

Kids Size World

Before & After School & or Summer Camp DUES AGREEMENT

<u>Office</u>	<u>Parent</u>
State Info Sheet	Newsletter
Worksheet	Copy of worksheet
Waivers	KSW handbook
Martial Arts Training	
KSW Attendance cards	

Start Date _____

★**School** _____ Time School Starts _____

Parents Name _____ Cell # _____ DOB _____

TDL# _____ Social Security # _____

Email Address: _____ Work # _____

Childs Name _____ Age _____ Grade: _____ DOB _____

Childs Name _____ Age _____ Grade: _____ DOB _____

Childs Name _____ Age _____ Grade _____ DOB _____

Registration Fee \$55.00 (per child) + first/ weeks tuition = \$ _____ pd _____

Before School \$70.00 1st pymt _____ / _____ / 2022

Before & After School \$105.00 1st pymt _____ / _____ / 2022

After School Amt. \$80.00 1st pymt. _____ / _____ / 2022

Martial Arts \$ _____ .00 a month- (separate) debit 1st pymt _____ / _____ / 20212

SUMMER Amt: \$145.00 1st pymt. _____ / _____ / 2022 Payment Debited every Monday

★Sickness or Cancellation Policy: If you child misses for sickness or vacation we still require you to pay. Because we cover early releases, teacher workdays & holidays at no extra charge. If you want to pull your child from the program, we need 10 business days' notice to stop payment. **Initials** _____

Auto Pay Electronic Funds Transfer	
Checking or Savings	
Should agreement not arrive at EFC in time for bank pre-notification, I authorize EFC to advance my due date to the next available date.	
Bank Name _____	
Routing # _____	
Checking Acct # _____	
_____ Student/Parent	_____ Date

Credit Card	
<input type="checkbox"/> DISC <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	
Account # _____	
Expiration Date _____	Name as it appears on card _____
The amount to be debited from my account is \$ _____ on the _____ day of each week, commencing on 00/00/00) _____	
This authority is to remain in full force and effect until the expiration date on this agreement. Authorized, Agreed and Accepted:	
_____ Student/Parent	_____ Date

I (we) herby authorize AAC to draft my (our) account indicated above. I understand that I am in full control of EFT payments. I may change payments method at any time, 15 days prior written notification requested. The authorization not to exceed term of corresponding agreement. To amend or rescind this agreement you provide **5 days** written notice to Kuk Sool Won. Should this agreement should not arrive at AAC in time to draft on the above date I authorize AAC to advance my draft date.

Tuition & Fees: Is debited every Monday (not limited to) by our billing company. AAC (Affiliated Acceptance Corporation) reserves the right to add the following fees to customer account balance should any of the following occur. Re-clear customer check and/or EFT draft-**five dollars**, unpaid EFT draft -**fifteen dollars**, declined credit card debit-**fifteen dollars**, unpaid credit card charge back-**twenty-five dollars**, unpaid customer check-**fifteen dollars**. Scheduled payments received more than ten (10) days after the due date are assessed a late fee: scheduled payment amount less than twenty-five dollars- **five dollars**, schedule payment amount twenty-five dollars or more -ten dollars. Subject to appropriate state and federal law. Purchaser Signature _____ Date _____ / _____ / _____

ADMISSION INFORMATION

Operation Name KIDS SIZE WORLD		Director's Name JENNIFER NANCE 861001	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address , and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent, or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input checked="" type="checkbox"/> give <input type="checkbox"/> do not give		– consent for my child to be transported and supervised by the operation's employees:	
1. <input checked="" type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input checked="" type="checkbox"/> on field trips		<input type="checkbox"/> to and from home <input checked="" type="checkbox"/> to and from school	
2. <input checked="" type="checkbox"/> FIELD TRIPS:		I hereby <input checked="" type="checkbox"/> give <input type="checkbox"/> do not give		– my consent for my child to participate in Field Trips:	
Parent's Comments:					
3. <input checked="" type="checkbox"/> WATER ACTIVITIES:		I hereby <input checked="" type="checkbox"/> give <input type="checkbox"/> do not give		– my consent for my child to participate in Water Activities:	
		<input checked="" type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools		<input checked="" type="checkbox"/> swimming pools <input type="checkbox"/> water table play	
4. <input checked="" type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:					
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack					
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:					
<input type="checkbox"/> Mondays	from: 6am	to: 6:30pm			
<input type="checkbox"/> Tuesdays	from: 6am	to: 6:30pm			
<input type="checkbox"/> Wednesdays	from: 6am	to: 6:30pm			
<input type="checkbox"/> Thursdays	from: 6am	to: 6:30pm			
<input type="checkbox"/> Fridays	from: 6am	to: 6:30pm			
<input type="checkbox"/> Saturdays	from:	to:			
<input type="checkbox"/> Sundays	from:	to:			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility: San Jacinto Methodist Hospital	Address: 4401 Garth Rd.	Ph.#: 281-420-8600
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:
 My child attends the following school:

Name of School and Address
School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of sibling(s): _____

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.
 Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ _____
Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ _____
Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

 Signature – Parent or Legal Guardian _____
Date

Parent/Guardian Permission and Release of Liability for Field Trip Participation

Kids Size World Field Trips

I, _____, am the parent/guardian of _____, a student at Nikita Sky Inc., Kids Size World and/or Kuk Sool Won Baytown.

