



## Farragut Primary School Application

P.O. Box 22834  
Knoxville TN, 379340-0834  
Site Director: Kara Wylie  
(865)406-9285  
[kara@kidtime.org](mailto:kara@kidtime.org)

Please complete ALL information in full.  
Incomplete applications **CANNOT** be accepted.  
Please, do not put "same as above" in any field.

School Year: 20 /20

### Registration Questions

Has your child attended KidTime before  Yes  No  
Name of person completing application  
Relationship to child

### Child's Information

|              |             |              |
|--------------|-------------|--------------|
| First Name   | Middle Name | Last Name    |
| Nickname     | Birthdate   | Grade        |
| Home Address |             | Phone Number |
| City         | State       | Zip Code     |

### Parents/Custodial Parents

|   |   |
|---|---|
| Mother's Name                           | Father's Name                           |
| Home Address                            | Home Address                            |
| City, State, Zip                        | City, State, Zip                        |
| Home Phone <input type="checkbox"/> N/A | Home Phone <input type="checkbox"/> N/A |
| Cell Phone                              | Cell Phone                              |
| Email Address                           | Email Address                           |
| Employer                                | Employer                                |
| Employer Address                        | Employer Address                        |
| City, State, Zip                        | City, State, Zip                        |
| Work Phone                              | Work Phone                              |
| Typical Work Hours                      | Typical Work Hours                      |



**Emergency Contacts** (non-parent, authorized to act for parent in case of emergency)

|  |  |
|--|--|
| <b>Contact #1 Name</b>                         | <b>Contact #2 Name</b>                         |
| <b>Home Address</b>                            | <b>Home Address</b>                            |
| <b>City, State, Zip</b>                        | <b>City, State, Zip</b>                        |
| <b>Home Phone</b> <input type="checkbox"/> N/A | <b>Home Phone</b> <input type="checkbox"/> N/A |
| <b>Cell Phone</b>                              | <b>Cell Phone</b>                              |
| <b>Employer</b>                                | <b>Employer</b>                                |
| <b>Employer Address</b>                        | <b>Employer Address</b>                        |
| <b>City, State, Zip</b>                        | <b>City, State, Zip</b>                        |
| <b>Work Phone</b>                              | <b>Work Phone</b>                              |

**Transportation Plan**

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, authorize the following person(s) to be permitted to pick up and/or transport my child from the KidTime program.

*\*KidTime, Inc. does not transport during the school year, but I give KidTime permission to transport in the event of an emergency.\**

| <b>Name of Authorized Pick-Up</b> | <b>Telephone #</b> |
|-----------------------------------|--------------------|
|                                   |                    |
|                                   |                    |
|                                   |                    |
|                                   |                    |
|                                   |                    |

**Physician Contact Information**

|                          |                         |
|--------------------------|-------------------------|
| <b>Name of Physician</b> | <b>Phone number</b>     |
| <b>Address</b>           | <b>City, State, Zip</b> |

**Medical Information**

My Child is...  Male  Female

|  |   |  |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |
|--|---|--|---------------------------------|---|------------------------------|---|---------------------------------|-------------------------------|-----------------------------------|--|-----------------------------------|--------------------------------------|--------------------------------|
| <b>Current Medications</b> <input type="checkbox"/> None   | <b>Medication Allergies</b> <input type="checkbox"/> None |  |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |
| Needs to be given at KidTime? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |
| <b>Food Allergies</b> <input type="checkbox"/> None  | <b>Other Allergies</b> <input type="checkbox"/> None      |  |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |
| <b>Medical Conditions</b><br>(Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Glasses</td> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Downs Syndrome</td> </tr> <tr> <td><input type="checkbox"/> ADD</td> <td><input type="checkbox"/> Physical limitations</td> <td><input type="checkbox"/> Autism</td> </tr> <tr> <td><input type="checkbox"/> ADHD</td> <td><input type="checkbox"/> Dyslexia</td> <td><input type="checkbox"/> Asperger Syndrome</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Hear Murmur</td> <td><input type="checkbox"/> Other</td> </tr> </table> |   | <input type="checkbox"/> Glasses           | <input type="checkbox"/> Asthma | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> ADD | <input type="checkbox"/> Physical limitations | <input type="checkbox"/> Autism | <input type="checkbox"/> ADHD | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hear Murmur | <input type="checkbox"/> Other |
| <input type="checkbox"/> Glasses   | <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Downs Syndrome    |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |
| <input type="checkbox"/> ADD   | <input type="checkbox"/> Physical limitations             | <input type="checkbox"/> Autism            |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |
| <input type="checkbox"/> ADHD  | <input type="checkbox"/> Dyslexia                         | <input type="checkbox"/> Asperger Syndrome |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Hear Murmur                      | <input type="checkbox"/> Other             |                                 |   |                              |   |                                 |                               |                                   |  |                                   |                                      |                                |



### Information about Child

**Note:** This information will help KidTime provide the best environment for your child.

Enter any custody information in this space. None

What are some ways in which your child plays at home? (ex. Building, drawing, make-believe, etc.)

