



**Kingdom Kids Preparatory
School
Kingdom Kids Development
Center
Admission Application
2021-2022 School Year**

Mrs. Della Samuels, Director (KKDC)

706-724-1086, ext. 130

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Mrs. Deborah Welcher, Director (KKCA)

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fsingfield@development-corp.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
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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"/> Ear Infections
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Penicillin	<input type="checkbox"/> German Measles	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Mumps	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Asthma	<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 Development Center to seek emergency medical attention for my child. I will not hold Kingdom Kids Development Center 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 Development Center 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 Development Center 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 child's name clearly marked on it. **All non-prescribed medications must be given to students before bringing them to Kingdom Kids Development Center. Non-prescribed medications are not allowed to be placed in the student's bookbags.**

I acknowledge that Kingdom Kids Development Center 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 Development Center 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 d/b/a Kingdom Kids Development Center 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 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 granting the unlimited right of the Kingdom Kids Preparatory School (KKPS) and the news media, if applicable, to utilize and produce photograph, 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 Development Center 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 Development Center.

Kingdom Kids Development Center 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

FOR ALL”

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:_____



1434 Poplar Street
Augusta, GA 30901
www.kingdomkidsprep.org
706-724-1086
706-724-6999 (Fax)

Rev. Xavier Creekmur, CEO

Rev. Jean Callaway, COO

Della Samuels, Director

Effective: June 17, 2021

Kingdom Kids Development Center Childcare Rates

Class	Cost
Infant Room (6wks-12 months)	\$ 170.00
Toddler Room (12-24 months)	\$ 150.00
2K Room	\$ 130.00
3K Room	\$ 110.00
4K Room	\$ 90.00
Before and After Care	\$ 75.00
Enrollment/Registration Fee	\$ 60.00

Respectfully Submitted

Della Samuels

Della Samuels
KKDC Director

**The Child and Adult Care Food Program
Income Eligibility Statement Form and Supporting Documents**

The United States Department of Agriculture (USDA) issued revised Income Eligibility Statements (IES) and other required forms to all state agencies to disseminate to institutions participating in the Child and Adult Care Food Program (CACFP). The newly revised IES package includes the following: IES form and instructions, reduced income guidelines template with privacy and non-discrimination statement, Sharing Information with Medicaid/SCHIP letter, sample house-hold letters based on program type, and template letters to use when verifying income and reporting the results of the verification. This newly revised IES application conforms to USDA's newly released prototypes and therefore meet all legal requirements and reflect design best practices identified by USDA through focus testing and other research,

The revised IES package and supporting documents is available at
<http://www.decal.ga.gov/BftS/FormList.aspx?cat=CACFP>.

Part I: For family day care home and childcare center, list participant's name and a SNAP, TANF, or FDPIR case number. For adult day care, list participant's name and a SNAP, TANF, FDPIR, SSI or Medicaid case number. Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. Note: Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility,

Part II: Skip this part.

Part III: Childcare centers only, Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, childcare center or adult day care, list participant's name. Part II: To report total household income from last month, complete the following:

A Child Income: Please indicate the TOTAL income received by Child household members listed in PART I. Please list any child income and how often it is received in this section.

household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing

with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

List Gross Income. Next to each person's name, list each type of income received last month, and how often it was received.

B-Column 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). B-Column 2: List the amount each person got last month from welfare, child support, alimony.

B-Column 3: List Social Security, pensions, and retirement.

B-Column 4: List all other income sources including Workers Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

If no income: If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report.

C-Total Household Members. Please list the total number of all household members (children and adults) in this section.

Part III: Childcare centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must complete this section completely and then sign the form. Please refer to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

Part V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits on the Annual Income Eligibility Guidelines.

Household Size	Yearly Income
1	
2	
3	Please refer to the Income Eligibility Guidelines that are updated annually and available on DECAL's website.
4	
5	
6	
7	
8	
Each additional person	Add:

Privacy Act Statement: The Richard B. Russell National School lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security of the adult household member who signs the application. The social security

number is not required when you apply on behalf of a foster child or you are a State, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html. and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632- 9992. Submit your completed form or letter to USDA by mail: U.S.

Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Sources of Income Chart'

Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

CACFP Meal Benefit Income Eligibility Statement*

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

Name: (Last, First and Middle Initial)

SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: 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 ¹ . Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here.	Child Income/How often?
\$	

A. Other Household Members ¹ 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 1. 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. 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, Welfare, child support, alimony/ How often?	3, Social Security, pensions, retirement / How often?	4, All other Income/ How often?
1. _____	\$ _____ \$	_____ , _____	\$ _____ , _____ -	\$ _____ - _____
2. _____	\$ _____	\$ _____ , _____ -	\$ _____ , _____ -	\$ _____ - _____
3. _____	\$ _____	\$ _____ , _____ -	\$ _____ , _____ -	\$ _____ - _____
4. _____	\$ _____	\$ _____ , _____ -	\$ _____ , _____ -	\$ _____ - _____
5. _____	\$ _____	\$ _____ , _____ -	\$ _____ , _____ -	\$ _____ - _____

B. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If income is listed or completed in Part II, 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: Signatur

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 officio/ 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 USOA'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 (optional)

Check { } one ethnic identity:

Check ☐ one or more racial identities:

D Hispanic/ Latino **D** Not Hispanic/ Latino

☐ Asian ☐ White ☐ Black or African American ☐ Indian or Alaska Native ☐ Hawaiian or other Pacific Islander

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: O week ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Year Household Size: _____

Categorical Eligibility: check () if applicable 0 Eligibility: check { } one Free D Reduced D Paid 0

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

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: _____

Confirming Official's Signature: _____

Follow Up Official's Signature: _____

Kingdom Kids Development Center

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.**