

# Child Care Re-Confirmation Package 2024-25

## FAMILY INFORMATION

CHILD 1'S LEGAL NAME: \_\_\_\_\_ NAME CHILD GOES BY: \_\_\_\_\_  
SURNAME GIVEN MIDDLE

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_  
YYYY / MM / DD

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CHILD 2'S LEGAL NAME: \_\_\_\_\_ NAME CHILD GOES BY: \_\_\_\_\_  
SURNAME GIVEN MIDDLE

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_  
YYYY / MM / DD

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CHILD 3'S LEGAL NAME: \_\_\_\_\_ NAME CHILD GOES BY: \_\_\_\_\_  
SURNAME GIVEN MIDDLE

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_  
YYYY / MM / DD

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PARENT/GUARDIAN 1 NAME: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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PARENT/GUARDIAN 2 NAME: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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HAS THERE BEEN ANY CHANGE IN CUSTODY RESTRICTIONS? YES  NO

HAS THERE BEEN A CHANGE IN WHO IS ALLOWED TO PICK UP YOUR CHILD FROM OUR PROGRAM? YES  NO

DOES YOUR CHILD HAVE ANY NEW OR CHANGED ALLERGIES/DIAGNOSES OR OTHER CARE REQUIREMENTS? YES  NO

*If you answered "yes" to any of the above, please provide additional documentation (court order, care plan, etc.)*

**EMERGENCY CONTACT INFORMATION**

*Note: MUST be different from parent/guardian(s).*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**PAYMENT**

- 100% by Parent/Guardian(s)
- Affordable Child Care Benefit (amount if known): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**CARE CONFIRMATION FOR 2024-25**

- I wish to confirm my child(ren)'s space in Before and/or After School Care for the 2024-25 school year with no changes to the days I am currently registered as of March 1, 2024.
- I wish to confirm my child(ren)'s space in Before and/or After School Care for the 2024-25 school year, but I would like to request the following changes to the days I am registered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If KOSC is unable to accommodate my change of care request, I would like to keep my child(ren)'s space on the days I am currently registered as of March 1, 2024:  YES  NO

- I will NOT need a space in Before and/or After School Care for the 2024-25 school year. I understand and acknowledge that if my care needs change, there is no guarantee that a space will be available for my child(ren).

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

\_\_\_\_\_  
Date

**FOR OFFICE USE**

STAFF INITIALS: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_