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**A. L. Lotts Elementary Application**

P.O. Box 22834

Knoxville, TN 37933-0834

Director: Judy Huth

(865) 640-3108

judy@kidtime.org

**PLEASE COMPLETE *ALL* INFORMATION IN FULL.**

**Incomplete Applications *CAN NOT* Be Accepted.**

**Please *DO NOT* put *‘SAME AS ABOVE’* in any field**

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| **School Year: 20****/20** |
| My child has previously attended a **KidTime After School Program** |
| Name of Person Completing Application: |

**Child’s Information**

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| --- | --- | --- | --- |
| First Name | Middle Name | | Last Name |
| Home Phone #  *None* | | | |
| Home Address | | Birth Date | |
| City | State | | Zip |

**Mother’s Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please enter biological parent’s information below. If there is a reason you do not have biological parent information, please check ‘other’ and explain.  Other. explain | | | | | |
| First Name | Middle Name | | Last Name | | |
| Home Phone # *None* | Cell Phone #  *None* | | | Social Security # *Required for identification and billing* | |
| Home Address | | | | | Personal Email  *None* |
| City | | State | | | Zip |
| Employer  *None* | | Work Phone #1 | | | Work Phone #2 |
| Work E-Mail  *None* | Position | | | | Usual Work Hours |

**Father’s Information**

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| --- | --- | --- | --- | --- | --- |
| Please enter biological parent’s information below. If there is a reason you do not have biological parent information, please check ‘other’ and explain.  Other. explain | | | | | |
| First Name | Middle Name | | Last Name | | |
| Home Phone # *None* | Cell Phone #  *None* | | | Social Security # *Required for identification and billing* | |
| Home Address | | | | | Personal Email  *None* |
| City | | State | | | Zip |
| Employer  *None* | | Work Phone #1 | | | Work Phone #2 |
| Work E-Mail  *None* | Position | | | | Usual Work Hours |

**Billing Information**

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| Invoices should be sent to  Father  Mother  Both  ***Additional costs may apply if cost is to be split between parents***      *(parent initial)* “I have read and understand the Fee Payment Schedule in the Parent Handbook. I agree to make regularily scheduled payments or my child may be dismissed from the program.” |

**Doctor’s Information**

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| --- | --- | --- |
| Child’s Physician | Phone # | Preferred Hospital |
| Address | | |
| City | State | Zip Code |

**Emergency Contact (Non- Parent)**

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Relationship |
| Home Phone #  *None* | Work Phone #  *None* | Cell Phone #  *None* |
| Address | | |
| City | State | Zip Code |

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| **School Information** | | |
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| **School** | **Address** | **Phone #** |
| A.L. Lotts Elementary | 9320 Westland Drive | (865) 539-8611 |
| If parents are divorced, what are the custody arrangements?\*  ***\*If custody restrictions are involved, you must include a copy of court paperwork BEFORE KidTime can abide by any court orders.*** | | |
| I give KidTime, Inc. and its staff permission to talk to the school about my child.        I give KidTime, Inc. and its staff permission to obtain my child’s immunization records, (which are held on file at A.L. Lotts Elementary School), when necessary. This **MUST** be done in order for your child to enroll        In the event that I cannot be reached in an emergency, I hereby give my permission to the program director or designee to gain emergency medical services including transportation and physician.        In the vent of an emergency, I hereby give permission to qualified KidTime staff to perform First Aid/CPR within the scope of their knowledge.        I give KidTime Inc., and its staff permission to photograph my child.        I give KidTime Inc., and its staff permission to use the photographs on the KidTime website and/or Facebook | | |

