

KODIAK BAPTIST MISSION - PROGRAM REGISTRATION FORM

Child's name:	Date of birth:		
School:	Pickup Needed: Yes / No	Grade:	Age

INFORMATION OF PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR THE CHILD:

Name:	Name:
Relationship:	Relationship:
Mailing Address:	Mailing Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell:	Cell:
Email:	Email:
Any special instructions for reaching parents/guardians during the day:	

I have received and agree to the terms of the KBM Parent Handbook. Parent/Guardians Signature: _____ Date: _____

Release Signatures			
By signing below you are agreeing to the outlined information found in the parent handbook (see page numbers below).			
Photo Release: pg. 6	Signature:	Date:	
Farm Release: pg. 6	Signature:	Date:	
Horsemanship Release: pg. 6-7	Signature:	Date:	
Moderate Risk Activity Release: pg. 8	<input type="checkbox"/> Hiking <input type="checkbox"/> Gymnastics <input type="checkbox"/> Climbing Wall <input type="checkbox"/> Swimming <input type="checkbox"/> Challenge Course(low&high elements) <input type="checkbox"/> Wood Shop <input type="checkbox"/> Tide-Pooling <input type="checkbox"/> Campfire Cooking <input type="checkbox"/> Fishing <input type="checkbox"/> Kayaking(school age only)	Date:	
Field Trip Release: pg. 8	Signature:	Date:	
Childcare Payment Contract : pg. 9	Signature:	Date:	
School Age Only For Carseat Use	Child's Height:	Child's Weight:	DOB:

Child's name:	Parent Name:
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Please circle one of the options below - Additional paperwork may be required

KBM Preschool Programs (Year Round)- \$75 one time registration fee
 All preschool programs are for children 3 through 6 year olds (all students must be potty trained)

PRESCHOOL - School Year Programs run at a MONTHLY rate

School Rate Schedule: August 29 - May 25	Full Time (5 days 7:30am-5:30pm) \$647	Part Time (5 days 9am-12pm) \$325	Part Time (Mon,Wed,Friday 9am-12pm) \$260
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OUTDOOR PRESCHOOL - School Year Programs run at a MONTHLY rate

School Rate Schedule: August 29 - May 25	Monday-Friday 9am-12pm \$378	Monday-Friday 9am-2pm \$505	Extended Care (7:30am-9:00am and/or 2:00pm-5:30pm) \$192 additional fee
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KBM After School Programs - \$20 Registration Change Fee During the School Year

All school age programs are for Kindergarten through 12 year old students (school pick-up available through 12 years old)

After School Programs run at a MONTHLY rate

School Rate Schedule: August 29 - May 25	Full Time (5 days) \$339 - (\$299 if parent drop off)	Part Time (3 days) M,T,Wed,Th,Fri (circle days) \$200 - (\$180 if parents drop off)	All Day After School \$20 Additional Fee
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ART AFTER SCHOOL - School Year Programs run at a MONTHLY rate

School Rate Schedule: August 29 - May 25	Full Time (5 days includes Friday Fun Clubs) \$395 (\$355 if parents drop off)	Part Time (3 days) M, T, Wed, Th, Fri (circle days) \$265 (\$245 if parents drop off)	Combo (2 days art, 2 days farm, Friday Fun Clubs) \$395 (\$355 if parents drop off)	All Day After School \$20 Additional Fee
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FARM AFTER SCHOOL - School Year Programs run at a MONTHLY rate

School Rate Schedule: August 29 - May 25	Combo (2 days art, 2 days farm, Friday Fun Clubs) \$395 (\$355 if parents drop off)	Part Time (3 days) M, T, Wed, Th, Fri (circle days) \$265 (\$245 if parents drop off)	Specialty options available throughout the year	All Day After School \$20 Additional Fee
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OUTDOOR AFTER SCHOOL - School Year Programs run at a MONTHLY rate

School Rate Schedule: August 29 - May 25	Full Time (5 days) \$375 (\$335 if parents drop off)	Part Time (3 days) M, T, Wed, Th, Fri (circle days) \$255 (\$235 if parents drop off)	All Day After School \$20 Additional Fee
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Billing Information

Please take time to read the Notes from the Accountant's Office on page 4-5 of the Parent Handbook.	
I would like the bill for _____ (child's name) to be	
<input type="checkbox"/>	Left for me in the sign out book
<input type="checkbox"/>	Mailed to me at:
<input type="checkbox"/>	Emailed to me at:
I understand that two consecutive months without payment will result in the suspension of my child until the balance is paid in full.	
Signature: _____	Date: _____