



An afterschool family values adventure

A ministry of Oasis Church

Kingdom Krew
1730 Curtner Ave
San Jose, CA 95125
408.883.8224
KingdomKrew.org
Lic# 434403618

School Age Parent,

We look forward to having your child attend Kingdom Krew again this upcoming school year.

Included in this packet are a few items needed in order to process your child's enrollment for the 2024-2025 school year.

- The 2024 - 2025 Admission Agreement needs to be completed and returned to the Kingdom Krew Office. Please read carefully as it has been modified.
- We have also made a few changes to the fee information. Please review the Parent Fee Information document to see the updated information.
- Emergency ID card to be completed for ALL children (annually)
- Parent Handbook – read carefully (available online and in the KK office)

We are happy to work with families who receive subsidized tuition, though space is limited. Additional paperwork is required. Please contact the office for assistance.

Scholarships are available by application for those demonstrating financial need. The Scholarship Committee will select and approve applicants depending on available funds.

Return the completed documents by April 26, 2024 to receive a discount of \$25 on the annual registration fee, which will be charged to your FACTS account either May 10th or two weeks after your enrollment.

Please contact the office if you have any questions.

Thank you.

Lynell Frey
Administrative Assistant
kingdomkrewhub@outlook.com



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PARENT FEES 2024-2025

SCHOOL AGE AFTER SCHOOL PROGRAM INFORMATION

Program Start	August 8, 2024*
Program Hours	Monday - Friday, from end of school until 6:00 pm
Monthly Payment	\$550

*Modified pick up scheduled Aug. 8-20th

PRESCHOOL TUITION (Year-Round Program)

Tuition Dates	September - August
Program Hours	Monday - Friday, 8:00 am until 6:00 pm
Monthly Payment	\$1425

ADDITIONAL FEES

Annual Registration Fee (non-refundable)	\$100 1 st child, \$75 each additional sibling
Additional FACTS account	\$50 per account, per year
Tuition Payment Due Date	1 st of the month
Late Pick-up Fee	\$1 per minute, per child
No Sign Out Fee	\$5 per day, per child
KK Late Payment Fee	\$25
FACTS Late Payment Fee	\$30
Re-Enrollment Fee	\$25 per child (during school term)
Preschool Nap Item Laundry Fee	\$25 per week (when not provided by family)

SCHOOL AGE SCHOOL YEAR BREAKS AND INSERVICE DAYS

Registration*	\$100 (non-refundable)
In-service Day♦	\$70 per day, per child
In-service Day, Currently Attending♦	\$42 per day, per child

*Children not currently enrolled in after school program

♦Cancellation notice required

2024 SCHOOL AGE SUMMER DAY CAMP INFORMATION

Weekly Schedule	June 10 – August 9, 2024
Registration Fee **	\$75 per child
Cost	\$375 per week, per child

**Children not enrolled in previous school year



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PARENT ADMISSION AGREEMENT 2024-2025

Child's Name: _____ Grade: _____ School: _____
Birthdate: _____ Age: _____ Gender: _____
Address: _____
Mother's Name: _____ Phone #: _____
Father's Name: _____ Phone #: _____

KINGDOM KREW USE ONLY

Term Start Date:

Term End Date:

I understand and agree with the following:

1. The **Kingdom Krew** program includes care for my child year-round for preschool through age 12. (Optional services will not be provided for the preschool program.)
2. I understand that weekly Summer Day Camps are available and require a new, separate registration for the school age program.
3. Children may be enrolled in the program regardless of gender, religion, race or national origin.
4. The goal of **Kingdom Krew** is to instill positive family values based on Christian principles, beliefs, and the Holy Bible. I understand the Bible will be taught as God's truth.
5. **Kingdom Krew** strives for an environment which is both safe and supports the positive family values being taught. Services may be terminated for any of the following reasons: late tuition, check returned for insufficient funds, not abiding by policy or procedures, unruly conduct by parent or guardian, child's behavior which threatens the immediate safety of himself / herself or others, disrupts a positive learning / play environment, or is beyond the capacity of the staff and program to manage.
6. I understand childcare professionals are required by law to report suspected child abuse.
7. If a child or family is terminated from **Kingdom Krew** program for failure to follow policies or procedures or state guidelines, access to the **Kingdom Krew** program services will not be permitted for a minimum of one year from the date of termination. If the family situation significantly changes, the family may appeal to the Board of Directors of **Kingdom Krew** by presenting facts about the change and written plan to ensure adherence to policies and procedures and state guidelines.
8. The Department of Social Services or licensing agency has authority to interview children or staff and to inspect and audit children or facility records without prior consent. The licensee shall make provision for private interviews with any child or staff member and for the examination of all records relating to the operation of the facility. The Department of Social Services or the licensing agency shall have the authority to observe the physical condition of the child, including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed professional physically examine the child.
9. During normal operation hours, upon presentation of identification, I have the right to enter and inspect the facility in which my child is receiving care without notice to the provider as stipulated in Title 22, Civ. 12 Health and Safety Code 101195(B).
10. 30 days written notice will be provided to the parent or authorized representative for any modifications to the parent agreement.
11. I give consent to receive notifications from Text-Em-All.
12. Is there an active **Court Order** which affects this student? Yes No If yes, please provide document.
13. There is online/office access to the **Kingdom Krew** Parent Handbook. I will comply with the policies and procedures. **Initials:** _____
14. For the safety of my child and in accordance with State Law, I agree to sign my child in (when appropriate) and out each day **electronically**.
15. As required by law, a doctor's written order will be required for prescription medication if my child must take medication while at **Kingdom Krew**. (Over the counter medicines can be provided with parent authorization). I will sign in the medication at the office with instructions as to time and dose to be administered. **Kingdom Krew** will not be responsible for child illness due to failure to supply medication or lack of notification of known conditions. See the Parent Handbook for more on medical and sick policies. **Initials:** _____

