

Mail completed application and \$75.00 application fee to:

KidZone Discovery Center  
Attention: Student Application  
PO BOX 607  
McCalla, Alabama 35111



APPLICATION FOR NEW STUDENT  
[www.kidzonediscovery.ws](http://www.kidzonediscovery.ws)--277-1270

Office Use Only

Date Received \_\_\_\_\_  
Application Fee \_\_\_\_\_  
Date Accepted \_\_\_\_\_  
Class \_\_\_\_\_  
Nap Mat \_\_\_\_\_

**KIDZONE DISCOVERY CENTER**  
*A Ministry of The Crossing*

**DAYCARE APPLICATION**  
(New Student)

Date of Application \_\_\_\_\_ Desired Start Date \_\_\_\_\_

**I. STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Goes By \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_ Age: Yrs. \_\_\_\_\_ Months \_\_\_\_\_

Social Security# \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Child # \_\_\_ of \_\_\_ Presently at KDC Church Affiliation \_\_\_\_\_

<b>NAMES OF BROTHERS/SISTERS</b>	<b>AGE</b>	<b>GRADE</b>	<b>SCHOOL/DAYCARE</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**II. PARENT/GUARDIAN INFORMATION**

**PARENT #1 (Please list the father's information first unless he does not live with the student)**

Last Name \_\_\_\_\_ Title (Rev./Mr./Mrs.) \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Occupation and Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to student \_\_\_\_\_ Lives w/ student \_\_\_\_\_ Responsible for Tuition/Expenses \_\_\_\_\_

Spouse's name (if other than below) \_\_\_\_\_

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**PARENT #2 (Or individual responsible for tuition)**

Last Name \_\_\_\_\_ Title (Rev./Mr./Mrs.) \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Occupation and Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to student \_\_\_\_\_ Lives w/ student \_\_\_\_\_ Responsible for Tuition/Expenses \_\_\_\_\_

Spouse's name (if other than above) \_\_\_\_\_

**EMERGENCY & MEDICAL CONTACTS** (List name, relationship, home & work phone):

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

List any persons other than parents/guardians and Emergency Contacts who are authorized to pick up student (Include name, home and work phone numbers) \_\_\_\_\_

\_\_\_\_\_

***CHILDREN WILL ONLY BE RELEASED TO PERSONS LISTED ABOVE UNLESS A NOTE IS RECEIVED FROM THE PARENT. ANY CHILD NOT PICKED UP BY 6:00 PM WILL BE CHARGED \$7.50 FOR EVERY 1-15 MINUTES THAT THE PARENT IS LATE. THIS FEE WILL BE CHARGED DIRECTLY TO THE PARENT'S ACCOUNT.***

**III. EDUCATIONAL INFORMATION**

List all schools/daycares the student has attended

SCHOOLS/DAYCARE	CITY/STATE	REASON FOR LEAVING
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mailing address of most recent school/daycare:

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

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Does this student have any physical or emotional problems which require special medication?

Please explain: \_\_\_\_\_

Has this student ever been referred or tested for learning disabilities or special education services?

Please explain: \_\_\_\_\_

\_\_\_\_\_

Has this student ever had any serious discipline problems, been suspended, asked to withdraw or expelled from school/daycare?

Please explain: \_\_\_\_\_

\_\_\_\_\_

**IV. FAMILY CHRISTIAN BACKGROUND INFORMATION**

Which most accurately describes the family's church attendance: \_\_\_\_ Member \_\_\_\_ Active In Church  
\_\_\_\_ Attends Sunday School \_\_\_\_ Attends occasional \_\_\_\_ Only a few times a year

What church do you attend? \_\_\_\_\_

Does the entire family attend together? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain briefly why you want a Christian education for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you choose KidZone Discovery Center? \_\_\_\_\_

\_\_\_\_\_

Who referred you to KDC? \_\_\_\_\_

**V. MEDICAL INFORMATION**

(Please check all that are applicable)

COMMUNICABLE DISEASES

OTHER CONDITLONS:

Chicken Pox \_\_\_\_\_  
Diphtheria \_\_\_\_\_  
Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Whooping Cough \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_

Asthma \_\_\_\_\_  
Hay Fever \_\_\_\_\_  
Skin Allergy \_\_\_\_\_  
Colds(frequent) \_\_\_\_\_  
Coughs(frequent) \_\_\_\_\_  
Tonsillitis \_\_\_\_\_

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Does your child take medication on a regular basis? \_\_\_\_\_ If so, what medications?

