

2026-2027 Clearly Kids Enrollment Options

Child's Name: _____ DOB: _____ Age on Sept. 1, 2026: _____

Instructional Hours of Operation:

9:00 a.m.-2:00 p.m.

Enrollment Days:

Children's Day Out: 2-years-old and younger (please circle days)

2 days per week Monday Tuesday Wednesday Thursday Friday

3 days per week Monday Tuesday Wednesday Thursday Friday

4 days per week Monday Tuesday Wednesday Thursday Friday

5 days per week Monday through Friday

3K Kindergarten: 3-years-old by September 1, 2026 (please circle days)

2 days per week Monday Tuesday Wednesday Thursday Friday

3 days per week Monday Tuesday Wednesday Thursday Friday

4 days per week Monday Tuesday Wednesday Thursday Friday

5 days per week Monday through Friday

4K Kindergarten: 4-years-old by September 1, 2026 (please circle days)

3 days per week Monday Tuesday Wednesday Thursday Friday

4 days per week Monday Tuesday Wednesday Thursday Friday

5 days per week Monday through Friday

Before Care: (please circle days)

7:00 a.m.-9:00 a.m. Monday Tuesday Wednesday Thursday Friday

After Care: (please circle days)

2:00 p.m.-4:00 p.m. Monday Tuesday Wednesday Thursday Friday

(Office Use)

Date Received _____ Received by _____ Amount Paid _____

Enrollment Fee _____ Book Fee _____ Cash _____ Check # _____

Parent's Initial _____ (with a CK employee present)

Date _____

CLEARLY KIDS CHRISTIAN ACADEMY

CHILD INFORMATION FORM

2026-2027 SCHOOL YEAR (AUGUST-MAY)

Child's Full Name _____ Name Child Prefers _____ Male/Female

Address _____

(Street)

(City)

(Zip)

Home Phone _____ Child's Birthdate _____ Age on Sept. 1, 2026 _____

Child lives with: (circle one) Both Parents Mother Father Other: _____

Parent/Guardian _____ Address (if different) _____

Cell Phone _____ Work Phone _____ Employer _____

Parent/Guardian _____ Address (if different) _____

Cell Phone _____ Work Phone _____ Employer _____

Parent 1 Email Address _____ Parent 2 Email Address _____

Child's Physician _____ Address _____ Phone _____

Allergies: _____ Epi-pen? _____

Person(s) who will assume responsibility for child in an emergency if we are unable to contact parents:

Name _____ Relationship _____ Home# _____ Cell# _____ Work# _____

Name _____ Relationship _____ Home# _____ Cell# _____ Work# _____

Name _____ Relationship _____ Home# _____ Cell# _____ Work# _____

Person(s) other than listed above authorized to pick up child from program:

1. _____ 2. _____ 3. _____

Your child will only be released to an authorized person listed on this form (parent/guardian or emergency contact).

****It is our policy not to accept requests for specific teachers. We will thoughtfully and prayerfully assign each child to his/her class, and appreciate your trust in our administration to make these placements.****

CLEARLY KIDS CHRISTIAN ACADEMY
PROFILE INFORMATION FORM
2026-2027 SCHOOL YEAR

How did you hear about our program? _____

Members / Attenders of what church? _____

Has your child attended a school program previously? _____ If, yes, where? _____

Reason for leaving? _____

Names and ages of siblings:

Is your child right or left handed? _____ Does your child wear corrective lenses? _____

Sleep and nap habits: _____

Eating habits: likes and dislikes (please include any food allergies): _____

Fears: _____

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.): _____

Favorite play activities, games or toys: _____

Special educational needs: _____

Please give us any other information you feel would be of help to us in teaching your child:

Please list any other medical conditions that we need to be aware of: _____

PARENT CONSENT FORM OVER THE COUNTER MEDICATION

I _____, being the parent or legal guardian of _____, give my permission for authorized Staff of Clearly Kids Christian Academy to administer or apply the following over the counter medications to my child in the event it becomes necessary. I understand that all efforts will be made to contact me for verbal permission before my child is given any medication:

(Please initial for your approval)

