



## Kingdom Christian Academy Enrollment

616 Grand Ave, Leavenworth, KS 66048

913-682-7771

Non- Refundable Enrollment fee: \$85

Hours of Operation: Mon-Fri 5:30 a.m. – 6:00 p.m.

*With the exception of Holidays & Inclement Weather*

Date of Application

Due to changes in Kingdom Christian Academy (KCA) procedures and policy at the time of your child's enrollment, and every year thereafter, you will be required to sign a new Enrollment Agreement and Registration Fee. Please read, sign, and return to the office.

Kingdom Christian Academy (KCA) is not your typical Child Care Facility. We are a teaching facility who puts your child(ren) education 1<sup>st</sup>. We are very structured and require parent participation with advancing your child's education. We hold our parents accountable with assisting the teachers with getting homework completed and turned back into the teacher. There is a contract that is signed by you and the teacher that you will work with your child to make sure they get the best education while enrolled at Kingdom Christian Academy.

Masks are required starting at age 2-1/2 - to attend Kingdom Christian Academy (KCA) until further notice. If your child/children are not wearing a mask when they arrive, they will not be able to attend. It is suggested you put an extra mask in their bags. To keep everyone safe, there will be no exception to this policy.

Child's Name \_\_\_\_\_ Gender: M F  
Last First Middle

Child's Birth Date (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender: M F  
Last First Middle

Child's Birth Date (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Child's Name \_\_\_\_\_ START DATE: \_\_\_\_\_

**Ethnicity:**

\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Asian \_\_\_\_\_ White  
\_\_\_\_\_ African American \_\_\_\_\_ Hawaiian \_\_\_\_\_ Pacific Islander  
\_\_\_\_\_ American Indian or Alaskan Native Other: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

City State Zip

**Guardian's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

City State Zip

**Marital Status:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

**Emergency contact if parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**TUITION PAYMENT PROCEDURES:**

Tuition is to be paid in **advance before services are rendered**, if paying weekly or bi-weekly, payment is due on Monday prior to receiving care to include paying monthly or twice a month, payment is due the 1<sup>st</sup> day or the 15<sup>th</sup> of the month according to your contract. Checks are to be made payable to: **Kingdom Christian Academy**. Put your child/children's name and the dates

Child's Name \_\_\_\_\_

### **TUITION PAYMENT PROCEDURES CON'T:**

you are paying for on the memo line for proper credit to your account. You may also download Secure Give on your mobile and sign-up to pay your tuition online. To pay by debit/credit card see the Director, Assistant Director, or Office Manager. KCA is no longer excepting cash payments. Money Orders are accepted in the place of cash. Money Orders should be placed in an envelope with your child/children's name and dates you are paying. Your billing will begin with the start date of your child/children's enrollment or their first day at the center.

If payment is not made your child/children **cannot** come to the center until payment has been received. Billing will continue for those days your child is not here.

**Initials:** \_\_\_\_\_

### **DISCOUNT:**

Parents with two or more children will be given a 7% discount on the second child after the first (1<sup>st</sup>) full fee. Discounts are only given to children that are enrolled Full Time only. Discounts do not apply to part-time, ½ day, or drop-in students.

### **HOURS OF OPERATION AND LATE PICK-UP & DROP OFF:**

**We open at 5:30 a.m. and close at 6:00 p.m. Families needing care prior to 5:30 a.m. will need to talk to the Director.**

**Full time:** If a child is left after 6:00 p.m., the fee is **\$1.00 per minute**. After one half hour of trying to contact someone to pick up the child, the police department will be notified that we have an abandoned child.

**Drop Off:** We are requesting all children to be dropped off by 10:00 a.m. for the day and 8:30 a.m. if eating breakfast.

**LATE FEES WILL BE ENFORCED. We need to be mindful of staff that work all day and must stay late to watch children when they have families at home also.**

Parent's payments will be billed on the next statement and must be paid in full at the time tuition is paid, or you will not be able to bring your child back to the center until paid.

Child's Name \_\_\_\_\_

**STATEMENTS:**

Statements are given out at the beginning of each month. Your statement reflects all charges, payments, and credits for the whole fiscal year. Please make sure you render payment as stated on your statements. Kingdom Christian Academy Tax-ID is always on your statements. If you need assistance in understanding your statement, please don't hesitate to let the finance or director know.