_____ I give my permission for my son/daughter to participate in the field trips throughout the summer of 2022

_____ I do not give permission for my so daughter to participate in the field trips throughout the summer of 2022

I understand that although the students will be supervised by Nikita Sky Inc., Kids Size World or Kuk Sool Won Baytown and/or employees, I do assume the risk in my child's participation in the event. If I choose not to permit my child to participate in this field trip activity, the child will be expected to stay home on the day of the field trip. I acknowledge that I will not seek to have Nikita Sky Inc., Kids Size World or Kuk Sool Won Baytown and/ or employees held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the field trip. This release of liability includes accident, injury, loss, death or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless Nikita Sky Inc., Kids Size world and Kuk Sool Won Baytown, its officials, and employees, from any claims arising out of my son's/daughter's participation in the event(s).

I have read and understand and accept all the statements recited above and accept full responsibility as described.

_____ Date: _____
Student's Name Clearly Printed

_____ Date: _____
Parent's/Guardian's Signature

Kuk Sool Won Baytown & Kids Size World

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Nikita Sky INC. dba Kuk Sool Won Baytown & Kids Size World, and those acting in pursuant to its authority to:

- a) Record my likeness and voice on a video, audio, photographic, digital, and electronic or any other medium.
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that Nikita Sky INC. dba Kuk Sool Won Baytown & Kids Size World, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Nikita Sky INC. dba Kuk Sool Won Baytown & Kids Size World and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Nikita Sky INC. dba Kuk Sool Won Baytown & Kids Size World. I have read and fully understand the terms of this release.

Name of Child(Please Print)

Name of Parent (Please Print)

Signature of parent or legal guardian if under 18 years of age

Date



Child Registration Form

Vacation Bible School June 6-10, 2022 9am-12pm

Child's Information (child must complete Kindergarten to be enrolled)

Full Name: _____ Gender: Boy Girl

T-Shirt Size: _____ (VBS T-Shirts are available for \$10 a shirt) First come first serve! Child will use VBS t-shirt during VBS and take it home on Friday if purchased. Please pay cash or check upon turning in form. Payment secures your child's shirt.

Date of Birth: _____ Age: _____ Grade Completed: K 1st 2nd 3rd 4th 5th

Parent/Legal Guardian Information

Full Name: _____ Relation to Child: _____

Address: _____ Home Phone: _____

City, State Zip: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Authorized person(s) to pick up child: _____

Medical Information

Are there any medical concerns (allergies) of which we should be aware? Yes No

If yes, please explain: _____

Emergency Contact Information (in the event we can't reach parent/guardian contact)

Full Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____

BE IT KNOWN, that I, the undersigned am the parent and/or legal guardian of _____, a minor, and I hereby consent that the said minor may attend Vacation Bible School at Rollingbrook Fellowship Baytown's First Baptist Church in June, 2022. I consent and agree that the minor may participate in the event and I hereby release, discharge and hold harmless Rollingbrook Fellowship Baytown's First Baptist Church, its employees, officers, volunteers, and other representatives from any and all claims of any nature or kind, including, but not limited to, any claims arising out of or relating to any physical injury that may result to the minor while participating in this event.

PHOTOGRAPHIC CONSENT I, the undersigned, am the parent and/or legal guardian of the minor child _____, who will be attending Vacation Bible School at Rollingbrook Fellowship Baytown's First Baptist Church in June, 2022. I hereby give my consent and authorization to Rollingbrook Fellowship Baytown's First Baptist Church, its employees, volunteers, and other representatives, to take photographs of my said child and to use the photograph(s) on the website of Rollingbrook Fellowship Baytown's First Baptist Church and/or to promote future Vacation Bible Schools and other activities of Rollingbrook Fellowship Baytown's First Baptist Church. I warrant that I have the authority to give this consent and I hold Rollingbrook Fellowship Baytown's First Baptist Church, its employees, volunteers, and other representatives harmless from any claim(s) of any nature arising out of such use of the photographs of my minor child.

Parent/Guardian Signature: _____ Date: _____

