



Enrollment Application

Please fill in application completely and legibly.

Return to funfactory@lifechurchkv.org or 112 W Potter Ave. Kirksville, MO

Child's Name _____
(Last Name) _____ (First Name) _____ (Initial) _____

Child's Address _____
(Street) _____ (City, State) _____ (Zip Code) _____

Date of Birth _____ Sex: M F Primary Contact Phone #: _____

Enrollment reserves a spot for your child Monday - Friday.

The Fun Factory will be open from **6:30 AM to 5:30 PM** for children ages 6 weeks to 5 years.

Arrival Time _____ Departure Time _____

Enrolling Parent/Guardian Name _____
(Last Name) _____ (First Name) _____ (Initial) _____

Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

E-mail Address _____ Cell Phone # _____

Employer _____ Work Phone # _____ Extension # _____

Address _____ City/State/Zip _____

Parent/Guardian Name _____
(Last Name) _____ (First Name) _____ (Initial) _____

Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

E-mail Address _____ Cell Phone # _____

Employer _____ Work Phone # _____ Extension # _____

Address _____ City/State/Zip _____

Parents Marital Status: Married Divorced Single Primary Residence: Both Mother Father Guardian

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

The Fun Factory must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

Name _____ Phone _____

Name _____ Phone _____



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(Part 2)

Child's Physician _____

Any allergies or special needs _____

Hospital preference _____

Emergency contact other than parents _____

Relation _____ Address _____ Phone _____

Is your child potty trained? Yes No What does your child say when he/she wishes to use the toilet?

Does your child need help: Dressing Eating Washing Hands

Does your child have any special fear or problems? _____

Has your child been cared for by anyone other than the parents? Yes No

If yes, whom? _____

Favorite Book _____

Favorite Toy/Game _____

By signing below,

- I agree that I am enrolling for 5 days per week at a cost of _____.
 - My child qualifies for subsidies. Yes No
- I agree to pay an annual \$10 insurance fee at the time of enrollment to be renewed each year. This fee is not refundable.
- I agree to pay an annual \$50 registration fee and this fee is not refundable.
- I agree to pay in advance each week's tuition.
- I am aware that I will be charged a \$5 per day fee for payments received after Monday.
- I am aware that I will be charged a late fee of \$20 per child for every fifteen minutes or portion thereof that a child is dropped off earlier than his/her scheduled arrival time and for children picked up later than his/her scheduled pick-up time.
- There is a \$35.00 fee for a returned check. Payment will still be required with a further check or other method of payment.
- I have received my Parent Handbook, containing additional policies and procedures.
- This institution is an equal opportunity provider.

Enrolling Parent/Guardian Signature _____ Date _____



Fun Factory Photo Release Form

Please fill in completely and legibly.

I, _____, the parent/guardian of a child/children at the Fun Factory Learning Center (Hereinafter known as the "Daycare"), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the internet.

Child(ren)'s name(s): _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____

Date _____

Relationship to Child _____