



**Kingdom Kids Preparatory School  
Admission Application  
2024-2025 School Year**

Mrs. Della Samuels, Director (KKPS )

706-724-1086, ext. 130

[dsamuels@beulahgrove.org](mailto:dsamuels@beulahgrove.org)

Date of Registration: \_\_\_\_\_ Date of Entrance: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male / Female

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

Father's Name: \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Employer's Number: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Required)

Cellphone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Employer's Number: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Required)

Cellphone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Living Arrangements: (Check One) ( ) Both Parents ( ) Mother ( ) Father ( )  
Other

Child's Legal Guardian: (Check One) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

**Emergency Contact Person Other Than Parent or Legal Guardian:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

**Child Release Information:**

Please list below the names of person authorized to pick up your child. Please print clearly. If additional names are necessary, complete on a plain sheet of paper with the title: Additional Child Release Information. **All persons listed need picture identification.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**NOTE: Place additional people  
on another sheet of paper.**

# **Emergency Medical Authorization**

Child's Name: \_\_\_\_\_ D.O. B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_

Name of Medication to Issue	Amount to Give	Time
_____	_____	_____

**All medications should be dispersed at home. If medications to be taken during school hours must be prescribed by a certified physician, along with a written note from his office. A medication form must be on file giving the administrator permission to administer as outlined on the prescription bottle.**

**Health History: (Please check all that apply.)**

Allergies	Diseases	Other
<input type="checkbox"/> Poison Ivy, etc	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Measles	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Penicillin	<input type="checkbox"/> German Measles	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Mumps	<input type="checkbox"/> Convulsions
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
		<input type="checkbox"/> Behavioral

Please list any other allergies your child may have: \_\_\_\_\_

Recommendations & Restrictions: \_\_\_\_\_

Please list any medical problems or special needs that your child may have: \_\_\_\_\_

I, the parent/guardian of this child, have completed this emergency medical authorization form to the best of my knowledge. I understand that if emergency treatment is required and/or I cannot be reached immediately, my signature below empowers Kingdom Kids Preparatory School to seek emergency medical attention for my child. I will not hold Kingdom Kids Preparatory School nor any other entity on the Beulah Grove Campus liable for any injuries or medical conditions that may occur.

The Center agrees to keep me informed of any incidents requiring professional medical attention involving my child.

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



## Parental Agreement with Child Care Facility

The Kingdom Kids Preparatory School agrees to provide childcare for

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

Days of the Week: \_\_\_\_\_

Beginning at \_\_\_\_\_ AM and ending at \_\_\_\_\_ PM

from \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Month)

**My child will participate in the following meal plan (circle applicable meals and snacks):**

Breakfast

Morning Snack

Lunch

Afternoon Snack

Evening Snack

---

I understand that each year a registration fee and new agreement must be signed by the parent(s).

I understand it is my responsibility to inform Kingdom Kids Preparatory School of my decision to no longer bring my child to the facility.

I understand that I am responsible for making tuition payments on time, no matter which payment plan I select.

I understand that my child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I understand and acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

I understand before any medication is dispensed to my child, I must provide written authorization from the child's physician, which includes Date, Name of Child, Name of Medication, Prescription Number (If any), Dosages, and Date/Time of day to be given to child. Medicine must be in the original container inside a Ziplock bag with the child's name clearly marked on it. **All non-prescribed medications must be given to students before bringing them to Kingdom Kids Preparatory School. Non-prescribed medications are not allowed to be placed in the student's bookbags.**

I acknowledge that Kingdom Kids Preparatory School agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

I acknowledge that Kingdom Kids Preparatory School agrees to obtain written authorization from me before my child participates in any water-related activities occurring in water that is more than two (2) feet deep.

**Photo/Video/ Web Release Form:**

I acknowledge that Kingdom Kids Preparatory School requests your permission to photograph and/or interview your child/children for the sole purpose of promoting Kingdom Kids Preparatory School. From time to time, the television and newspaper reporters may want to interview, videotape, create PowerPoint presentations and/or photograph your child/children. As a part of the advertisement, pictures will be placed on the Kingdom Kids Preparatory School website. Please note that these stories and newscasts may also appear on the internet.

If permission is given, you will be granted the unlimited right of the Kingdom Kids Preparatory School (KKPS) and the news media, if applicable, to utilize and produce photographs, likenesses, or the voice of your child/children **in any legal manner.**

**NOTE: If your child/ren cannot be photographed or recorded they will not be allowed to participate in any programs (i.e. Christmas program, Black History program, etc.)**

Yes, permission is given to photograph, video and/or interview my child.

No, permission is **NOT** given to photograph, video and/or interview my child.

I authorize Kingdom Kids Preparatory School to obtain emergency care for my child when I'm not available.

I have received a copy of this agreement and agree to abide by the policies and procedures for Kingdom Kids Preparatory School d/b/a Kingdom Kids Preparatory School

Kingdom Kids Preparatory School is located at 1434 Poplar Street, Augusta, GA 30901. I also agree to follow all state and federal laws of the State of Georgia.

