

KIDSTOWN
"Empowering Children For The Future"

Child's Name _____ Birthdate _____

Mother's Name _____ **DOB** _____

Last Four Digits of Social Security Number _____

E-mail Address _____

Address _____

City/State/Zip _____

Home phone _____ Cell phone _____

Employer _____ Address _____

Father's Name _____ **DOB** _____

Last Four Digits of Social Security Number _____

E-mail Address _____

Address _____

City/State/Zip _____

Home phone _____ Cell phone _____

Employer _____ Address _____

PASSWORD

The password for our pick up program is for your child's safety. Please fill in your password.

My Password is _____

Parent's Signature _____ **Date:** _____

In case of emergency when we cannot contact you, please list the names of the local relatives or friends we may contact and also people authorized to pick up your child from school.

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Relationship _____

Child's Physician _____

Phone _____

Child's Dentist _____

Phone _____

1. Chapter 65C-22 (4/12/07), PBC Rules require that the parent receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.

2. Chapter 65C-22 (4/12/07), PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility which is on page 1 of the "Parent Hand Book."

THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT MAY ENROLL: 1. Registration fee (non-refundable) 2. First week's tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent form 6. Influenza Virus Brochure (CF/PI 175-70 June 2009)

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TUITION POLICY

1. Tuition may be paid weekly. Tuition is due on Friday for the upcoming week.
2. A late fee of \$25.00 will be charged if the tuition is not received by Tuesday of week by 2:00pm.
3. There will be a \$39.00 service fee for all checks returned by the bank.
4. Late Pick Up: A fee of \$1.00 per minute is charged based on the time the parent exit the facility. We close at 6:00pm.
5. Annual registration for all pre-school children is from August to the following August. Camp has a summer registration fee for a period from June to August. Camp/After School registration is from August to the following June.
6. Annual tuition increase is calculated each year for the beginning of the school year and is applied to your account each August.
7. We require all parents to obligate themselves to their entire tuition on a weekly basis. ____ (initial).
8. Should you decide to keep your child home, for any reason you will still be required to pay your scheduled tuition in full for the period of absence as part of your contractual agreement with us.
9. We have one week off between Christmas and New Years and you will still be responsible for that week's tuition.
10. Your child will not be allowed to return to the center until your account is made current.
11. Further, I guarantee payment of all attorney fees, court costs and collection charges incurred in the event collection is initiated at Kidstown Early Learning Center.
12. In addition, we require that you give us prior written notice of your termination. We will continue to bill your account until notice is given. You will be required to pay your tuition as part of this agreement until notice is received.
13. Should there be extenuating circumstances that would prevent you from paying in a timely manner, please discuss the confidentially with the administrator prior to it becoming a problem. Continued failure to pay in a time manner may result in terminating your child's enrollment.
14. Tuition can be paid by cash, check or credit/debit cards. We also have Tuition Express which allows you to set up automatic payments.

ALL FEES ARE NON-REFUNDABLE

I _____, the parent of _____ have read the above tuition responsibility agreement which shall become part of my obligation to the center and I fully understand this obligation.

Signature of Parent or Guardian: _____ Date: _____

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UNIFORM POLICY

All preschool children will be required to wear uniform polos with the centers logo. Acceptable required bottoms to be worn are blue/black/tan skirts, pants, shorts or dresses. Closed toed shoes must be worn at all times. Uniforms shirts are available in yellow/blue/white. Summer Camp shirts are mandatory and must be worn all summer.

I _____, the parent of _____ have read the above uniform policy and accept the conditions stated there-in.

Signature of Parent or Guardian: _____ Date: _____

PARENT RELEASE

I _____, the parent of _____ do hereby release and hold harmless KIDSTOWN EARLY LEARNING CENTER and its employees from any liability or accident that may occur should I retain the services of any KIDSTOWN employee for the care of my children outside the child care center. I do agree not to solicit KIDSTOWN ELC employees away from the child care center for alternative employment opportunities.

Signature of Parent or Guardian: _____ Date: _____

KIDSTOWN PERMISSION SLIP

Field trips are an important part of our school program. Several field trips are planned for the school year. For this reason, one permission slip is being used to secure parental consent for all trips. Should you wish for your child to participate in these activities, please sign and return this form. You will receive advance notice of all field trips. KIDSTOWN ELC has taken all the necessary precautions to protect your child from accidents during their field trips. However, should you consent to your child's attendance at the various field trips, then you the parent, will hold harmless KIDSTOWN ELC, from any liabilities incurred during these field trips due to carelessness of others.

Child's name: _____

Signature of Parent or Guardian: _____ Date: _____

- I GIVE permission for my child to participate in extracurricular activities.
- I **DO NOT** give permission for my child to participate in extracurricular activities.

