

AGREEMENT OF ENROLLMENT

KIDS OF THE KINGDOM PRESCHOOL

Enrollment: The parent(s)/guardian(s) of _____ submit herewith, the non-refundable fee for the enrollment of their child into Kids of the Kingdom (KOTK), 4631 Lakeview Drive, Floyds Knobs, Indiana. Non-Refundable Registration Fee must be submitted with registration form. (If paying by check, make payable to Kids of the Kingdom).

The child/children is/are enrolled under the following circumstances:

1. **Tuition:** Parent(s) agree to pay tuition monthly by the 15th of each month in accordance with the currently applicable tuition schedule and any subsequent modification(s), thereto; such modifications and Parent Handbook are hereby incorporated by reference into this Agreement. Tuition is due every month throughout the year regardless of holidays (Winter break, Spring Break, etc). ***There will be no refunds for days missed for inclement weather.*** Children left without parents before 8:45 a.m. will be charged an additional \$5.00 for each five minute period or portion thereof prior to 8:45. After 2:10 p.m. all children left in the building will be taken to the Director's office. A late pick-up fee of \$5.00 for each five minute period, or portion thereof, the child remains in the building will be charged to the parent. ***Please notify the director in advance if you are running late.***
2. **Notice of Withdrawal:** Parent(s) agree to give AT LEAST a two week written notice to KOTK before withdrawing their child. Regular tuition charges apply to this two week period.
3. **Disenrollment/Suspension:** Reasons for disenrollment or suspension include, but are not limited to: acts or threats of physical violence, uncontrolled hitting or biting, unresolved differences with parent or child, or non-payment of fees. The director will make the final decision.
4. **Health Policy:** Parent(s) agree that if the child's temperature rises above 100 degrees or shows signs of communicable illness while at KOTK, the parent will make every effort to have the child picked up within the hour. The child will need to be symptom and fever free of illness, without medication, for 24 hours before returning to school.

I understand and agree to the tuition payment under the policy statement.

Both Parents/Guardians (or person(s) responsible for payment) must sign:

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

PHOTO and VIDEO RELEASE FORM

KIDS OF THE KINGDOM PRESCHOOL

I hereby grant Kids of the Kingdom the irrevocable and unrestricted right to use and publish photographs or other images of my child(ren), or in which my child(ren) may be included, in any print, electronic, digital or other media; and to alter the same without restriction. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these images. I irrevocably assign such images' rights and uses to Kids of the Kingdom into perpetuity. I hereby release Kids of the Kingdom and its legal representatives and assigns from all claims and liabilities relating to said images.

This form is valid until graduation from Kids of the Kingdom or no longer enrolled at Kids of the Kingdom.

Child(ren) Name(s) _____

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____