



# KINGSWOOD PROGRAMS

## 2026-2027 APPLICATION FOR KINGSWOOD PROGRAMS

June 2026 - May 2027

### ENROLLMENT INFORMATION

- Open Enrollment begins March 9, 2026.
- Kingswood reserves the right to combine and/or cancel classes due to minimum enrollment numbers.
- The following items must be returned in order to process your enrollment:
  - Enrollment form
  - Up-to-date immunization record for child (*medical exemptions only*)
  - Child Medical Examination Report (filled out by a physician)
  - Non-refundable \$100 registration fee for first child, \$50 for any additional children
  - For infants and toddlers, completed feeding plan
- Tuition: Tuition payments are due on the 1st and 15th of each month beginning on September 1<sup>st</sup>, 2026 with the final payment due May 15<sup>th</sup>, 2027.
- We are in session September 1, 2026 - May 27, 2027. See school calendar for detailed schedule.
- Children enrolling in our 3 year-old preschool classes or older must be potty trained. If there are any concerns, please contact the Director.
- Parent Orientation: August 27, 2026
- Meet the Teacher: August 31, 2026 - 9:30 am or 6:00 pm

*As a religious organization, Kingswood Programs is license exempt, but is inspected annually & approved by the state. Kingswood Programs admits students of any race, color, national or ethnic origin. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, or other school-administered programs.*

- I have read and acknowledge the Kingswood enrollment information.
- I understand that enrollment is on a first-come first-serve basis, and all enrollment items and fees must be returned 30 days in advance of program starting date in order to secure a position.
- I understand I may receive one week vacation credit from June 1, 2026 - May 27, 2027, with 2 weeks prior notice through completion of notice form.

**Child's Name(s):** \_\_\_\_\_

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

### CONTACT

**Kingswood Programs**

kingswooddirector@kwumc.com

**King's Way United Methodist Church**

2401 S. Lone Pine Ave.

Springfield, MO 65804

417.881.4398

#### For Office Use Only:

Date & Time Application Received: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Registration fee paid on (date): \_\_\_\_\_

Monthly Tuition Amount: \_\_\_\_\_



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

**CHILDCAREENROLLMENTFORMFORLICENSE-EXEMPTFACILITIES**

FACILITY/PROVIDER NAME		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
<b>IDENTIFYING INFORMATION</b>			
MOTHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
FATHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.</b>			
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.			
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE			
TO CONTACT THE FOLLOWING:		DAY CARE PROVIDER <b>PHYSICIAN OR CLINIC</b>	
NAME		TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>			
NAME		TELEPHONE NUMBER	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/ Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

<b>ACKNOWLEDGEMENTS</b>		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

**HEALTH REPORT FOR SCHOOL-AGE CHILD  
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUPCARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

**FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.**

**FILING:** FILE FORM IN CHILD'S INDIVIDUAL RECORD.



Office Use: _____ _____
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**PICK-UP RELEASE**

Name of Child: \_\_\_\_\_

Primary Pick Up Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Persons authorized to take child from Kingswood (other than parents)**

Please list the names and phone numbers of any persons other than parent/guardian authorized to take child from facility.

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

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

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

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

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

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





# PRESCHOOL REGISTRATION

## 2 YEAR-OLD PRESCHOOL (2 by Aug. 1, 2026)

**9:00 AM TO NOON** (Drop off begins at 8:45 am)

- \$455/month Tuesday/Wednesday/Thursday
- \$580/month Monday - Friday

## 3 YEAR-OLD PRESCHOOL (3 by Aug. 1, 2026)

**9:00 AM TO NOON** (Drop off begins at 8:45 am. Must be potty-trained.)

- \$455/month Tuesday/Wednesday/Thursday
- \$580/month Monday - Friday

## PRE-KINDERGARTEN (4 by Aug. 1, 2026)

**9:00 AM TO NOON** (Drop off begins at 8:45 am. Must be potty-trained.)

- \$455/month Tuesday/Wednesday/Thursday
- \$580/month Monday - Friday

## EXTENDED CARE

*Extended Care is offered as an addition to any preschool schedule. Cost for extended care is a monthly fee in addition to the regular preschool hours. All children participating in extended care must bring a lunch and nap mat for rest time. Pre-kindergarten's 12:00 pm to 3:00 pm group will participate in enrichment activities. Please select your preferred extended care option below. If you have any questions or need clarification regarding the extended care options, please email [kingswooddirector@kwumc.com](mailto:kingswooddirector@kwumc.com).*

### TUE/WED/THUR EXTENDED CARE

- \$130/month 7:00 am - 9:00 am
- \$130/month 12:00 pm - 3 pm
- \$130/month 3:00 pm - 5:30 pm

### MON - FRI EXTENDED CARE

- \$155/month 7:00 am - 9:00 am
- \$155/month 12:00 pm - 3:00 pm
- \$155/month 3:00 pm - 5:30 pm