

Parent Updates _____
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Orientation with Management:

(Date and Initials)

Child Registration Form

Enrollment Date _____ Withdrawal Date _____

Child Information

Name of Child (Last, First, Middle Initial) _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Home Address _____

Home phone _____ Primary Residence: Mother Father Both Guard

Child's Primary Language _____

Circle Days to Attend: AM Mon Tues Wed Thu Fri Arrival Time: _____ Departure Time: _____
PM Mon Tues Wed Thu Fri Arrival Time: _____ Departure Time: _____

Previous child daycare and schools attended by the child _____

School-Age Information

Does your child attend school? YES NO Elementary School Name: _____

School Address: _____ Phone Number: _____

Grade in School: _____ School Start Time: _____ School End Time: _____

School Transportation provided by: Elementary School Parent/Guardian KTLC Bus

Mother/Father/Guardian Information

List only individuals who have legal custody of the child. If mother or father is not listed, or if guardian is not a parent, legal proof of custody must be provided.

Name _____ PIN _____

Home Address _____

Employer _____

Home _____ Cell _____ Work _____

Marital Status Married Single Divorced Widowed

Name _____ PIN _____

Home Address _____

Employer _____

Home _____ Cell _____ Work _____

Marital Status *Married Single Divorced Widowed*

Child's Family Profile

Mother's Occupation _____ Father's Occupation _____

Other family members (brothers, sisters, grandparents, etc.) living at home.

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Emergency Contact and Release Persons

Please list two (2) local persons other than the parents that do not have the same address.

Please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is parent of the child.

Name #1: _____

Relationship to Child: _____

Home address: _____

Home phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Work Phone/Extension: _____ Work Hours: _____

Name #1: _____

Relationship to Child: _____

Home address: _____

Home phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Work Phone/Extension: _____ Work Hours: _____

The persons designated in the section above will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child care licensing regulations.

- School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events.
- For the protection of the children and staff, use your secured PIN to enter the building. Please do not share your secure PIN with anyone else.
- Please notify emergency contacts that they must bring government-issued identification when they pick up your child.
- If you must pick up your after closing time, you will be charged a late fee of one dollar per minute per child, until the child is picked up. Per state licensing regulation, we may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.

Authorization for Emergency Medical Care

Please Note: This authorization MUST BE NOTARIZED

If I cannot be contacted in an emergency situation, I authorize KTLC staff to obtain emergency treatment for my child.

Signature of Parent or Guardian _____ Date _____

Subscribed and sworn to before me this _____ Day of _____, _____

Notary Public _____ My Commission Expires _____

For Office Use Only

IDENTITY VERIFICATION

Place of Birth _____ Birth Date _____

Birth Certificate Number _____ Date Issued _____

Other Form of Proof _____

Emergency Medical Information

Child's Physician _____

Phone _____

List allergies and intolerance to food, medications or other substances _____

Action to be taken _____

Health

What communicable diseases has the child had? _____ Measles _____ Mumps _____ Chicken Pox
_____ Whooping Cough _____ Other _____

Medications

Are any medications given regularly? _____ Yes _____ No

Please list medications and reasons _____

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child (LAST, FIRST, MIDDLE Initial): _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

Section 1: Tuition and Fees

_____ **Registration Fee:** I understand that an annual, non-refundable, Registration Fee of **\$100** shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for fall by paying this fee no later than **Feb. 28th** each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

_____ **Late or Unpaid Tuition:** If payment in full is not received when due, I agree to pay a late payment fee of \$50 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **Changes and Procedure for Late Pick-Up:** My school is open from **6:30 am to 6 pm, Monday through Friday** all year, except for holiday's and inclement weather. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of one dollar per every minute per child, until the child is picked up.

_____ **Field Trips:** Field trips fee's are the parents' responsibility. A permission form will be given to the parents' prior to the field trip.

_____ **Classroom workbooks:** Dues are the responsibility of the parents of PK3, PK4, and K5.

_____ **Discounts:** I understand that if my child attends full time, a five percent (5%) discount is offered to me for additional siblings enrolled in a full-time program. The discount is applied to the lowest tuition rate. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion. Military family discount is five percent (5%) and Monthly Payment in full is five percent (5%) included in charge.

