



AOK Family Enrollment Form

Please circle or high light your child's or children's enrollment status.

Fixed Plan - students must be enrolled three or more days each week to benefit our special rates.

Flex Plan - parents must turn in monthly attendance schedule and pay in advance for students who are enrolled to come two or less days a week.

Start Date: _____

Student Name (s)	DOB	Allergies

Father's Name		Mother's Name	
Work#		Work#	
Cell/Page#		Cell/Page#	
Email:		Email:	
Home Address		Home Address	
City/Zip		City/Zip	
Home #		Home#	

Any helpful information for your child/children you want to share with us.

Emergency Contact & Authorized Pick-Up Personnel Information

Name	Home Phone Number	Work Phone Number	Cell Number

Please keep in mind: if your child is involved in an accident, has behavior issues or becomes ill and needs to be picked up from AOK, we will use the emergency information provided in this form to contact you. Please pick up your child within one hour upon receiving our phone call. If no one can be reached past operation hours, AOK will follow emergency procedures which include calling our local law enforcement.

Snow Emergency Policy

In the event of a snow emergency, AOK will stay open two hours after school is released. Please pick up your child/children within that time frame. If there is a Two Hour Delay due to heavy snow, AOK will still open on its usual time and will stay open until school resumes. If Kaleidoscope is closed due to extreme cold weather or snow, AOK will also be closed. Please check postings on WCCO4, KARE11 or the website for snow day updates.



Student Name (s):

_____ / _____ / _____

FIXED PLAN families: Please indicate "X" for the number of days you will ne service.

	Mon	Tue	Wed	Thu	Fri
Am Only					
PM Only					
AM & PM					
Non-School Day /Summer					

Enrollment Contract

I know that the \$50/Family registration fee is non-refundable. All forms, registration and activity fees are due PRIOR to my child/children's first day at AOK. I am liable to pay AOK, Inc. the tuition and extra fees according to the enrollment plan I have registered. I understand that I am still responsible for the tuition even when my child/children is/are absent during those days. I know that there are NO "make-up" days for any absent days. To cancel or change my child/children's enrollment plan, I must give AOK two weeks advance notice or I will still be charged for the two weeks' tuition.

Parent/Guardian Authorization

1. I authorize my child/children to participate in all AOK's planned activities.
2. AOK staff has my permission to apply sunscreen on my child/children.
3. Only as directed and when needed, AOK staff may administer non-prescription and/or prescription medications to my child/children.
4. For publicity or promotional purposes, I authorize AOK to use my child/children's pictures on posters, newsletters or Kaleidoscope website.
5. My child/children may watch children's movies rated G or PG at AOK. They may also participate on walking field trips to the local public parks on non-school days and during the summer.
6. For transportation purposes during emergency or educational field trip activities, I authorize Vision Transportation of Elk River, Don's Bus Services, AOK staff & parent volunteers to transport my child/children in their personal insured vehicles.
7. Kaleidoscope Charter School has my permission to share my child/children's personal information with AOK for treatment, billing, referral, insurance and audits conducted by the School Board or the State of Minnesota.

Acknowledgement and Waiver of Liability

I acknowledge that AOK is not a licensed daycare facility; however, it is approved to operate by Kaleidoscope Charter School Board. I understand that AOK is dedicated to provide a safe, healthy and loving environment for the children attending the program. If my child/children is/are involved in a life threatening accident, AOK reserves all rights to seek emergency medical help before contacting the parent/guardian. I agree to assume all medical expenses including the cost of the ambulance. Kaleidoscope Charter School, AOK or their staff and volunteers will not be held liable for any and all claims from injuries or illness resulting from participating activities at AOK.

I understand, agree and will comply with all AOK's tuition, health and guidance policies for the entire duration of my child/children's enrollment at AOK.

Parent/Guardian Signature

Date



AOK Student/s Health Information

Student Name: _____ DOB: _____ Grade Next Fall: _____

Immunization Records

Immunization	DPT	Measles	Rubella	Tetanus	Polio	Mumps	HIB
Mon/Date/Year							

Please explain any special needs, allergies, food restriction, etc:

Student Name: _____ DOB: _____ Grade Next Fall: _____

Immunization Records

Immunization	DPT	Measles	Rubella	Tetanus	Polio	Mumps	HIB
Mon/Date/Year							

Please explain any special needs, allergies, food restriction, etc:

Student Name: _____ DOB: _____ Grade Next Fall: _____

Immunization Records

Immunization	DPT	Measles	Rubella	Tetanus	Polio	Mumps	HIB
Mon/Date/Year							

Please explain any special needs, allergies, food restriction, etc:

Medical and Dental Insurance Information

Family Clinic:	Dental Clinic:
Address:	Address:
Doctor Name:	Dentist Name:
Phone Number:	Phone Number:
Insurance Policy Carrier:	Insurance Policy Carrier:
Policy/Group#:	Policy/Group#: