



130 3rd Street East
Wabasha, MN 55981
(651) 565-4446

God's Kids!

APPLICATION FOR ADMISSION - GOD'S KIDS

School Year 2026-2027

SECTION 1 – Parent/Guardian Information

Mother/Guardian

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Cell Phone: _____

☐ Use this number as family home number

Email: _____

Employer: _____

Title/Job: _____

Work Phone: _____

Employer Address: _____

Father/Guardian

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Cell Phone: _____

☐ Use this number as family home number

Email: _____

Employer: _____

Title/Job: _____

Work Phone: _____

Employer Address: _____

SECTION 2 – Student Information

1st Child

Name: _____
Last First MI

DOB: ____ / ____ / 20____ Age: _____

Please circle days attending:

After School M T W TH F Estimated Pick-up Time _____

2nd Child

Name: _____
Last First MI

DOB: ____ / ____ / 20____ Age: ____

Please circle days attending:

After School M T W TH F Estimated Pick-up Time _____

3rd Child

Name: _____
Last First MI

DOB: ____ / ____ / 20____ Age: ____

Please circle days attending:

After School M T W TH F Estimated Pick-up Time _____

4th Child

Name: _____
Last First MI

DOB: ____ / ____ / 20____ Age: ____

Please circle days attending:

After School M T W TH F Estimated Pick-up Time _____

SECTION 3 – Allergies/Special Dietary Needs

List and describe any food/medication allergies:

SECTION 4 – Student Special Needs

Please list any special needs your child(ren) may have:

SECTION 5 – Permission to Photograph Student

From time-to-time God's Kids is featured in the local newspaper and other promotional materials.

I give permission for the use of photographs with my child's photo to be used in promotional brochures and school advertising.

Yes

No

SECTION 6 – Internet Use

I give permission for my child(ren) to use the internet during God's Kids.

Yes

No

SECTION 7 – Walking Field Trips

I give permission for my child(ren) to go on walking field trips within an eight-block radius where transportation is not required.

Yes

No

SECTION 8 – Emergency Contacts

Child's Doctor: _____

Phone: _____

Child's Dentist: _____

Phone: _____

In the event of an emergency parents are responsible for all medical/ambulance expenses should it be required for their child.

SECTION 9 – Authorized Pick-up

The following persons are authorized to pick up my child(ren):

Name: _____ Relationship: _____
Phone: _____
Name: _____ Relationship: _____
Phone: _____

SECTION 9 – Authorized Pick-up, continued

Name: _____	Relationship: _____
Phone: _____	
Name: _____	Relationship: _____
Phone: _____	

SECTION 10 – Legal Information

It is the responsibility of custodial parents/guardians to provide legal documentation to God's Kids if non-custodial parents/guardians may not receive information, have contact with or remove the child(ren) from the program at any time. You must provide Gods' Kids with an **Order of Protection or Custody Order for this to be in effect.**

Name: _____

Name: _____

SECTION 11 – Billing

Billing During the school year, families will receive a billing statement in the mail once a month. Payment is due upon receipt of the statement. Payments received later than one week past the statement date will be subject to a late fee of \$25.00. Please contact the program coordinator to make special arrangements. Prompt payment is expected and required for our program to function successfully. Please keep accounts in good standing, as a delinquent account is grounds for termination from the program.

Each month a calendar will be required from each family using God's Kids. Monthly calendars will be due by the 20th of each month for the following month. Drop-in care is offered. Blank calendars will be available in the family folders.

SECTION 12 – Additional Information

God's Kids is a childcare program for school-age children. The program offers after-school care, as well as, late start, early release, and no school/snow day options. It is sponsored by St Felix Catholic School and is designed to provide a safe and enriching environment for children age 3 through grade six.

DROP-IN CARE

Registration fee and forms are required. For drop-in care, you **MUST** talk to a staff member in advance to assure that we have enough staff available for the needed day. These requests may be made by phone, email, or in person. Please do not assume that there is room for your child without confirmation.

Program Closings

New Year's Day, Good Friday, Easter Monday, Memorial Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve and Christmas Day. Advanced notice will be given if there are additional days that the program will close.

Hours of Operation and Billing Information

There is a **\$25.00 non-refundable registration fee** (per family) due at the time of enrollment. If this fee has not been paid, it will be automatically assessed to your account once care has begun.

After School Care: 3:00 p.m. to 4:30 p.m.	\$9.00 per day
After School Care: 3:00 p.m. to 5:30 p.m.	\$12.00 per day
Early Release: Time of release to 5:30 p.m.	\$25.00 per day
No School/Snow Day: 7:30 a.m. to 5:30 p.m.	\$37.00 per day \$22.00 4 hours or less

NOTE

- According to MN State License requirements, drop-in care is not accepted due to staff/child ratio count. Please call ahead if you require drop-in care.
- **Parents are responsible for a pickup fee of \$5.00 per child for every 15 minutes or more, your child remains at the program after closing.**

Lunches

Lunches are not provided by the program. Parents/Guardians provide a cold lunch for the child. We are not allowed to have a microwave in the classroom/or any room close to the classroom so we cannot heat or reheat food items.

St. Felix Catholic School Mission Statement

*We are a Catholic, Christ-centered school dedicated to
life-long learning where students are encouraged to develop
spiritually, academically, socially, and morally.*

SECTION 13 – Information Verification

Important note: We cannot enroll your child unless this section is completed and signed. Thank you.

- ☐ I've included the \$25.00 non-refundable registration fee (per family)
- ☐ Please put the \$25.00 non-refundable registration fee on my bill

Parent/Guardian Signature: _____ Date: _____