_____ **Returned Check:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that KTLC will charge a **\$50** returned check fee. KTLC will also charge a **\$50** returned credit card charge.

_____ **Current/Payment Information:** Current Tuition Amount: \$_____

Weekly Bi-Weekly/Monthly Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above. Please also list if there is a specific date tuition payments should be drafted from your account.

Section 2: Daily Procedure

_____ **Daily Sign-In and Sign-Out:** I agree to sign my child in and out every day using the school's attendance procedure and PIN. I understand that my child is not permitted to sign him/herself in or out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required and manual sign-in and sign out procedures.

_____ **Illness:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

_____ **Photographs, Videos and Audio Tapes:** I authorize Kids Town Learning Center to take photographs of my child for class projects, school display area, publicity, etc.

_____ **Water Experiences:** I authorize my child to participate in supervised water activities while in the care of Kids Town Learning Center.

My child swimming ability is as follows: Cannot swim Beginner Moderate Advanced

Please indicate specifics about your child's swimming ability: _____

_____ **Withdrawal from Program:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

_____ **Medication:** I understand that no medication will be administered without written permission from the parents and/or physician.

_____ **Learning Center Policies:** I agree to support and reinforce KTLC policies and procedures that concern the health and safety of my child and the other children.

_____ **Illness:** I understand that my child cannot attend KTLC if he/she has any illness that threatens the health of other children. I understand that the Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to KTLC. In the event of an emergency or illness, I will make arrangements for my child to be picked up from KTLC within one (1) hour after I am notified. After one (1) hour, my child may be admitted to KTLC Clinic where an additional fee of ten dollars (\$10) per hour will be charged to my account.

_____ **Communicable Disease:** I understand that I am required to inform KTLC within 24 hours or the next business day if my child or any member of my immediate household had developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

_____ **Termination:** I understand that childcare services may be terminated for any of the following reasons:

- a. My child's tuition and fee account becomes more than five (5) days in arrears.
- b. Failure to respond in a timely manner when contacted by KTLC to pick-up my child when he/she is ill.
- c. Failure to adhere to the 24 hour illness recuperation period.
- d. Failure to notify KTLC, in advance, if my school age child will not be attending after-school care.
- e. Failure to provide KTLC with up to date emergency contact information for my child.
- f. KTLC does not receive parental support and help if my child is found to have a learning or behavior problem. This includes failure to attend parent conferences and follow through with medical and/or educational specialist.
- g. My child's behavior pattern threatens his/her own health and safety or threatens the health of the other children and staff.
- h. Parents/Guardians are no longer supportive of KTLC's program and philosophy and become negative and uncooperative in their actions.
- i. Parents who are repeatedly late will be asked to make other child care arrangements

_____ **Community Walks:** I authorize my child to participate in community walks.

Section 3: Holidays, Absences and Closings

_____ **Holidays:** Please see our holiday print out

_____ **Absences/Vacations:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). After nine months of enrollment each family is entitle to one week vacation credit with a two week written notice.

_____ **Inclement Weather or Other Disasters:** I understand that it is the company’s intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster.

Section 4: State Licensing and Our Policies

_____ **All Policies and State Regulations:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, with notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

_____ **Family Handbook:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ **No Modifications:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

_____ **Hold Harmless Agreement:** I _____ (Please print name), the parents/guardian of _____ agree to release and hold harmless Kids Town Learning Center and its employees, from any accident or harm that may occur should I retain the services of any Kids Town Learning Center employee for the care of my child(ren) outside the Kids Town Learning Center. I understand that Kids Town Learning Center does not condone or encourage its employees to babysit for parents of enrolled children outside of the Kids Town Learning Center facility. If I retain the service of any Kids Town Learning Center employee in such capacity, Kids Town Learning Center has no responsibility and is held harmless from any incident which may occur.

We don’t discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided there under, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Management Signature: _____

Date: _____