Signed: \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Signed: \_\_\_\_\_  
KKPS Administrator/Authorized Person

\_\_\_\_\_  
Date



Dear Kingdom Kids Preparatory School Parent,

A new year has come and we are preparing administratively to meet the needs of our students and parents. In order to communicate more effectively we need the following information to place in your child's file:

Parent Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Circle the area/s that apply to your child/ren.

Development Center

Alpha and Omega

Payment Form: Weekly      Bi-Weekly      Monthly\*

**\*Note for monthly paying parents:** When there is a 5<sup>th</sup> week in the month...you will need to include another week of payment.

Child's Name	Child's Class	Child's Fees Per Week

Signing below acknowledges that you as the parent/guardian agree to the payment form you have selected for the year. (Development Center-August-July),

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature

Date Signed

08042021KKPS



1434 Poplar Street

Augusta, GA 30901

706-724-1086

706-724-6999 (Fax)

[www.kingdomkidsaugusta.org](http://www.kingdomkidsaugusta.org)

---

**Permission for Field Trips:**

The Kingdom Kids Preparatory School has arranged for your child to visit the W.T. Johnson Center for playtime weekly. The Center is located directly behind Kingdom Kids Development Center at 1610 Hunter Street.

Yes, my child has permission to attend all field trips.

No, my child cannot attend any/all field trips.

Signing below acknowledges my consent for my child to take field trips to the W. T. Johnson Center weekly.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Dietary Restrictions Form

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

This form must be completed and returned with the registration packet so necessary eating arrangements may be made for the child. All students **MUST** completed this form regardless of any dietary restrictions or not.

\_\_\_\_\_ Check here if the child has **NO DIETARY RESTRICTIONS**

Please check any of the following that apply to your child:

\_\_\_\_\_ Lactose intolerant: alternative enriched milk will be provided by the parent (A statement from the doctor is required)

\_\_\_\_\_ Child does not eat pork or pork by products

\_\_\_\_\_ Child does not eat red meat

\_\_\_\_\_ Child cannot eat fish

\_\_\_\_\_ Vegetarian (Child will eat animal products, but not meat)

\_\_\_\_\_ Vegetarian (Child is vegan...no animal products whatsoever)

\_\_\_\_\_ Child is Kosher

Please list any food allergies your child has: \_\_\_\_\_

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

List items that your child may have in lieu of what they are allergic to: \_\_\_\_\_

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

Please list any other dietary restrictions you have (Please do not that this is not an area to list foods that you dislike. Only list foods the child you may not eat due to religious or health reasons): \_\_\_\_\_

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

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



**Bright from the Start: Georgia Department of Early Care and Learning  
CACFP Meal Benefit Income Eligibility Statement\***

**PART I: Child(ren) or Adult enrolled to receive day care**

<b>Name: (Last, First and Middle Initial)</b>	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note:</b> Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)**

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

**A. Child Income<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.)  
 income received by child household members listed in Part I here. \$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write "0". If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**C. Total Household Members (Adults and Children) listed in Part I and Part II \_\_\_\_\_**

**Social Security Number.** If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  I do not have a Social Security Number

**PART III: Enrollment Information: Children Only**

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

Circle the meals your child will normally receive while in care: **Breakfast AM Snack Lunch PM Snack Supper Evening Snack**

**PART IV: Signature**

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

**PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.**

Check (✓) one ethnic identity:  Hispanic/ Latino  Not Hispanic/ Latino

Check (✓) one or more racial identities:  American Indian or Alaskan Native  Asian  Black or African American  Hawaiian or other Pacific Islander  White  Multiracial

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: \_\_\_\_\_ Per:  Week  Every 2 weeks  Twice a month  Monthly  Year Household Size: \_\_\_\_\_

Categorical Eligibility: check (✓) if applicable  Eligibility: check (✓) one Free  Reduced  Paid

Day Care Homes Only: check (✓) one Tier I  Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



1434 Poplar Street  
Augusta, GA 30901

706-724-1086  
706-724-6999 (Fax)

Rev. Xavier Creekmur, CEO

Della Samuels, Director

---

## Kingdom Kids Preparatory School Childcare Rates

---

<b>Class</b>	<b>Cost</b>
Infant Room (6wks- 12 months)	\$ 180.00
Toddler Room (12- 24 months)	\$ 160.00
2K Room	\$ 140.00
3K Room	\$ 120.00
4K Room	\$ 100.00
Before and After Care	\$ 85.00
Enrollment/Registration Fee	\$ 75.00

Respectfully Submitted

*Della Samuels*

Della Samuels

KKPS Director

Follow Up Official's Signature: \_\_\_\_\_

# **Kingdom Kids Preparatory School**

## **Documents Needed for Registration**

- Legal Guardian's Photo ID
- Social Security Card (Parent and student)
- Proof of Residency
- Official Copy of Birth Certificate
- Completed Eye, Ear and Dental form
- Completed Immunization form\*\*

\*\*The Eye, Ear, Dental and Immunization forms may be obtained from the Health Department Downtown Augusta or your family Pediatrician/Physician\*\*

**Registration is not complete until  
all necessary documents have  
been submitted with the  
registration fee.**