- _____ Children's Acetaminophen (Tylenol, etc.)
- _____ Children's Ibuprofen (Motrin, Advil, etc.)
- _____ Children's Liquid Cold / Allergy Medication (Benadryl, Dimetapp, etc.)
- _____ Allergy Cream (Benadryl, etc.)
- _____ Antibiotic creme or ointment (Neosporin, etc.)
- _____ Hydrocortisone Cream
- _____ Diaper Rash Ointment or Cream (Desitin, A&D, etc.)
- _____ Petroleum Jelly
- _____ Sunscreen

I understand that the dosage given will be equal to or less than the prescribed amount indicated on the label. I hereby release and forever discharge Clearbranch Church, Clearly Kid's Staff, and any parties volunteering on behalf of Clearly Kids Christian Academy from any liability in administering the above over the counter medications I have approved.

Parent or Legal Guardian _____ Date _____

Child's Name _____ Teacher _____

My child has the following medication allergies:

Clearly Kids Christian Academy

2026-2027

After reading each paragraph, please initial that you are in agreement with the following guidelines.

Parent Handbook Acknowledgement Agreement

_____ I acknowledge I have read the Clearly Kids Christian Academy Parent Handbook and it is my responsibility to act in accordance with the policies contained in this manual and any official changes made to it. I understand it is my responsibility to consult the director regarding any questions not answered in this handbook. I understand amendments to the handbook may occur. All such changes will be communicated through Clearly Kids Board approved notices, and that revised information may supersede, modify, or eliminate existing policies. Handbooks can be found at www.clearbranch.org, ministries, Clearly Kids.

Kindergarten Potty-Trained Agreement

_____ Children must be fully potty-trained and able to handle personal hygiene issues to be enrolled in a 3K or 4K Class. This includes maneuvering clothes, wiping independently and washing hands.

Legal Custody (if applicable)

_____ A copy of the divorce decree with custody agreements must be included with registration forms. It will be placed in your file and will be kept confidential. Without these papers, we may not be able to prevent the child from leaving with his/her non-custodial parent. Custody papers are also needed for a situation where custody has been granted to someone other than biological parents (i.e. foster care).

Media Agreement (optional)

_____ I agree to allow Clearly Kids to periodically use photographs and/or videos to promote the program through various mediums including, but not limited to, program slideshows and Clearly Kids' Facebook page. This does **not** include the publication of a student's personal information (i.e. last name, phone number, address, etc.). Also, Clearly Kids and teachers periodically use photographs, and/or videos to share the children's successes and accomplishments of their day through a program slideshow or private Facebook page. I do further certify that I am of full legal capacity to execute the forgoing authorization and release. In addition, I release Clearly Kids from any damages. I understand that this agreement will be binding during the entirety of my child's enrollment at Clearly Kids and that it is my responsibility to notify Clearly Kids in writing should I change my mind at any time.

Fee Agreement

_____ I agree that sending my child to Clearly Kids is a risk, should there be a pandemic. I understand if there is a public health emergency, and Clearly Kids is shut down by a government agency, by any federal, state or local entity, or if my child is not able to attend because of exposure at Clearly Kids or away from Clearly Kids, that I am responsible for monthly tuition.

Developmental Agreement

_____ Clearly Kids welcomes all children and does not discriminate based on religion, race or ethnicity. Admission requests for children with severe medical conditions or special needs, including but not limited to Autism Spectrum Disorder, physical handicaps or developmental delays, will be evaluated to determine if our program can meet such needs to ensure the success of the child. Clearly Kids staff members do not have training or expertise in special needs care. At times, developmental screenings may be recommended to identify issues when early intervention may be necessary. These recommendations may be necessary for diagnostic assessment by a specialist. Birth to 5 years is the ideal time to identify opportunities and begin intervention. Parents are strongly encouraged to work with Clearly Kids for the benefit of the child. Clearly Kids reserves the right to dismiss the child if the needs, behaviors, or developmental concerns cannot be accommodated in a classroom.

