



Spring Street, The Bluff, Eleuthera. The Bahamas

Telephone Contact: (242) 699-5466. **Email:** kishkidspreschools@gmail.com

Website: www.kishkids.com

ENROLLMENT APPLICATION

STUDENT

First Name: _____ Last Name: _____

Boy ___ Girl ___ Date of Birth: _____ Age: _____

PARENT/GUARDIAN 1

First Name: _____ Last Name: _____

Relationship to Camper: _____ Email: _____

Home Address:

Home Phone: _____ Work: _____ Cell: _____

PARENT/GUARDIAN 2

First Name: _____ Last Name: _____

Relationship to Camper: _____ Email: _____

Home Address:

Home Phone: _____ Work: _____ Cell: _____

DATES & RATES

****Campers must be 1-6 years****

**** Children must be 6 weeks to receive summer care at Kish Kids****

Please check desired week(s) that your child/children will be attending:

___ Week 1: July 4th - 8th

___ Week 2: July 12th – 15th

___ Week 3: July 18th – July 22nd

___ Week 4: July 25th – 29th

___ Week 5: August 1st – 5th

___ Week 6: August 8th – 12th

- **Rates varies based on age and camp location. *If applicable****
- Full-day program runs 8:00am - 5:00pm.
- Aftercare is charged after 3pm each day at a cost of \$5 per day.
- Early drop-off is available every day for an additional \$15 per day.
- Late Pick-ups will result in an additional \$10 per day.
- **We have a limited number of spots available therefore, enrollment will be on a first come, first served basis.**
- All students are required to bring snacks each day – **BREAKFAST IS \$1.00- Lunch will be provided at an additional \$3 per day.**

PAYMENT INFORMATION & REFUND POLICY

- ▣ **Payment must be paid in full for each week on Monday of that week.**
- ▣ All payments are to be made by cash or wired to our RBC bank account.
- ▣ No refunds will be issued.

DISMISSAL INFORMATION

Check all that apply:

___ My child (name) _____ will be picked up (promptly) each day by:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, and the child's parents cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

ADDITIONAL INFORMATION

Important information we should know about your child:

Medical: _____

Social/Emotional: _____

Does your child require a special diet or have any food allergies? Yes ___ No ___

If yes, please explain:

Does your child have any non-food allergies? Yes ___ No ___

If yes, please explain:

Does your child require an Epi-pen? Yes ___ No ___

Size for your child's camp t-shirt: Youth: XS ___ S ___ M ___ L ___

Adult: S ___ M ___ L ___

MEDICAL DISCLAIMER

Kish Kids Day Camp does not have medical personnel on staff. In the event of a minor cut or injury, a member of our staff will apply ointment, band aids or an ice pack. If a child complains of feeling ill, the parent/guardian or emergency contact will be called and asked to pick up their child as soon as possible from the camp. In the event of a severe injury or medical emergency, a staff member will call 911 immediately (and the parent/guardian or emergency contact will be notified immediately). Kish Kids teachers will not administer any medication to our students.

PERMISSIONS

(Please initial) _____ I hereby give permission for my child to participate in all camp activities, including field trips. (Please initial) _____ Permission is granted to Kish Kids Day Camp to take my child on trips outside of camp as part of the regular camp program.

(Please initial) _____ I hereby give permission for photographs and videos to be taken of my child. Kish Kids has the right to utilize these in camp brochures and displays as well as other mediums including, but not limited to: electronic, video and print.

I have read and agree to all terms, conditions and permissions on the enrollment application.

Parent Full Name (Print)

Parent Signature

Date

Please also sign the Agreement.

Code of Conduct

Kish Kids is dedicated to providing the best possible experience for your child. To accomplish this goal, students are expected to behave appropriately to promote a safe, fun, and healthy environment through productive participation. We aim to promote character values of caring, honesty, respect, and responsibility in all aspects of our daycare.

Agreement

As a parent, I understand that this experience is for ALL students, and if my child's behavior is deemed to be outside the daycare expectations or unmanageable, any of the following may be a result:

- Timeout from scheduled activities
- Parent/Guardian conference
- Dismissal from camp

Child Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

***This policy has been developed to provide the safest, healthiest environment for each child enrolled in our care.**