**NONPAYMENT:**

Children **WILL NOT** be able to attend the Center if the account is not up to date. As previously stated, a late fee will be charged for payments past the close of business on the second day of attendance (**\$5.00 per day**). No child in arrears will be admitted until payments are current. If collection action is taken you will be responsible for what is owed, all late fees, and all court cost fees.

**INSUFFICIENT FUNDS:**

A surcharge of **\$35.00** will be added to your payment for checks returned by the bank. Check writing privileges will be terminated after the 1<sup>st</sup> returned check. Then you will be required to pay by cashier's check or money order. There will be **NO EXCEPTIONS** to this policy.

**Initials:** \_\_\_\_\_

**VACATION OR ABSENCE:**

After your child/children has been enrolled in Kingdom Christian Academy for one year, you will be charged ½ the week tuition to reserve your child's space at the Center.

**Initials:** \_\_\_\_\_

**HOLIDAYS:**

Kingdom Christian Academy will be closed for the following holidays: Martin Luther King Birthday, President's Day, Good Friday, Memorial Day, Labor Day, Columbus Day, and Veteran's Day.

Juneteenth (If holiday falls on a Saturday KCA will be closed on that Friday prior and if falls on a Sunday, then will be closed Monday the following day),

July 4<sup>th</sup>, KCA will be closed the whole week of July 4<sup>th</sup> for teachers to prep their classrooms for the upcoming school year. Parents will be charged ½ (half) tuition for that week.



Child's Name \_\_\_\_\_

**HOLIDAYS CON'T:**

Thanksgiving Eve, Wednesday (close at 12 noon), Thanksgiving Day, Day and Friday the day after Thanksgiving,

Christmas Eve will close at (12 noon), and Christmas Day \*If Christmas falls on a Saturday, Christmas Eve will be observed on the Thursday prior and closed that Friday. If Christmas falls on a Sunday, Christmas Eve will be observed on that Friday, prior and will be closed the Monday following.

New Year's Eve will close at (12 noon), and New Year's Day. \*If New Year's falls on a Saturday, then Kingdom Christian Academy will be closed that Friday prior and if it falls on a Sunday, then Kingdom Christian Academy will observe the holiday on that Monday after)

*Initials:* \_\_\_\_\_

**PARENTAL PERMISSION:**

I, the undersigned, give permission for my child to:

*Initials* \_\_\_\_\_

- 1. Ride in KCA Center's van while in care. \_\_\_\_\_
- 2. Be included in pictures taken in connection with KCA. \_\_\_\_\_
- 3. Use all play equipment and participate in all activities. \_\_\_\_\_
- 4. To receive any emergency care or first aid required. \_\_\_\_\_
- 5. Receive medications brought or authorized by parent. \_\_\_\_\_
- 6. Go on field trips with a signed permission slip. \_\_\_\_\_
- 7. Go for nature walk within five (5) block vicinity. \_\_\_\_\_

Some of the ways we may use photos: hang in the child's classroom, on bulletin boards in the hall, to give to parents of the child, to give to families in which your child may be in the background, for our website, social media or advertising purposes (no names)

I give permission for my child to be **photographed:** YES NO

Child's Name \_\_\_\_\_

**PARENTAL PERMISSION CON'T:**

I give permission for center staff to apply the following **topical products** on my child, as needed with a signed medication form:

- Yes No sunscreen (parent provided only)
- Yes No diaper rash ointment (parent provided only)
- Yes No lotion (parent provided only)
- Yes No chap stick (parent provided only)

**UNIFORM:**

Kingdom Christian Academy uniform consists of a KCA Navy Blue T-Shirt that states, "I Love Kingdom Christian Academy" and tennis shoes that all children in attendance are required to wear. Children can wear slacks, shorts, or skirts for the bottom within guidelines stated in our Parent Handbook. You can purchase them for \$10.00 each. Also, Kingdom Christian Academy has other merchandise you can purchase such as long sleeve t-shirts, crew neck sweatshirts, and hooded sweatshirts for an additional price. If your child/children are not wearing their KCA shirts and tennis shoes when arriving at school, they will not be able to attend. No Exceptions!!!!  
\*Prices are subject to change. \*

**NOTE:**

For toddlers, these items will be kept in their diaper cubbies, out of their reach. For Preschool age, these items will be kept in the teachers locking cabinet. For items that you provide, please put them in a zip-lock bag clearly marked with the child's first and last name.

