

AOK SCHOOL YEAR STUDENT ENROLLMENT AGREEMENT

Please complete this Enrollment Agreement accurately and completely. Thank you in advance.

STUDENT INFORMATION

Last Name	First Name	Middle Initial	Start Date
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DOB	Gender: Male Female	Nick Name	Grade	Homeroom Teacher
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ALLERGIES & SPECIAL NEEDS

Tree Nuts Dairy Asthma Other: _____

No known allergies Peanuts Gluten Anxiety ADHD Autism Spectrum

NOTE: Due to staffing and limited resources, and to ensure all children at AOK receive adequate supervision and proper care, children of special needs that require one-on-one care may enroll in our program with only written recommendation, action plan, and waiver of liabilities from the KCS Special Education Department. **Please provide an emergency action plan and/or special instructions for any severe allergies and/or special needs.**

ADDITIONAL STUDENT

Last Name	First Name	Middle Initial	Start Date
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DOB	Gender: Male Female	Nick Name	Grade	Homeroom Teacher
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ALLERGIES & SPECIAL NEEDS

Tree Nuts Dairy Asthma Other: _____

No known allergies Peanuts Gluten Anxiety ADHD Autism Spectrum

ADDITIONAL STUDENT

Last Name	First Name	Middle Initial	Start Date
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DOB	Gender: Male Female	Nick Name	Grade	Homeroom Teacher
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ALLERGIES & SPECIAL NEEDS

Tree Nuts Dairy Asthma Other: _____

No known allergies Peanuts Gluten Anxiety ADHD Autism Spectrum

Transportation: Walker Curbside Pick UP Curbside To Home Bus # _____ Other

PARENT/GUARDIAN INFORMATION

Is either parent/guardian an Alpha Omega Kids or Kaleidoscope Charter School Employee? YES NO

PRIMARY PARENT/GUARDIAN Relationship to Child

Home Phone	Cell Phone	Work Phone	EXT
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Home Address	City	Zip
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Email Address	Would you like to receive the following emails? <input type="checkbox"/> Monthly Newsletter <input type="checkbox"/> Tuition Reminders
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SECONDARY PARENT/GUARDIAN Relationship to Child

Home Phone	Cell Phone	Work Phone	EXT
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Home Address	City	Zip
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Email Address	Would you like to receive the following emails? <input type="checkbox"/> Monthly Newsletter <input type="checkbox"/> Tuition Reminders
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SET ENROLLMENT PLANS*

<input type="checkbox"/> SET AM 6:30 only	<input type="checkbox"/> SET AM 7:30 only	<input type="checkbox"/> SET PM 6:00 only	<input type="checkbox"/> SET AM 6:30 & PM	<input type="checkbox"/> SET AM 7:30 & PM	
SET DAYS	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI
			REGISTRATION FEE ONE TIME ONLY: \$50/Family	LATE FEE: \$10/child applies to tuition receive pass due date, usually it is the Friday PRIOR the students' attending AOK.	

FLEX PLAN: Choose your own days.

MUST pay and turn in schedule at least 4weeks in advance. No substitute days and no charge if given 2-weeks advance notice. To change schedule, restrictions apply, please see Other Fees below.

OTHER FEES	<ul style="list-style-type: none"> • HOLD FEE: \$50 OR 50% of weekly tuition applies to SET Plan students who are absent for more than three days in a week. • ADMIN FEE: \$5/day applies to FLEX Plan students to change schedule and if spots are available. • LATE PICK UP FEE: \$10/first 15min +\$1.00/min pay to closing teacher/s. • EARLY SUMMER ACTIVITIES: See Promo in February and save \$100 and more • SICK DAYS for more than 3days: a 50% tuition waiver may apply with a written and signed note from physician.
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EMERGENCY CONTACT INFORMATION (AUTHORIZED PERSONS OTHER THAN PRIMARY OR SECONDARY GUARDIANS)

Emergency Contact #1	Relationship to Child	Home Phone	Work Phone
Home Address	City	State	Zip
Emergency Contact #2	Relationship to Child	Home Phone	Work Phone
Home Address	City	State	Zip

INSURANCE INFORMATION

Insurance Provider	Physician's Name	Dentist's Name
Policy Number (Optional)	Clinic Name	Dentist's Office Number

PERMISSIONS AND WAIVERS

I acknowledge Alpha Omega Kids (AOK) is NOT a licensed day care. Established and approved to operate by Kaleidoscope Charter School (KCS) Board since 2004, AOK is a before and after school program, and summer program serving families and communities at KCS. I give permission for AOK staff to administer prescription and non-prescription medication (sunscreen included) to my child/ren as directed. For informational purposes, AOK and KCS may post pictures and videos of my child and my child's/children's work online via school website, email and/or social media. My child/ren may be transported to specified events and locations by insured vehicles either by bus, KCS, AOK and/or staff personal vehicles. AOK, KCS and all staff will not be held liable for any lost or stolen personal items. In the event of an emergency, AOK reserves all rights to cancel activities and seek medical help before contacting the parent/s or guardian/s; I will assume all medical expenses for my child/ren including the cost of the ambulance. AOK, Kaleidoscope Charter School, the school staff, and their staff, activity coordinators and/or the volunteers will not be held liable from any claims from my child/children resulting in an accident, illnesses, or unforeseen circumstances while attending at AOK. For the purposes of helping my child/ren, billing, referral, insurance and/or audits conducted by KCS School Board, or MN Department of Education, Kaleidoscope Charter School and AOK may interchange/share my child/ren's medical and other confidential information.

RECRUITMENT OF ALPHA OMEGA KIDS STAFF

At Alpha Omega Kids, we value our children and want to provide them with the best team of educators possible to help them grow. For this reason, we spend a great deal of time and resources training our staff. The relationships our teachers develop with the children and their families are something that we believe to be invaluable to our success, as well as your child/ren's success. For these reasons, any family who solicits one of our staff members, within six months after the staff member has left AOK, without written consent from an AOK administrator will be issued a \$5,000 placement fee. Thank you for your understanding and cooperation.

ACKNOWLEDGEMENT AND AGREEMENT

By signing this enrollment form, you acknowledge you have read, understand and will comply with AOK's enrollment tuition, health, and behavior policies, and support AOK's operation guidelines for the entire duration of your child/children's enrollment at AOK. AOK reserves the right to refuse any and all services to families who fail to comply with aforementioned policies and guidelines. This form MUST be signed and dated for your child's enrollment to be finalized and accepted.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date Completed: _____

Prepared by: _____

Student Name: _____

DOB: _____

Student Name: _____

DOB: _____

Student Name: _____

DOB: _____

Account created

Added to email list

Excel Book: _____

Added to daily attendance

Sheet: _____

Added to sign-in/sign-out sheet

Registration fee received

Emergency Info Complete

Added to phone contacts

Preparer's Initials

Alpha Omega Kids



Last Updated: May 29, 2018