Signature of Parent or Guardian: _____ Date: _____

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AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR

Chapter 65C-22 (4/12/07), PBC Rules requires that parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accidents and if the parents cannot be reached.

I _____ hereby state that I am the parent of _____ a minor, age _____ born on _____ who resides with me at _____. I authorize for emergency purposes only, KIDSTOWN ELC to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor and under the general or special supervision of the advice of any physician or surgeon licensed to practice medicine in the state of Florida.

CHILD'S NAME: _____ LAST TETANUS/DIPHTHERIS BOOSTER _____

PLEASE LIST ANY SPECIAL MEDICATIONS _____

INSURANCE COMPANY _____ POLICY NUMBER _____

PARENT OR LEGAL GAURDIAN _____

ADDRESS _____

MOTHER'S NAME _____ BUSINESS PHONE _____

FATHER'S NAME _____ BUSINESS PHONE _____

CHILD'S PHYSIAN _____ PHONE _____

AUTHORIZATION

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

POLICY AGREEMENT

Open Door Policy- We encourage you to visit the center at any time. We have an open door policy, but we do ask that you take into consideration that there are certain times in the say (such as a nap) that the visiting can be detrimental to the children's daily routine as well as the other children in the class.

Enrollment- Child must be at least six weeks of age. Children must have on file prior to first day of enrollment, HR form 3040, and updated immunization record, and evidence from tuberculosis and other communicable diseases. All registration materials in this packet must be completed prior to enrollment.

Center Schedule- The hours of operation are from 7:00am-6:00pm Monday through Friday. Please refer to the daily schedule posted outside the classroom to update you on a typical day at school.

Holiday Schedule: School will be closed on the following days: Labor Day, Thanksgiving Day and the day after, Christmas Day, New Years Day, Memorial Day and Fourth of July. If a holiday falls on a Sunday, we will close that Monday. If a holiday falls on a Saturday, we will close that Friday. We will also close when directed by State Government. You will still be responsible for tuition on these holidays and/or government closures.

Sign in/out- Parents or authorized adult must complete the electronic sign in/out process on a daily basis. Please make sure your child is signed in daily to prevent any interruption of child care services. **VPK parents must verify, each month, the student's attendance on the prior month's attendance on the prior month's certified student attendance (short/long form).**

Clothing- Children should wear comfortable, casual clothes. We have hands on projects that could get messy. All clothes **THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT MAY ENROLL:** 1. Registration fee (non-refundable) 2. First week's tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent form 6. Influenza Virus Brochure (CF/PI 175-70 June 2009)

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must be marked with the child's name. It is required that parents supply on set of extra clothes in case of emergency. We are sorry, but the center cannot be responsible for lost clothing or possessions. **PLEASE LABEL EVERYTHING.**

Diapers and Formula- Parents whose children are in diapers must supply at least 8 disposable diapers, cleansing creams, and lotion. The physical needs of your child are met in the same manner and fashion as at home. Parents are required to provide a nutritional diet for their child, unless we supply lunch. An alternate nutrition agreement must be signed, when required, in this regard for compliance with County Child Care licensing. Cereal can not be mixed into the infant bottle. Cereal will be spoon feed to all infants.

Parents Involvement- We encourage parents to be involved in their children's educational experience. We offer many opportunities for parents to participate in the program such as Read to the Children program, Parent Show and Tell and Community Participation events like the Hop-A-Thon and the MDA Lock UP. Parents need to make arrangements through the office before volunteering in the classroom so all Department of Children and Families requirements are met.

Parent-Teacher Communication- Parent feedback is extremely important in order for us to provide your child with the best quality of care. Please feel free to communicate with us when you are pleased as well as when you have a concern with us or your child's development. Our Director is here to serve you. Weekly notes telling about your child's progress will go home every Friday. Monthly newsletters will go home the first week of each month. Also a calendar of daily new activities your child will be participating in will go home so you can read it to your child and they will know what to expect at school that day.

Birthdays- Birthdays are a special time at the center. Parents are welcome to join in the celebration. There are many delicious and nutritious goodies for your child's class to enjoy. Please make arrangements at least one day in advance with your child's teacher.

Things from home- Things such as toys, candy, gum, money, balloons and play guns are prohibited and should be left at home. Parents are asked to help their children understand that it is not wise to bring an object from home which they may not wish to share with the group or which could get lost.

Meals- For children able to eat table food, the center will provide free of charge breakfast, lunch and an afternoon snack. Parents must provide a doctor's note for children who are on a special diet. Copies of that diet, approved by the child's physician, must be on file at the center. It is important that you let us know if your child had any known or suspected food allergies.

