Olathe Wesleyan Church
15320 S. Ridgeview Rd.
Olathe, KS 66062
Phone: (913) 780-6365
Fax: (913) 780-0291
www.olathewesleyan.org

ENROLLMENT AGREEMENT FORM

Child's Information:

Last Name: _____   First Name: _____

Gender: ☐ Male | ☐ Female   Date of Birth: _____   Start Date: _____

Parent / Guardian Information:

Mother's Contact Information:

Last Name: _____   First Name: _____

Home Address: _____   Home Phone: _____

City: _____   State: _____   Zip Code:_____   Work Phone:_____

Employer: _____   Cell Phone: _____

Work Address: _____   Cell Phone Carrier: _____

City: _____   State: _____   Zip Code:_____   E-mail:_____

Father's Contact Information:

Last Name: _____   First Name: _____

Home Address: _____   Home Phone: _____

City: _____   State: _____   Zip Code:_____   Work Phone:_____

Employer: _____   Cell Phone: _____

Work Address: _____   Cell Phone Carrier: _____

City: _____   State: _____   Zip Code:_____   E-mail:_____

Guardian's Contact Information *(if applicable)***:**

Last Name: _____   First Name: _____

Home Address: _____   Home Phone: _____

City: _____   State: _____   Zip Code:_____   Work Phone:_____

Employer: _____   Cell Phone: _____

Work Address: _____   Cell Phone Carrier: _____

City: _____   State: _____   Zip Code:_____   E-mail:_____

Person(s) Authorized To Pick Up Child and/or to Notify in Case of Emergency:

Name: _____ Phone: _____ Relationship:_____

Name: _____ Phone: _____ Relationship:_____

Family Doctor:

Last Name: _____ First Name: _____

Address: _____ Phone:_____

City: _____ State: _____ Zip Code:_____

Hospital Preference:

Name: _____

Address: _____ Phone:_____

City: _____ State: _____ Zip Code:_____

Permission for Use of Photographs:

Photographs of the children participating in the KidZone Learning Center & Pre-School may be taken from time to time and may appear in newspapers, magazines, brochures or other marketing materials. By enrolling your child, you grant permission for photographs to be taken and used without compensation by the KidZone Learning Center.

Enrollment Information:

The KidZone Learning Center & Pre-School agrees to enroll the child in the following program:

☐ Daycare Learning Center (*includes Pre-School & Pre-K training*) M-F from 6:30 AM – 6:00 PM
☐ Pre-K Program Only (5 Day, 8:30-11:30 AM—as openings are available)

I/We, the undersigned, agree to pay the *KidZone Learning Center & Pre-School* $_____ weekly / monthly.

A late fee of $25.00 will be added to all delinquent accounts.

Financial Responsibility: ☐ Parents | ☐ SRS | ☐ TFC/EHS | ☐ Other, please explain: _____

Parent(s) / Guardian(s):

Signature: _____ **Date**: _____

Signature: _____ **Date**: _____

Director:

Signature: _____ **Date**: _____