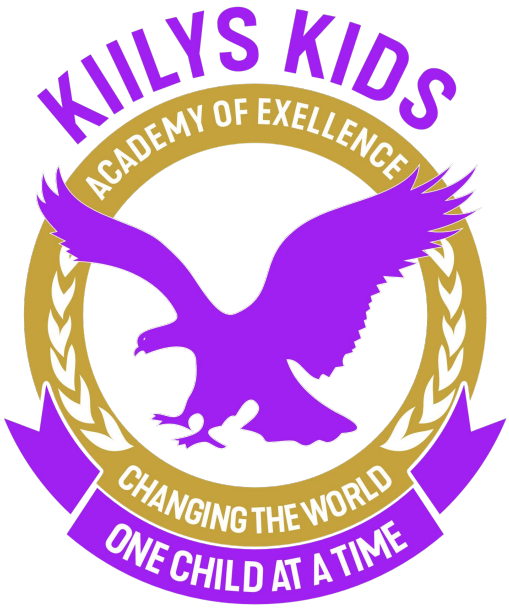

Kiily's Kids Incorporated

2026-2027
Enrollment Packet

Greetings Kiily's Kids Families,

I hope that you had a restful and rejuvenating summer. As we begin another school year, I am reminded of an African proverb; “it takes an entire village to raise a child”. This seems fitting when I consider the accomplishments achieved and those to come. Your commitment to your child's education both past and present are good examples of what is required of that village to achieve success. Therefore, one of the goals of the 2026-2027 school year is to help build and support an even stronger village in the midst of a pandemic by relying on you the families who are most important partners to ensuring a quality education for every student.

As the principal, I am thrilled to be a part of a school community where family members are visible and actively engaged. I am honored and privileged to lead a dynamic community of educators, where teachers and students cultivate an environment where students believe in themselves as well as their school.

With that said, our schools aim is that of having a greater emphasis on improving academic outcomes and student achievement school-wide. Each child will be encouraged to and supported in working to his or her full potential academically, socially and emotionally. In order to achieve these things, I have included several ways that family members of our school’s community can work together with staff:

- Send your child to school every day on-time.
- Make sure your child gets a minimum of 8 hours of sleep each night.
- Establish a routine for studying. Give your child a quiet corner to read and do homework regularly.
- Keep in touch with your child's teacher via email, telephone, notes or letters.
- Attend school events, classroom events and conferences.
- Celebrate your child success (giving verbal praise), no matter how small it may seem. This will keep your child enthusiastic about learning and proud of their work.

Remember it takes a village to raise a child and it takes an incredibly special school like Kiily's Kids to educate them. We are in this together! Wishing you a wonderful upcoming year of success!

Sincerely,

Reverend T Jones
Principal

UNIFORM POLICY UPDATES

Dear Parents and Students,

Our school colors are purple and gold, and we ask that all parents and students adhere to the uniform policy outlined below:

SHIRTS
All students are required to wear "Polo" style shirts that are either Purple, Gold, or White. Shirts may have a school logo, but it is not necessary. Designer logos, stripes, prints, or other styles are not permitted.

BOTTOMS
Khaki pants, shorts dresses, skirts, and skorts reaching the knee are allowed. Styles that are not permitted are bottoms with denim, jeggings, spandex, tights, and sweatpants. The pants must be worn appropriately at the waist, and "sagging" of pants is not permitted.

SHOES
Closed toe shoes are mandatory. Slippers, slides, crocs, or flip/flops are not permitted.

JACKETS & HEADGEAR
Students are allowed to wear jackets; however, the hooded portion of the jackets should not cover their heads. All hats, headwear, bandanas, stocking caps, skull caps, scarves or hair wraps are not allowed on campus or in class. This applies to both male and female students. Please note that having a bad hair day is not an acceptable excuse.

SPECIAL NOTES
Visible undergarments are not permitted, and belts are mandatory. Unless it is a pre-announced "dress down day," jeans or ripped jeans are not allowed. Hats, caps, bandanas used as gang-affiliated clothing or accessories are not permitted.

We believe that uniforms create a sense of unity and pride among our students, and we encourage everyone to abide by this policy. Thank you for your cooperation in this matter.

Sincerely,

Rev. Jones
Principal

School Fee Agreement

As we begin the school year, we would like to remind you of our school's policy regarding monthly school fees.

By signing this agreement, you acknowledge that there is a mandatory monthly school fee of $25 per student for the entire duration 2026-2027 school year. Failure to pay this fee may result in a suspension or termination of your child's enrollment.

Please sign below to acknowledge your acceptance of this agreement and write in your child's name on the line provided.

Parent/Guardian Signature: _____

Child's Name:_____ Date:_____

We understand that circumstances may arise that could make it difficult for you to pay these fees, but we encourage you to reach out to us in such cases.

Thank you for choosing our school for your child's education. We look forward to another successful year.

Sincerely,

Kiily's Kids Incorporated

Please attach the following in order to complete your child's enrollment packet.

Birth Certificate

Withdrawal Form (from previous school)

Valid Shot Records

Valid Physical

Proof of Residency

Report Card

Testing Scores

Parent Identification

Scholarship Award Letter

Please email (KiilysKids@gmail.com), fax (800-858-3056) or deliver (630 Sharar Avenue Bldg. II, Opa-Locka, FL 33054) your enrollment packet once all the documents above are available and the forms are completed.

EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name | APP | First Name | Middle Name

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name | Relation | Place of Employment

Telephone | Cellphone | Email

Non-Registering Parent/Guardian's Name | Relation | Place of Employment

Telephone | Cellphone | Email

Is either parent in the Military? Yes ☐ No ☐ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes ☐ No ☐

Was the full cost paid by you? Yes ☐ No ☐ What type? Headstart ☐ ESE ☐ Migrant ☐ Other ☐ Unknown ☐

EMERGENCY CONTACT INFORMATION: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) | *(Relation to Student)* | *(Address)* | *(Phone at Work)*

(Name) | *(Relation to Student)* | *(Address)* | *(Phone at Work)*

Family Doctor | *Phone* | *Preference of Hospital* | *Phone*

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section. Any person verified as a parent above and in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated.

Authorized: _____ _____ _____

Authorized: _____ _____ _____

Not authorized: _____ _____ _____

Not authorized: _____ _____ _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The name of any individual who is authorized or unauthorized by the registering parent to pick up a student from school must be contained on the Emergency Student Data Form for that student to be released to the individual by school staff (See Fla. Stat. 1000.21(5) and Policy 0100 for definitions of "parent"). The school shall abide by the information provided on the Emergency Student Data Form. Any person verified as a parent in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated. The registering parent who completes the Emergency Student Data Form is responsible for providing information that is truthful and accurate – and in the case of unmarried, divorced, or separated parents, consistent with any court order in effect governing their divorce, separation, or parenting matters. Any parent contesting the information provided in the Emergency Student Data Form by another parent may seek assistance from the court governing their parenting matters to compel the registering parent to revise the information. School staff shall provide such persons with the website for the Family Court Self-Help Program at http://www.jud11.flcourts.org/Family-Court-Self-Help-Program. Parents may also agree to change the registering parent and submit an ***Agreement to Change Registering Parent Form*** **(FM-7600)** at any time.

AUTHORIZATION FOR MEDICATION

ONE MEDICATION PER FORM

SCHOOL YEAR: 20_____20____

_____	_____	_____
Student's Name	Date of Birth	Grade
_____	_____	_____
School Name	Phone Number	Fax Number

TREATMENT PLAN (To be completed by Medical Provider)

Diagnosis: _____

ALLERGIES: _____

Medication/Strength/Route: _____

Dose & Frequency: _____

Directions: _____

_____

Side Effects: _____

Has student been trained in the use_____ (medication's name) Yes ☐ No ☐

Is student authorized to carry *and* self-administer_____ (medication's name) Yes ☐ No ☐

I am aware that this medication may be administered by school personnel/non-medical staff.

_____	_____	_____
Provider's Name (PLEASE PRINT/STAMP)	Signature	Date
_____	_____	_____
Address	Phone	Fax

PARENTAL/GUARDIAN PERMISSION

I, _____, give my permission to the School Principal or his/her specified
Parent/Guardian Name (PLEASE PRINT)

delegated personnel to administer prescribed medication to: _____.
(Student's name and Relationship)

_____	_____	_____
Signature of Parent/Guardian	Phone	Date

DISCLOSURE AT TIME OF REGISTRATION

1) **Has the student ever been expelled from any school, in or out of the State of Florida?**

YES ◯ NO ◯

If your answer to question 1 is "YES", please list each and every instance for which the student was expelled.

_____

_____

_____

2) **Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "YES", please list each and every arrest which resulted in a formal charge.**

_____

_____

_____

3) **Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System? If so, state each action taken by the Juvenile Justice System which involved the student.**

_____

_____

_____

4) **Please state whether the student has any corresponding referrals to mental health services related to your answers to Questions 1, 2 and 3. If yes, please list them.**

_____

_____

_____

Student's Name_____ ID. # _____

(Please Print)

Ethnic Hispanic_____(Y/N) (Check all that apply) Race: White ☐ Black ☐ Asian ☐ American Indian ☐ Native Pacific Islander ☐

Date of Birth_____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student)_____ Date Signed _____

Rev. (08-20)

RECORDS RELEASE REQUEST FORM

Permission is hereby granted to:

Previous School Name _____

Address _____

_____

Student Name _____Grade: _____

The above-named student has registered at Kiily's Kids Incorporaetd.

Please release the following information:

- Grades
- Health Records
- Results of Achievement & Intelligence Tests
- Personality Rating & Other Similar Data
- Grades In Progress at The Time of Leaving
- Any Other Material Pertinent to The Growth of The Student
- Any Psychological Testing or Child Study Team Information, Including the Most Recent:
  1. Educational Evaluation
  2. Psychological Assessment
  3. Social Worker History

Written Information is to be sent to the attention of:

(School): Kiily's Kids Inc

630 Sharar Avenue Building II

Address: Opa-Locka, Florida 33054

Fax & Email (800) 858-3056 or KiilysKids@gmail.com

I have enrolled my child _____

at _____Kiily's Kids Inc_____ and authorize you to release the Above named information so that we may plan a program for this student.

Authorization to release pupil's records:

Signature of Parent/Guardian: _____ **Date:** _____

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name): Kiily's Kids Incorporated
ADDRESS: 630 Sharar Avenue Opa-Locka, Florida 33054

STEP 1 — List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 — Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

◯ NO → Go to STEP 3. ◯ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 — List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2Weeks	2x Month	Monthly
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2Weeks	2x Month	Monthly	Annual
$	◯	◯	◯	◯	◯

STEP 4 — Contact information and adult signature.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confrm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often? ○ Weekly ○ Every 2 Weeks ○ 2x Month ○ Monthly ○ Annual

Household size

Categorical Eligibility ☐

Eligibility ○ Free ○ Reduced ○ Denied

Determining Official's Signature | Date | Confirming Official's Signature | Date | Verifying Official's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: **https://www.usda.gov/sites/default/files/documents/ad-3027.pdf**, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.