Anytown Tel (001) 000-0000			0001
ATTACH VOIDED CHECK HERE DEPOSIT SLIPS NOT ACCEPTED			\$
			DOLLARS
OR	OR	OR	OR
123456789	000123456789	0001	
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER	
<p>Be sure to include a voided check for reference purposes. A Deposit Slip does not meet this need.</p> <p>A sample check on the left shows you where you will find your 9 digit routing (sometimes called transit) number and account number. Both of these are needed. The check number is not needed. Contact your financial institution if you need clarification or assistance.</p>			

I agree to have the registration fee pulled from this account Yes No, I will pay via cash or check