

TRINITY RHEMA CHURCH

10301 E. HWY 80
Midland, TX 79706
Office: (432) 458-3690 / (432) 652-2777
Email: trikdo@trinityrhema.org
Website: www.trinityrhema.org/kdo



START DATE _____
M____T____W____TH____F____

TRINITY RHEMA CHURCH
KIDZ DAY OUT Registration Form

Full Name of Child _____ Date of Birth __/__/__ Age ____

Gender: MALE____ FEMALE____ Child Lives with: Both Parents Mom Dad Guardian

Child's Home Address _____ Zip _____ Phone _____

Fully Potty Trained (Age 3+) Yes No Attended Preschool before? Yes No

List any Health Restrictions:

Food Allergies: _____

Health: _____

List any Special Needs (such as physical, emotional, or delayed development):

Are you a member of any local church? Yes No If Yes, church name: _____

Mother's Name: _____ **Phone:** _____

Address (If different from child's): _____ **City:** _____ **Zip** _____

Occupation: _____ **Work Address:** _____

Work Phone: _____ **Email Address:** _____ **Driver's License #:** _____

Father's Name: _____ **Phone:** _____

Address (If different from child's): _____ **City:** _____ **Zip** _____

Occupation: _____ **Work Address:** _____

Work Phone: _____ **Email Address:** _____ **Driver's License #:** _____

Guardian's Name: _____ **Phone:** _____

Address (If different from child's): _____ City: _____ Zip _____

Occupation: _____ Work Address: _____

Work Phone: _____ Email Address: _____ Driver's License #: _____

People Authorized to pick up your child

People to call in case of EMERGENCY (must list two people; do not list parents of the child)

Name: _____ Relationship: _____

Address: _____ Phone #: _____ DL #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____ DL #: _____

EMERGENCY MEDICAL CARE CONSENT

In the event that emergency medical care is needed for the child named above, I understand that the staff of TRI KDO will attempt to contact me, the other parent (if applicable) or the legal guardian at the telephone numbers provided in this form. If none of us can be reached to make arrangements for emergency medical attention, I authorize the staff of TRI KDO to seek assistance from the Physician and/or Emergency Medical Care facility listed below:

Physician's name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Emergency Medical Facility Name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

I give my permission to the staff of TRI KDO to provide first aid and all necessary emergency medical care including contacting the **Emergency Medical Services (EMS)** for the child named above.

Parent/Guardian Signature: _____ Date: _____

Registration/Supply Fee Paid _____ **Security Deposit Paid** _____ **Date Paid** _____

Monthly Parent Fee _____ **Received Parent Handbook (initial)** Yes _____ No _____

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TRI KDO

PARENTS PAYMENT AGREEMENT

REQUIREMENTS UPON ENROLLMENT:

1. \$100 Registration & Supply Fee.
2. \$50.00 Refundable Security Fee per child (Refundable at the end of school year).
3. \$225 monthly tuition fee.
4. A Completed Registration Packet.

PAYMENT POLICY:

Tuition is paid in equal monthly installments. Installments remain constant regardless of the number of classroom days, holidays, or absences in any given month. **Therefore, no reductions or refunds are given.**

Tuition payments may be paid by check, cash, or online through the TRI KDO page on the Trinity Rhema Church website, www.trinityrhema.org. Recurring monthly payment can be set up online.

Tuition is due in full the first day of school of each month. A \$25.00 late fee will be charged if payment is not made by the second day of school of the month. The child will be withdrawn from the KDO program if tuition and accrued fees are not paid in full by the end of the month.

Please note that Return checks will attract a \$35.00 fee payable in the same month.

PAYMENT STATEMENTS:

- Payment statements will be emailed to you at the end of each month.

Parent or Guardian's Signature/Date

KDO Director/Date