



5445 10<sup>th</sup> Avenue N  
(561) 967-7411  
Greenacres, FL 33463

kwa@mykingswoodacademy.com



3307 S Jog Rd.  
Lake Worth, FL 33467  
(561) 649-9699

director@mykingswoodacademy.com



4137 S Congress Ave.  
Palm Springs, FL 33461  
(561) 969-9200

directorps@mykingswoodacademy.com



2200 Lake Ida Rd.  
Delray, FL 33445  
(561) 749-9000

directordb@mykingswoodacademy.com

Office Use Only

Location \_\_\_\_\_

School Year \_\_\_\_\_

Class \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Total Amount Paid \_\_\_\_\_

Reg. Fee Charged \_\_\_\_\_

Supply Fee Charged \_\_\_\_\_

Weekly Tuition \_\_\_\_\_

Special Promo \_\_\_\_\_

Referred by \_\_\_\_\_

Full Time \_\_\_\_\_ P/Time \_\_\_\_\_

Elementary School \_\_\_\_\_

Start Date \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

# Enrollment Form

## Student Information

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Nickname: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care: M T W TH F

Mother's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (If different): \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_

Parents are:  Married  Divorce  Separated  Widowed  Single

Other Household Member:

Names: \_\_\_\_\_ Ages: \_\_\_\_\_

Relationships \_\_\_\_\_

**Emergency Contact Information**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

May the center contact another Physician if unable to contact the above?  Yes  No

Please provide Kingswood Academy with at least two other people who are authorized to give Kingwood Academy guidance in the case of an emergency and the child's parents or guardian is unavailable. It is the responsibility of the parent to notify the director of the parent to notify the director of any changes in address, telephone numbers, emergency contacts, people allowed to pick up your child, and any changes in transportation needs. If anyone else will be picking up your child you must notify the director of Kingswood Academy prior to pick up. If any other person arrives at Kingswood Academy to pick up your child and the director has not been notified, your child will not be released.

Primary Emergency Contact (other than parents or guardian)

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian) Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*According to Environmental Health Laws and Kingswood Academy requirements, each child must complete a current immunization and physical forms. The physical must be updated every two years. Please inform the director if your child should require any special needs such as a physical or mental conditions, illness, hospitalization or any dietary condition.*

**Authorization for Student Pickup**

When your child arrives at the center, it is your responsibility to escort your child into the building and sign your child in at the front desk. Kingswood Academy does not allow children to be dropped off in the parking lot. You will be required to sign out your child at the front desk at the end of the day. Your child will not be released to anyone who does not have written authorization in your child's file. If your child is not allowed to be picked up by a parent due to court order, it is your responsibility to notify the Director and provide a copy of the court order which will be kept confidential. If there are any conditions or changes, it is the parent's responsibility to provide written documentation to the center. In the event of an emergency, we will implement the password system.

**Person(s) authorized to pick up my child:** (Besides parents, guardians or emergency pick ups)

Name: \_\_\_\_\_ Comment: \_\_\_\_\_

Person(s) **NOT** authorized to pick up my child: (Beside parents, guardians, or emergency pick ups)

Name: \_\_\_\_\_ Comment: \_\_\_\_\_

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***At KingswoodAcademy the health and safety of our children are our NUMBER ONE concern***



**Lights, Camera, Action Consent and Release**

Occasionally Kingswood Academy, its affiliate company, and/or other local news media will take photographs of children participating in the various programs at Kingswood Academy. These photos and /or videos may be used from time to time in various forms of advertising media (brochures, magazines, orientation, training, public television or newspapers). I give my permission for Kingswood Academy and/or its agents to use any photographs and/or videotapes including my child for any lawful media purpose without compensation.

**Circle:** **Permission Granted** **Permission Denied**

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

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**Emergency Medical and Transportation Authorization**

I hereby give my consent and authorize Kingswood Academy to seek emergency treatment for my child.

I give my consent and authorization for any health facility or physician to provide necessary medical treatment to my child, \_\_\_\_\_ in the event of an emergency, at which time I cannot be reached.

I give consent to transport by ambulance if the situation warrants it.

I will take full responsibility for payment of all medical services rendered due to an emergency situation.

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies of Child: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Any special health conditions: \_\_\_\_\_

Insurance company covering child: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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**School Age and Voluntary Pre Kindergarten (VPK) Transportation Agreement**

This is to certify that I give Kingswood Academy permission to transport my child \_\_\_\_\_  
to and from \_\_\_\_\_ Elementary School for before care/after care.

This is to certify that I give Kingswood Academy permission to transport my child \_\_\_\_\_  
on special events/field trips.

In the event that my child is not to be transported as outlined above, I agree to notify Kingswood Academy at least 2  
hours in advance of my child's pick-up time.

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

### **Alternate Nutrition Plan Agreement**

Indicate special dietary requirements given in writing from a physician:

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks  
to meet my child's nutritional dietary needs: (Mark "P" for parent or "C" for center)

A.M. snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ P.M. Snack: \_\_\_\_\_

We agree to provide parents with a suggested meal pattern and to discuss any problems that might develop in the use  
of the Alternate Nutrition Plan.

Signature of Owner/Director \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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### Kingswood Academy Financial Enrollment Agreement

I consent to the enrollment of my child \_\_\_\_\_ at Kingswood Academy. Please initial all boxes

- I agree to pay an annual non-refundable registration fee of \$100 for one child and \$150 for two children.
- I agree to pay an annual non-refundable supply fee of \$100 per child.
- I agree to pay the weekly tuition with no discounts for partial absentees, illness, weather related closures, holidays or withdrawals.
- I understand and agree that all tuitions fees are due on Friday and must be paid in advance of services rendered and that failure to comply could result in my child being dropped from enrollment.
- I understand and agree to pay \$40.00 late fee per week for tuition/fees not paid by Monday evening.
- I understand and agree that after 3 consecutive late payments I will be required to set up ACH payments for automatic withdrawal. I also understand that failure to do so will result in termination from the center.
- I understand and agree to pay a \$40.00 returned payment fee for any payment returned/declined.
- I understand and agree that I am entitled to one week of vacation, where tuition will be waived for one week as long as my child is not attendance Monday – Friday, each year after a full year of attendance.
- I understand and agree that I must give (2) weeks prior written notice to receive vacation credit.
- I understand and agree that I must give (2) weeks prior written notice to terminate service in which I am still responsible for tuition payments.
- I understand and agree that I will not receive credit on my child's tuition due to illness/absences, weather related closures or holidays. In addition, my child must be in attendance no later than 10:00 am each day (VPK students 9:00am).
- I understand and agree that I will pay \$1.00 per minute per child for every minute I am late picking my child up after closing (12:00 pm for part time VPK, 6:00pm for all others).
- I give consent for my child to take part in field trips or excursions under proper supervision. I understand I will be notified of the field trip before my child goes on the field trip.
- I acknowledge that I have read and understand the Kingswood Academy Parent Handbook, Discipline Policy, Distracted Driver, "The Flu" A Guide for Parents, and Know Your Child Care Facility Information Sheet. I agree to comply with all the written policies and procedure of Kingswood Academy and will fulfill my responsibilities as a parent/guardian. I understand that failure to comply may result in the dismissal of my child.
- I understand this is a legally binding contract, and I have read it and understand it.**

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

Parent Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_