### Has your child had any of the following experiences during the past year? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Birth of another child        | <input type="checkbox"/> Moving                             |
| <input type="checkbox"/> Changing of Schools           | <input type="checkbox"/> Serious illness                    |
| <input type="checkbox"/> Separation/Divorce of parents | <input type="checkbox"/> Serious illness of a family member |
| <input type="checkbox"/> Death in family               | Other   |

How would you describe your child? (Check ALL that apply)

- active quiet friendly shy other

Please, list your expectations for KidTime.:

Do you want your child to work on academic homework at KidTime?

- Yes No

How does your child react when he/she does not get his/her own way?

Does your child play with children from other families at home?

- Yes No

How?

Academic areas that you would like for KidTime to focus on.

Social/Emotional areas that you would like for KidTime to focus on.

Other information



**Billing Information**

Invoices should be sent to...  Father  Mother  Both

*Additional costs may apply if bill is split between parents.*

\_\_\_\_\_(parent initial) "I have read and understand the fee payment schedule in the parent handbook. I agree to make regularly scheduled payments. If I don't I understand that I could be charged a late fee or my child may be dismissed from the program."

**Student Information**

|  |            |       |
|--|------------|-------|
| Teacher name <input type="checkbox"/> Unavailable at this time | Start Date | Grade |
|--|------------|-------|

**Attendance Information**

| Program   | Days Requested                                   |                                  |                                    |                                   |                                 |
|---|--|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Weekly<br>\$75/week                              | <input type="checkbox"/> Monday-Friday 2:45-6:00 |                                  |                                    |                                   |                                 |
| <input type="checkbox"/> Daily<br>\$20/day                                | <input type="checkbox"/> Monday                  | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Hourly<br>\$12/hour<br>Minimum 5 hours<br>a week | <input type="checkbox"/> Monday                  | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

**Other Billing Information** (Check all that apply)

I'm interested in the in-service day program.

I'm interested in the fall and/or winter break program for my child.

My child has a sibling enrolled in KidTime.  
Sibling Name \_\_\_\_\_

One of my child's guardians is a Knox County School Employee.

My child is enrolled in the state certificate program. (Please, provide proof to site director)

I am in need of scholarship assistance for my child. (Please, contact site director for more information)

I have a child previously enrolled in KidTime.  
Sibling Name \_\_\_\_\_ Year Enrolled \_\_\_\_\_

**I understand the following...** (please indicate your initials)

\_\_\_\_ To change my child's attendance schedule, I will need to contact the site director.

\_\_\_\_ I will be billed for days that my child is signed up to attend KidTime regardless of attendance.

\_\_\_\_ I understand that if I do not pay my bill on a bi-weekly basis that I may be charged a \$10 late fee.

\_\_\_\_ I understand that it is my responsibility to communicate my child's absence from KidTime to the site director, and if I do not communicate an absence to the site director, I may be charged a finder's fee.



**School Information**

**Farragut Primary School**

509 N. Campbell Station Rd. Knoxville, TN 37934  
(865)966-5848

**Please, initial the following that apply...**

\_\_\_\_ 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 Farragut Primary School, when necessary. This MUST be done in order for your child to be enrolled.

\_\_\_\_ In the event that I cannot be reached in an emergency, I hereby give my permission to the site director or designee to gain emergency medical services including transportation and physician.

\_\_\_\_ In the event of emergency, I give permission to qualified KidTime staff to perform First Aid/ CPR.

\_\_\_\_ I give permission staff to photograph my child for use inside of the facility. (i.e. parent newsletter, craft projects, etc.)

\_\_\_\_ I give KidTime and it's staff permission to use photographs of my child on the KidTime website and/or Facebook page.

\_\_\_\_ 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 them.\*\*\***

\_\_\_\_ I received a summary of the licensing requirements.

\_\_\_\_ I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).

\_\_\_\_ I visited or scheduled a visit of the facility prior to enrolling my child.

\_\_\_\_ I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying my receipt my understanding and agreement of their content.

\_\_\_\_ I authorize the agency to transport my child as specified in the transportation plan section (see page 1).

I agree that the above information is correct. As my electronic signature, I have entered the information below:

**Parent's Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

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Parent's Signature or Full Name if using this as an electronic Signature