16. If my child does not need to attend for any reason on a regularly scheduled day, I am required to notify **Kingdom Krew** by calling **408.883.8224** or emailing **KingdomKrewAbsent@outlook.com**.
17. If I cannot pick up my child, I will arrange for another authorized person to sign out and pick up my child by closing time. I understand that if I designate a different person to pick up my child than originally identified on enrollment forms, I will notify **Kingdom Krew** in writing. **Pick-ups occurring after 6:00 pm will be charged \$1.00 per minute per child. Failure to sign-out will result in a \$5.00 fee.**
18. I agree to notify the **Kingdom Krew** office, **in writing, at least two weeks in advance of scheduled changes and termination**. I understand that I am responsible for the full tuition until notice and withdrawal has occurred. Tuition remains the same whether or not my child attends.
19. **Kingdom Krew** utilizes FACTS, an online tuition payment service, for all payments. Enrollment in **Kingdom Krew** requires enrollment in FACTS for regular monthly payments and any incidentals due. The FACTS enrollment fee is included in the registration fee.
20. I agree to meet my financial obligation on or before the date payment is due. If overdue, I will pay late fees, billed by FACTS. I understand tuition is payable on the 1st of the month of services rendered. Tuition is not prorated and is to be paid regardless of illness, vacation days, or holidays. Registration fees are non-refundable.
21. School Age Full Days are by reservation only and are not guaranteed after the RSVP deadline. Review RSVP and cancellation details in email as they pertain to each Full Day.
22. Re-enrollment: I understand if I withdraw my child during the school year and re-enroll for the same school year there is a \$25 fee.

I understand my financial obligations as stated in items 17-23. Initials: _____

23. My financial commitment: (please mark options that apply)

- \$ 100 registration fee first child (required annually)
- \$ 75 registration fee each additional sibling
- \$ 50 fee for additional FACTS account (Per family)

School Age Program:

- \$ 550 5-day program monthly tuition; \$42 per full day (Inservice day)
- 5 day program monthly tuition split between parents (_____ % mother and _____ % father)
- \$ 70 per full day (Inservice day only)

Preschool Program (2-5 Years):

- \$ 1425 5-day program monthly tuition
- 5 day program monthly tuition split between parents (_____ % mother and _____ % father)
- I am working with a **subsidy program**. I understand I am still responsible to make sure fees (registration, tuition, incidentals) are paid in full in a timely manner. If my subsidy provider does not cover the cost, I am responsible to pay the remaining amount.

Optional Agreement: Photos taken during **Kingdom Krew** activities may be used for media and advertising purposes. Photos of my child may may not be used as stated above.

Signature of Parent/Guardian _____ Date _____

Please list child's allergies (including food and medications) or special problems, fears, and conditions that staff should be aware of. Please list any helpful details regarding food allergies (i.e. no scrambled eggs, eggs in baked goods ok). Provide medication needed to treat food allergies.

None Known _____

Medication Needed: _____

I have read and understand all the policies of **Kingdom Krew** as stated in the Admissions Agreement and agree to them. I also understand that as a signee I am responsible for the financial commitment.

Signature of Authorized Parent/Guardian _____ Date _____

Signature of Authorized **Kingdom Krew** representative _____ Date _____



ID Emergency Information

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Childs Name: _____ DOB: _____ M F
Last, First, MI

School: _____ Grade: _____ Rm #: _____ KK Start Date: _____

Child Lives with: _____

Mother/Guardian: _____ CDL#: _____

Address: _____
Street City State Zip

Phone Cell: _____ Work: _____ Other: _____

Email: _____

Occupation: _____ Employer: _____

Father/Guardian: _____ CDL#: _____

Address: _____
Street City State Zip

Phone Cell: _____ Work: _____ Other: _____

Email: _____

Occupation: _____ Employer: _____

PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(People listed will be authorized to pick-up my child without further notice and must be 16 years or older.)

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Date: _____

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO KINGDOM KREW / OASIS CHURCH TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST FOR _____.

CHILD'S NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY DEPENDANT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

In case of Medical Emergency when parent or guardian cannot be reached contact: (List in order to be contacted.)

- 1. Name: _____ Relationship: _____ Ph #: _____
- 2. Name: _____ Relationship: _____ Ph #: _____
- 3. Name: _____ Relationship: _____ Ph #: _____

INSURANCE/MEDICAL RESPONSE INFORMATION

Insurance carrier: _____ Policy No.: _____

Physician to be called in case of emergency: _____

Address: _____ Phone: _____

Dentist to be called in case of an emergency: _____

Address: _____ Phone: _____

Preferred Family Hospital to be called in case of an emergency: _____

Address: _____ Phone: _____

Please list any food allergies or special problems, fears, conditions that staff and medical personnel should be aware of.

Signature box

Signature of Parent or Guardian

Date

Reviewed Date

Reviewed Date

Reviewed Date