

## Student Information

First Name Middle Name Last Name Date of Birth Gender

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## Family Information

### Parent/Guardian 1

Name Relationship to Student

Home Address City State Zip Code

Home Phone Cell Phone Email

### Parent/Guardian 2

Name Relationship to Student

Home Address City State Zip Code

Home Phone Cell Phone Email

## Health Information

**Please list any health issues (e.g., allergies, illnesses) or physical limitations (e.g., vision, hearing)**

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Physician's Name Phone Number

## Emergency Information

**Other people allowed to pick up your child(ren)**

Name Relationship to Student Phone

Name Relationship to Student Phone

## Hours and Payment

1. Extended care hours are from 3pm-6pm. There is a \$1 per minute charge for each minute a child remains after 6pm.
2. There is no extended care on holidays or half days. If you are a non-Kingsway family, be sure to check our school calendar as we may not have the same schedule as your local school.
3. Please make payments via check, money order, Zelle, or Google Wallet.
4. Kingsway families may pay extended care fees with tuition. Non-Kingsway families are asked to submit payment each week a child is in extended care.

## Code of Conduct

1. Students will not damage school property or the property of other students.
2. Students will treat extended care personnel in a respectful manner.
3. Cursing and abusive language will not be tolerated.
4. Physical abuse and behavior that disrupts the normal routine or threatens the safety of others will not be tolerated.
5. Going against the code of conduct is cause for dismissal from the program.

## Emergency Care

If I, or any other emergency contact person, cannot be reached, I give permission to KPS to arrange emergency care for my child. I authorize KPS to use the closest medical facility and grant permission for the medical facility to provide care.

## Media Release

As the legal parent/guardian, I **authorize/do not authorize** KPS to photograph and/or take video of my child for publication purposes or posting on social media. Images are solely to publicize our program or to recognize student accomplishments.

My signature confirms that I have read the above information and agree to the terms laid out.

\_\_\_\_\_  
Signature of Parent or Guardian

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Date