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| I agree that the above information is correct. As my electronic signature, I enter the information below: | | | | | | | |
|  | The City and State of Birth | | |  |  | |  |
|  | *The City and State of birth* | |  | | *Today’s Date* | |  |
|  | | |  | |  | | |
|  |  | | | |  | | |
|  | *Signature or Full Name if using this as an electronic signature* | | | |  | | |
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| **Attendance Form** | | | |
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| **K – 5th Grade Program** | | | |
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| **Teacher’s Name** *Unavailable at this time* | **Start Date** | | **Grade** |
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| **Program** | | **Days Requested** | |
|  | |  | |
| Aftercare Weekly Program  Aftercare Daily Program  Aftercare Hourly Program  *Minimum of five (5) hour/ week required* | | Monday – Friday 2:45-6:00 pm - *$75/week*  Mon  Tue  Wed  Thu  Fri - *$20/day*  Mon  Tue  Wed  Thu  Fri - *$12/hour* | |
|  | | | |
| **In-Service Program** | | | |
| Yes  No Require In-service Day Supplement Program | | | |
| **Please check all that apply**  Currently enrolled sibling Siblings Name  Knox County School Teacher  Knox County School Employee Specify  Child on state certificate – Must provide proof to the site director  Scholarship – **Must** have prior approval from site director.  Have had a child attend KidTime in the past (other than the child currently enrolled): Child's Name and Year Enrolled | | | |
| **Important Notes** | | | |
| * To change your child’s attendance schedule, please contact your site director * Fees are charged according to schedule signed up for, not attendance * Daily – one day per week minimum * Hourly – five (5) hours per week minimum. * Sibling Discount on WEEKLY ONLY – 10% on second child (if billed together) | | | |
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**KidTime Student Medical History**

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| **Personal Information** | |
| Child’s Name:             Male       Female | |
|  | |
| **Medical Information** | |
| Current Medications  *None* | Medication Allergies  *None* |
| Food Allergies  *None* | Other Allergies  *None* |
|  | |
| **Current Medical Conditions** | |
| *Check all that apply* | |
| Glasses  ADD  ADHD  Diabetes (type 1)  Asthma  Physical Limitations  *Explain any physical limitations:* | Dyslexia  Heart Murmur  Downs Syndrome\*  Autism\*  Asperger Syndrome\*  Other: |
| \*Please contact the site director for further assistance | |

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| **Transportation and Pick-Up Authorization** | | |
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| I,      , the legal guardian/parent of      , authorize the following person(s) to be permitted to pick-up and/or transport my child from the KidTime program. | | |
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| **NAME** | **DRIVER’S LICENSE #** | **TELEPHONE #** |
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| **Information Check List** | |
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| **NOTE:** This information will help KidTime provide the best environment for your child. | |
| Enter any custody information in his space  *None*    What are some ways in which your child plays at home? | |
| Has your child had any of the following experiences during the past year? | |
| Birth of another child in the family  Yes  No  Changing Schools?  Yes  No  Separation or divorce of parents?  Yes  No  Other: | Moving?  Yes  No  Serious illness of child or family member?  Yes  No  Death in family?  Yes  No |
| Would you describe your child as (check all that apply)  active  quiet  friendly  Shy | |
| Please list your expectations for KidTime: | |
| Do you want your child to work on academic homework at KidTime?  Yes  No | |
| Areas to focus attention: | |

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| **Parent Handbook Checklist** | |
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| *By initialing each item on this checklist the parent/guardian indicates that they understand and will follow guidelines in all handbooks. Questions or concerns about a program policy should be discussed before initialing this list and submitting the application.* | |
|  | |
| Program Dates and Times  Fees and Payments  Registration  Payment Schedule  Certificates, discounts, scholarships  Forms of Payments  Billing Statements / Questions  Termination of Services  Illness and Sick Child Policy  Medication Policy  Vacation Policy  Inclement Weather Policy  In-Service Days  In-Service Lunch and Drink  Dress Code  Dress Code – Gym Shoes  Dress Code – Coats | Toys from Home  Drop-off and Pick-up  Drop-off and Pick-up – Regular School Days  Drop-off and Pick-up – Full-Day Care  Drop-off and Pick-up – Attendance Info  Drop-off and Pick-up – Late Pick-up / Fees  Program Content  Newsletter  Discipline Policy  Parent Involvement  Confidentiality  Emergency Procedures  Grievance Policy  DHS Requirements  Site **Before** Enrollment |

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| I agree that the above information is correct. As my electronic signature, I enter the information below: | | | | | | | |
|  | The City and state of my birth | | |  |  | |  |
|  | *The City and State of birth* | |  | | *Today’s Date* | |  |
|  | | |  | |  | | |
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|  | *Signature or Full Name if using this as an electronic signature* | | | |  | | |
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| **To Complete the Registration Process** |
| Email the signed and dated registration, to the Farragut Site Director:  Judy Huth at [judy@kidtime.org](mailto:judy@kidtime.org) |
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