Is your child allergic to any medicines? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Is your child allergic to ant bites? \_\_\_\_\_ Bee Stings? \_\_\_\_\_ Specific Foods? \_\_\_\_\_

Please comment in regard to these factors of your child's general health:

\_\_\_\_\_

Other? \_\_\_\_\_

List any special needs or limitations your child has (including speech, hearing, learning, vision, coordination, etc.) \_\_\_\_\_

\_\_\_\_\_

Accidents: \_\_\_\_\_ Please give dates: \_\_\_\_\_

Operations: \_\_\_\_\_ Please give dates: \_\_\_\_\_

Dental Needs: \_\_\_\_\_

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**KIDZONE DISCOVERY CENTER**  
**STATEMENT OF FAITH**

I personally believe and will support KIDZONE DISCOVERY CENTER in its adherence to and teaching of the following Statement of Faith:

1. The divine inspiration of only the Bible, without error in its entirety;
2. The one triune God, eternally existent in the Father, Son and Holy Spirit, who created man be a direct immediate act;
3. The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to heaven, and the second coming of the Lord Jesus Christ, the only Son of God;
4. The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;
5. The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

**KIDZONE DISCOVERY CENTER PARENT OR GUARDIAN**  
**STATEMENT OF AGREEMENT AND COOPERATION**

**Admission Policy**

1. We understand that all applications are made to the Administration of KidZone Discovery Center/KDC which reserves the right to review before admission is approved. We understand that the admissions procedures include the submission of an application form with the application fee, application review, a family review, that enables the Administration to make a responsible decision. We also understand that all applicants who are accepted are done so on an eight-week trial basis.
2. We understand that parents are the ultimate educators, and are responsible to God for the education of their children. Their responsibility is shared with the school during school hours when the biblical directive to raise children in the nurture and admonition of the Lord (Eph. 6:4), and is transferred to the teacher. Parents, teachers and the church are partners in teaching the children at home, at school and at church with the consciousness that all truth comes from God (Cal. 2:3). Godly precepts and truths practiced and taught at home should be consistent with those adhered to at school and at church.
3. We agree to support the school in its rules and regulations, and the student for whom we are making application agrees to abide by all the school rules and regulations, including the dress and the Standards of Conduct.
4. We invest authority in the school to discipline our child as necessary in a manner consistent with Christian principles and as set forth in the Scriptures. Correction is administered through quietly speaking to the child in a firm manner. If additional correction is necessary, a "time-out" chair has been designated for the child to be temporarily separated from the others. (We will be available to come to school anytime during the day to discipline our child if the administration deems necessary.)
5. We agree that the applicant may receive instruction in the Christian faith, and understand that the school will be guided by a Christian world/life view in all of its programs and activities. We understand that there will be daily Bible reading and prayer in each class.

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6. KidZone Discovery Center admits students of any race, color, or national ethnic origin to all rights, privileges, programs and activities made available to students of the school. KidZone Discovery Center does not discriminate on the basis of race, color, or national ethnic origin in administration of its educational policies and admissions.
7. We understand that a student is not officially enrolled until all applicable fees, records, immunization forms, social security number and other necessary documents are received in the KDC office and approved by the Administration.
8. We recognize that it is a privilege for our child to attend KDC and pledge to refrain from negative criticism of the school, especially in the presence of our child, We also pledge to refrain from sharing negative feelings about KDC staff and/or policies with other parents, but rather will handle differences/offenses in the biblical manner as stated in Matthew 18.

**I HAVE READ THE 2011-2012 SCHEDULE FORM AND THE EXPLANATIONS OF FEES AND POLICIES CONCERNING PAYMENTS. I ALSO UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE FOR ANY REASON.**

I hereby certify that I have read the KDC Daycare Policies and Procedures and this Student Application Form, including the Consent for Medical Treatment Parent or Guardian Statement of Agreement and Cooperation, Statement of Faith, and I do agree to comply with the terms, conditions, and/or beliefs stated therein. I furthermore accept the conditions and requirements of all other official policies and procedures of KidZone Discovery Center, including the payment of all fees and charges according to the published schedule KDC.

ACCEPTANCE CANNOT BECOME OFFICIAL UNTIL KDC HAS RECEIVED ALL FEES, DOCUMENTS/FORMS. WRITTEN NOTIFICATION OF ACCEPTANCE OR REFERRAL WILL BE ISSUED.

FATHER'S SIGNATURE _____	DATE: _____
MOTHER'S SIGNATURE _____	DATE: _____
GUARDIAN'S SIGNATURE _____	DATE: _____