Medications- Our staff CANNOT administer medication to any child without the following:

1. A written statement from the physician stating the name, time and amount of the prescription medication to be given.
2. A completed "Authorization for Medication" form signed by the parent.
3. A written and dated order from the physician for any over-the-counter medication.
4. No medication shall be mixed in the bottles to be given to infants/ones/twos at feeding time since another child may mistakenly drink from such bottle.

KIDSTOWN ELC priority is the children's safety, we cannot guarantee that medications will be given at schedule/requested times; however, we will try our best. If for any reason the medication must be distributed at a certain time we suggest that the child remain home under the care of an adult.

Bumps, bruises and emergencies- A skinned knee or slight cut is not an emergency and will be given first aid attention by a qualified staff member. In the event of a medical emergency or accident, we will contact you, per the instructions provided on the form provided by us. We are near excellent hospital services. Part of this agreement is your authorization for the center to take whatever emergency measures are deemed necessary for the care and protection of your child.

Discipline Policy- The staff models positive behavior and uses positive methods of guidance which encourage self control, self direction, self esteem and cooperation among children. By setting limits, we help a child understand what is expected of him or her. Under no circumstances is physical punishment, deprivation, or ridicule used as a form of guidance. Our goal is **THE FOLLOWING MUST ACCOMPANY THE REGISTRATION BEFORE STUDENT MAY ENROLL:** 1. Registration fee (non-refundable) 2. First week's tuition (non-refundable) 3. Copy of most recent Medical Examination 4. Copy of Immunization records 5. Signed Consent form 6. Influenza Virus Brochure (CF/PI 175-70 June 2009)

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to give the children the security of knowing we care enough to prevent them from hurting themselves or others, and to provide each child with a happy experience. As a parent, you can expect we will adhere to all County and State rules regarding safety, fire, nutrition and teacher/child ratios. We use the following positive techniques to guide the children's behavior throughout the day:

- **Redirection-** Guiding children to new activities when they are arguing over a toy or directing them to another activity when they engage in socially unacceptable behavior.
- **Positive encouragement of a child's appropriate behavior-** Techniques that are verbal or non-verbal such as facial expressions, nodding and positive language.
- **Conflict resolution-** By describing the situation to encourage children's evaluation of the problem, discussing the possible solutions, and talk about their feelings.

Illness- Staff of KIDSTOWN ELC have been trained to recognize signs and symptoms of illness so that they can safeguard all of the children in their care from becoming ill. We are not physicians and do not in any way mean to diagnose a child's illness, but we do have a duty to protect the whole group from the spread of infection. If your child exhibits any of these symptoms while in your care please do not bring them to the facility as they could get others sick as well. Please do seek medical treatment. If your child exhibits any of these symptoms while in our care you will be notified and will need to pick your child up immediately. It is our policy to remove the child from the group to prevent further spread of infection. They will remain in the office until your arrival. If your child is out sick or leaves early to illness we require a doctor's note in order for them to return to the center. The note must say that they are no longer contagious and can return to normal activities. There is a 24 hour period of quarantine and they will not be allowed to return for one full day from when they are sent home. _____ (initial).

List of signs or symptoms:

- Yellow/Green running nose
- Drainage from the eyes-yellow/green or crusty
- Excessive coughing
- Pulling on ears or discharge from ears
- Fever at or above 100 degrees
- Rashes
- Ring Worm
- Lice and nits
- Vomiting (more than once)
- Diarrhea (more than once)

There may be other symptoms which cause us to feel there is a concern that are not listed. In any event the management has the right to decide when to require a doctor's note for return. This applies to injuries as well as illnesses.

I have received and read the Kidstown Early Learning "Policy Agreement" and I agree to abide by its policies.

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

New Child Attending Parents Checklist

All children enrolling need the following:

- ___ Registration Form
- ___ Policy and Procedures – Signature
- ___ Immunization & Physical Forms (Blue & Yellow)
- ___ “Know Your Child Care Center” Pamphlet
- ___ 2 blankets for nap time
- ___ 2 Change of clothes in a Ziploc bag with your child’s name (labeled with permanent marker on inside collar)
- ___ Attach a family photo

Infants or Toddlers

- ___ Diapers and wipes (Please label wipe container and place child name on pamper)
- ___ All bottles must be labeled with name, date, and feeding time. EACH DAY OF THE WEEK.
- ___ **Infant feeding form must be completed (See Front Desk)**

Potty Training

- ___ Pull-Ups with Velcro tabs or Plastic training pants
- ___ A minimum of 5 pair of changing clothes *bottoms must not have buttons, zippers or snaps, as this hinders the ability of the child who is trying to get to the potty in enough time not to have an accident as they are just learning the “feeling” and it is very disheartening to the child if they accidentally we their brand new “Big Boy/Girl” under pants.