Parents while your child is enrolled at Kingdom Christian Academy, they **MUST ALWAYS** have a complete change of clothing located in their classrooms for emergency purposes. If they come to the facility without a change of clothes your child/children **WILL NOT** be able to stay. This goes the same for diapers, wipes, and pull-ups. Teachers cannot function if they don't have the items, they need to be successful in the classroom.

Please make sure your child(child's) name is on all their pieces of clothing. We are not responsible for clothes that do not have their name on them. **Initials:** \_\_\_\_\_

Child's Name \_\_\_\_\_

**ENROLLMENT FEE:**

There is a **\$85.00 enrollment fee for the first child and \$75.00 enrollment fee** for each additional child. Fees must be paid at the time of enrollment.

Enrollment fees are **Non-Refundable**

**Initials:** \_\_\_\_\_

**My Child Is Currently:**

- \_\_\_\_\_ 12 months (and walking)
- \_\_\_\_\_ 18 months – 2 ½ years old
- \_\_\_\_\_ 2 ½ - 3 years old
- \_\_\_\_\_ 4 - 5 years
- \_\_\_\_\_ School Age >> School child attends: \_\_\_\_\_

**Fees:**

_____ 12-months (walking)	\$ 200.00 weekly
_____ 18-months & Non-Potty Trained	\$ 190.00 weekly
_____ Potty Trained	\$ 180.00 weekly
_____ Pre-K (4- & 5-year-old) Non-Potty Trained	\$ 200.00 weekly
_____ Drop-In (minimum 4 hrs.)	\$ 20.00 per hour

**(Must be Toilet Trained): can verbally say or go consistently without assistance.**

**School Age Fees:**

_____ Before AND After School Care	\$130.00 per week
_____ Before OR After School	\$ 75.00 per week
_____ Full Week (1/2-day schedule)	\$145.00 per week
<b>(You will be charged whether child is here or not)</b>	
_____ Full Day Rate	\$ 65.00 per day
_____ School Age held slot	\$135.00 per week.

Child's Name \_\_\_\_\_

**SCHOOL AGE HELD SLOTS:**

If your child is school age (attends school) and is enrolled at Kingdom Christian Academy this is what your fee covers. This rate is applied when school is not in session during Christmas break, winter break, spring break, teacher workdays, parent teacher conferences, early release and school holidays. **This tuition rate goes into effect the week school starts through the end of the school year which IS May 31st.**

(June 1<sup>st</sup> begins regular enrollment in which you will be billed at the regular tuition rate.)  
*Initials:* \_\_\_\_\_

**HOURS / DAYS YOUR CHILD WILL ATTEND THE ACADEMY:**

MON \_\_\_\_\_ AM \_\_\_\_\_ PM TUE \_\_\_\_\_ AM \_\_\_\_\_ PM

WED \_\_\_\_\_ AM \_\_\_\_\_ PM THUR \_\_\_\_\_ AM \_\_\_\_\_ PM

FRI \_\_\_\_\_ AM \_\_\_\_\_ PM *Initials:* \_\_\_\_\_

**BASIC RATES AND PAYMENT SCHEDULE:**

**(Rates are calculated for a nine (9) hour workday. Any hours over will be an additional charge of \$15.00 hour.)**

You will be charged \_\_\_\_\_ hours per Day. *Initials:* \_\_\_\_\_

You will be charged a Daily rate of \_\_\_\_\_. *Initials:* \_\_\_\_\_

*Discount:* \_\_\_\_\_ % for \_\_\_\_\_ *daily rate* \_\_\_\_\_

*Discount:* \_\_\_\_\_ % for \_\_\_\_\_ *daily rate* \_\_\_\_\_

*Discount:* \_\_\_\_\_ % for \_\_\_\_\_ *daily rate* \_\_\_\_\_



Child's Name \_\_\_\_\_

**BASIC RATES AND PAYMENT SCHEDULE CON'T:**

The payment fee shall be \$ \_\_\_\_\_ per Week due on 1st day of week *Initials:* \_\_\_\_\_

The payment fee shall be \$ \_\_\_\_\_ twice a month due on \_\_\_\_\_ & \_\_\_\_\_ *Initials:* \_\_\_\_\_

The payment fee shall be \$ \_\_\_\_\_ \*Monthly due on 1st day of month *Initials:* \_\_\_\_\_

