

CURRENT MEMBER RE-CONFIRMATION FORM FOR 2024-25

Re-Confirmation Period: March 1st – 15th, 2024

All of the following must be completed and returned to KOSC, either via email or in person, to confirm your care needs for the 2024-25 school year.

Complete & sign Child Care Re-Confirmation Package 2024-25 (attached).
Complete & sign Pre-Authorized Debit (PAD) Form for 2024-25. Your re-confirmation will not be considered complete until KOSC has received your PAD form.
Read & understood Registration Information & Parent Handbook.
Complete & sign Health and Care Plan Review (if applicable).
Provide updated photo of child (optional).

Child Care Re-Confirmation Package 2024-25

FAMILY INFORMATION

CHILD 1'S LEGAL NAME:	NAME CHILD GOES BY:							
	SURNAME GIVEN MIDDLE							
DATE OF BIRTH:		PRONOUNS:						
	YYYY / MM / DD							
CHILD 2'S LEGAL NAME:		NAME CHILD GOES BY:						
	SURNAME GIVEN MIDDLE							
DATE OF BIRTH:		PRONOUNS:						
	YYYY / MM / DD							
CHILD 3'S LEGAL NAME:		NAME CHILD GOES BY:						
	SURNAME GIVEN MIDDLE							
DATE OF BIRTH:	GENDER:	PRONOUNS:						
	TTTT / IVIIVI / UU							
		PRONOUNS:						
ADDRESS:	ADDRESS: CELL PHONE:							
EMPLOYER: WORK PHONE:								
EMAIL ADDRESS:								
PARENT/GUARDIAN 2 NA	.ME:	PRONOUNS:						
ADDRESS: CELL PHONE:								
FMPI OYFR	EMPLOYER: WORK PHONE:							
EMAIL ADDRESS:								
HAS THERE REEN ANY CHAN	IGE IN CUSTODY RESTRICTIONS? YES \Box	NO \square						
THAS THERE BEEN AINT CHAIN	ISE IN COSTOD I RESTRICTIONS: TES E	No L						
HAS THERE BEEN A CHANGE IN WHO IS ALLOWED TO PICK UP YOUR CHILD FROM OUR PROGRAM? YES \square NO \square								
DOES YOUR CHILD HAVE ANY NEW OR CHANGED ALLERGIES/DIAGNOSES OR OTHER CARE REQUIREMENTS? YES \(\Boxed{1} \) NO \(\Boxed{1} \)								
If you answered "yes" to any of the above, please provide additional documentation (court order, care plan, etc.)								

EMERGENCY CONTACT INFORMATION

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

IAN	ME:		RELATIONSHIP:						
CELL PHONE:		WORK PHONE:	HOME P	HONE:					
NAME:			RELATIONSI	HIP:					
CELL PHONE:		WORK PHONE:	HOME PHONE:						
NAME:			RELATIONSI	HIP:					
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: \Box YES \Box 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/Guar	dian Signature		Date					
FOR OFFICE USE									
STA	STAFF INITIALS: DATE RECEIVED: TIME RECEIVED:								