Student's Name: _____ Date: _____

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

CLEARLY KIDS CHRISTIAN ACADEMY

Tuition Policy 2026-2027

Tuition* is divided into 10 monthly installments. **The first payment is due on or before August 1, 2026**, and each subsequent month on the 1st. The 10th and final payment will be due on May 1, 2027. Payments are considered late after the 15th of the month and are subject to a \$20 late fee. Full tuition is due for months with holidays or inclement weather, and no credit is given for absences. **All fees are non-refundable.**

In the event it becomes necessary to institute collection efforts, the undersigned agrees to pay attorney fees, court costs, interest and all other reasonable costs of collection. There will be a \$25.00 handling fee on all returned checks.

Withdrawal Procedure

A written notice must be submitted to the director two weeks prior to your child's early withdrawal from the program for any reason. You will be responsible for paying tuition for the two-week period and your child is allowed to attend during this time period. If written notice is not given your account will be charged one full month's tuition. **Enrollment, Class and Book fees will not be refunded.**

If a child is withdrawn from the program following the above guidelines and later wishes to re-enroll (if enrollment allows) within a three (3) month period, the registration fee is waived. After a three-month period, the full registration amount will be required. If a child is absent from the program for more than two weeks without notice or payment, we will assume the child is withdrawn. We will proceed to register another child to fill the class vacancy.

Clearly Kids reserves the right to suspend or permanently expel a child from enrollment at any time for non-payment of tuition and fees or for extended absences without appropriate notice.

**See the Handbook for a copy of this tuition and withdrawal policy, and specific tuition fees.*

I have read the above tuition agreement for the 2026-2027 school year and understand my responsibility to abide by this policy.

Person responsible for payment: _____

Father's Name: _____ Last 4 Digits of SS# _____ DL# _____

Mother's Name: _____ Last 4 Digits of SS# _____ DL# _____

(Child's Name)

(Date)

(Print Parent or Legal Guardian)

(Sign Parent or Legal Guardian)

AUTHORIZATION FOR MEDICAL TREATMENT

_____ is the parent or legal guardian of: _____
a minor, whose date of birth is _____ and whose social security number is ____X__ - __X__ - _____.

I hereby consent to, and authorize, the rendering of medical care and treatment to my minor child in the event that such medical care and treatment becomes necessary. I agree to indemnify and hold harmless Clearbranch Methodist Church, its staff, and Clearly Kid's staff from liability associated with the rendering of medical care and/or treatment to my minor child where such medical treatment becomes necessary to protect the best interest of my child. Furthermore, I agree to be responsible for the payment of the reasonable charges related to the rendering of medical care to my minor child.

I, _____, parent, having a date of birth of _____ and a social security number of ____-____-_____, authorize the disclosure of my child's personal health information to the representative from Clearbranch Methodist Church Clearly Kid's staff in the event and to the extent that medical care and treatment become necessary while my child is attending Clearbranch Methodist Church Children's Day Out or Kindergarten. I understand that this authorization is voluntary and is made to confirm my direction. I hereby give my permission to the following to disclose my child's health information to: Clearbranch Methodist Church Clearly Kid's staff.

The information to be disclosed to the staff in the event and to the extent that medical care or treatment of my child becomes necessary includes disclosure of his or her complete medical record, medical file including but not limited to doctors' and nurses' notes, x-ray reports, lab reports, history, physicals and all other such records of any type or nature necessary for the proper treatment of my child.

INSURANCE INFORMATION: Please attach photocopy of insurance card

Company _____ Name of Insured _____ Group / Contract # _____

My child is presently taking the following medications: _____

My child is allergic to the following medications: _____

My child suffers from the following medical conditions and/or allergies: _____

My child's Medical Physician is: _____ Phone _____

In the event of an emergency I can be reached at the following telephone numbers:

Home _____ Cell _____ Work / Other _____

In the event that I cannot be reached by telephone, please contact:

Name _____ Relationship _____ Home _____ Cell _____

Name _____ Relationship _____ Home _____ Cell _____

Name _____ Relationship _____ Home _____ Cell _____

I understand it is my responsibility to update any of the above information as needed.

(Date) (Printed Name of Parent or Legal Guardian) (Signature of Parent or Legal Guardian)

Address: _____ City _____ State _____ Zip _____

C.

Child's Medical Report

(This form may be used for household members younger than 19 years of age)

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____ Telephone Number: _____

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

Date