The payment fee shall be \$ \_\_\_\_\_ Bi-weekly due on 1<sup>st</sup> day of payment week *Initials:* \_\_\_\_\_

**\*Monthly rate may vary due to 5-week month\***

**\*\*\* These are the days and hours you will be charged for, if you go over the hours stated in your contract, you will be billed for any excess time. You will be charged for the slot regardless of if the child is here or not.** *Initials:* \_\_\_\_\_

***\*\*\*If your work schedule changes, a schedule must be given Friday prior to the week of care you are requesting the change to your normal work hours. Kingdom Christian Academy requests this to properly schedule staff to accommodate your needs. \*\*\****

*Initials:* \_\_\_\_\_

**FEES:**

1. You are responsible for paying for all hours your child is in the center and according to your contract hours. A monthly statement is provided on the 1<sup>st</sup> day of the month showing the hours and amount you are charged for the month for childcare. Any extra fees such as late fees, extra hours over your normal scheduled hours or enrollment fees are billed separately. Your statement is a cumulative total by month of all charges and payments during the year. A final statement will be provided by January 31<sup>st</sup> of the following year for childcare tax credit.

*Initials:* \_\_\_\_\_

2. If you receive assistance from DCF, KVC, or any other program **YOU ARE RESPONSIBLE FOR THE DIFFERENCE THAT IS NOT COVERED.**

*Initials:* \_\_\_\_\_

Child's Name \_\_\_\_\_

**FEES CON'T:**

3. If fees are not paid by the 2<sup>nd</sup> day of your assigned payment schedule as stated in section Basic Rates and Payment Schedule that you agreed upon when enrolling your child and payment arrangements have not been made, you cannot bring your child to the center until paid. You will still be charged for those days your child is not in the center.

*Initials:* \_\_\_\_\_

4. You are charged for childcare according to your contract hours stated on the contract, you are charged whether your child attends the center or not. **Your child is in a held slot.**

*Initials:* \_\_\_\_\_

5. You have 30 days to pay balances owed. Once past 30 days, your child will be terminated from the center if payment arrangements have not been made or payment arrangements are not paid per agreement. You are still responsible for paying a two-week termination fee, per your contract number of hours per week.

*Initials:* \_\_\_\_\_

6. If childcare balances are not paid within 30 days after termination and the account is turned over to an Attorney for collection, you will be charged for all Attorney fees, court costs and collection fees. A \$1.00 a day late fee will apply until the account is paid in full.

*Initials:* \_\_\_\_\_

7. If you are late picking up your child and prior arrangements have not been made, overtime will be charged at the rate of **(\$5.00)** for every (5) minutes after your regular scheduled pickup time.

*Initials:* \_\_\_\_\_

8. All Late Pickup Fees are due immediately upon pick-up of your child or your child cannot come back to the center until paid. You will still be charged for those days your child is not in the center.

*Initials:* \_\_\_\_\_

**\*\*Should the center close due to COVID-19 or any other critical illnesses beyond our control. Parents will be charged ½ tuition rate not to exceed five (5) working days. \*\***

*Initials:* \_\_\_\_\_

**NOTICE OF WITHDRAWAL:**

We ask that you give a two week notice prior to withdrawal for children in care or a full two-week's tuition will be charged. Should the director of the Kingdom Christian Academy, along with staff, determine for any reason that a child should be suspended, parents will be given as much advance notice as possible.

Child's Name \_\_\_\_\_

**Default:** Should a parent withdraw their student with a balance, and it is not paid within 30 days after withdrawal, legal action will take place. The parent will be responsible for any attorney and court fees.

**(We will give a one (1) day grace period, after the grace period we will suspend care until payment is made.)**

\_\_\_\_\_ **I WILL PAY** the difference owed after DCF, or KVC or any other program have paid the amount allotted to me.

**MEMBERSHIP**

Are you a member of HCCI? Yes \_\_\_\_\_ / No \_\_\_\_\_ Date: \_\_\_\_\_  
**(If yes, please give date when you became a member)**

I have read the regulations regarding tuition payments and agree to abide by them. I understand that failure to pay for my child's care will result in loss of services and possible legal action.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director: \_\_\_\_\_ Date: \_\_\_\_\_

July 2021 Board of Directors

Child's Name \_\_\_\_\_

Agreement Between  
Kingdom Christian Academy  
&  
Guardian

We are very structured and require parent participation with advancing your child's education. We hold our parents accountable with assisting the teachers with getting homework completed and turned back into the teacher. This is a contract that is signed by you and the teacher that you will work with your child to make sure they get the best education while enrolled at Kingdom Christian Academy.

