

**Kid's Day Out ENROLLMENT FORM
2025-2026**

Child's Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Birth Date _____
Email Address _____
Known Allergies or Health Concerns _____
Special Services or Classes _____
Medications/Treatments _____
Is Child Toilet Trained Y _____ N _____ Comments _____

Mother's Name _____
Home Address _____ City _____ State _____ Zip _____
Place of Employment _____
Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____
Home Address _____ City _____ State _____ Zip _____
Place of Employment _____
Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Back-Up Persons:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____

Out of Area Contact Person

1. _____ Relationship _____ Phone _____

****We will NOT allow your child to leave with any other person without written authorization from the responsible parent or guardian.**

Desired Day of Program: (Note 1st, 2nd, 3rd choices)

TUESDAY _____ WEDNESDAY _____ THURSDAY _____

I would like multiple days (please note days) _____

Desired Program for child: (CHILD MUST BE SPECIFIED AGE ON OR BEFORE August 31, 2025)

_____ 18 Months- 2 ½ Years _____ 2 ½ - 4 ½ Years

Tuition: \$1530.00/yr, payable in even monthly payments of \$170.00/month. Tuition is paid one month in advance and is based on an average four week month; therefore, tuition is **NOT** pro-rated for a three week month, nor charged for a five week month. Payment is due on the 15th of each month beginning in August and ending in April. Early withdrawals must pay any amount due as of the last day in attendance.

For currently enrolled children, the Health Assessment and Authorization for Emergency Medical Care will transfer over for next year. New children enrolling must have these forms completed. THESE FORMS ARE DUE THE FIRST DAY OF THE PROGRAM. Our fall program begins September 2, 2025.

Parent Statement:

I wish to enroll my child in the Westside Nazarene Kid's Day Out Program. I give my permission to allow my child to take walks with his/her class and play within and limited to the church property. I further give permission for pictures/videos to be taken while attending the Kid's Day Out program to be used for school purposes only and that every precaution will be taken for the safety of the children. Knowing that every precaution will be taken to keep children safe, I will not, in case of accident or injury, hold Westside Nazarene Church, Kid's Day Out, Preschool or Pre-K, responsible.

Please complete and return this form with a \$70 enrollment fee (\$35 for second child, \$25 for third child), to the Director or mail to:

Kid's Day Out
1700 West Santa Fe
Olathe, Kansas 66061

The ENROLLMENT FEE IS NON-REFUNDABLE

SIGNED _____

DATE _____