By signing this agreement, I \_\_\_\_\_ agree to work with my child on their homework that is sent home by his teacher. The purpose of this is to enhance my child academics to reach the next level. If I have any questions, I will reach out to their teacher for guidance.

\_\_\_\_\_  
Signature

I \_\_\_\_\_ promise to keep you informed on your child progress in their classroom. If you have any questions regarding their homework, I agree to respond back to you in a timely manner. Our goal is to give your child the best education while enrolled at Kingdom Christian Academy.

\_\_\_\_\_  
Signature





**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
--	-----------

I authorize \_\_\_\_\_ (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_ (child's first and last name) while child or youth is in the facility's custody between \_\_\_\_\_ and \_\_\_\_\_ MM/DD/YYYY MM/DD/YYYY.

Is child covered by health insurance?  Yes  No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation: \_\_\_\_\_ MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

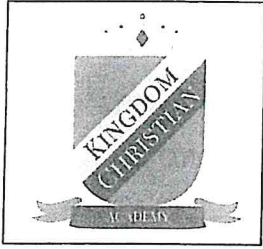
Signature of Parent or Guardian	Date Signed
---------------------------------	-------------

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u>	
County of _____	
Signed or attested before me on _____	by _____
MM/DD/YYYY	Name of Person
(Seal, if any.)	
_____ Signature of notarial officer	
_____ Title (and Rank)	
My appointment expires: _____	

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



# KINGDOM CHRISTIAN ACADEMY

## Authorization For Pickup

**PASS CODE:** \_\_\_\_\_

**People permitted to pick up the child other than parent/guardian:**

Name \_\_\_\_\_ Mother \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Father \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,  
INCLUDING PROVIDER'S OWN CHILDREN**

**Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.**

Child's First Day in Child Care \_\_\_\_\_ Name of Child Care Facility \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Last MM/DD/YYYY M/F

**Parent/Guardian Information**

**Parent/Guardian Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Address \_\_\_\_\_  
Street City Zip Code

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best way to contact \_\_\_\_\_

Best way to contact \_\_\_\_\_

**Persons authorized to pick up the child or to notify in case of emergency (other than the parents):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Hospital Preference (for emergencies) \_\_\_\_\_

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider?  No  Yes, as follows: \_\_\_\_\_

Any known allergies or medical conditions of child:  
\_\_\_\_\_  
\_\_\_\_\_

Any major changes at home that might affect your child in care:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information or special instructions that will help the person caring for your child:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS**

Name of the Facility (exactly as stated on the license) <b>Kingdom Christian Academy</b>			License # <b>0069466-013</b>		
Street Address of the Facility <b>616 Grand Avenue</b>		City <b>Leavenworth</b>	Zip Code <b>66048</b>	County <b>Leavenworth</b>	

\_\_\_\_\_ may go to the following locations off the premises with adult supervision:

**First and Last Name of Child or Youth**

Place FCCI Sanctuary	Street Address 616 Grand Ave	City Leavenworth	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Soccer Field / Baseball Field	Street Address 616 Grand Ave	City Leavenworth	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Leavenworth Public Library	Street Address 417 Spruce St	City Leavenworth	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Crown Lanes	Street Address 834 Spruce St	City Leavenworth	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Wollman Aquatic Center	Street Address 13 <sup>th</sup> Street & Shawnee	City Leavenworth	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Play, Bounce, and Jump	Street Address 1918 Spruce	City Leavenworth	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Riverfront Community Center	Street Address 123 Esplanade	City Leavenworth	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	



Place Carousel Museum	Street Address 320 Esplanade	City Leavenworth	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place B & B Leavenworth Landing	Street Address 225 Delaware	City Leavenworth	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Twin Oaks Assisted Living	Street Address 657 W Eisenhower Rd	City Lansing	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Richard Allen Culture Center	Street Address 412 Kiowa	City Leavenworth	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Karma Cakes	Street Address 514-B Delaware	City Leavenworth	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

-----  
**FOR SCHOOL AGE CHILDREN OR YOUTH ONLY**

I hereby authorize my **school age child** \_\_\_\_\_  
**First and Last Name of Child or Youth**
**Birth Date MM/DD/YYYY**

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	