

Operation Name KC's Childcare & Learning Center, LLC, DBA Kids' Clubhouse		Director's Name Casi Rains	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Date of Re- Admission	Date of Withdrawal
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Mother's Work Telephone No.	Father's Work Telephone No.
Give the <i>name, address and phone number</i> of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please <i>list name & telephone number for each</i> . Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- consent for my child to be transported and supervised by the operation's employees:
1. <input type="checkbox"/> TRANSPORTATION:		<input type="checkbox"/> to and from home
Walk home	<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips
		<input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Field Trips:
Parent's Comments:		
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Water Activities:
	<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools
		<input type="checkbox"/> swimming pools
		<input type="checkbox"/> water table play
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:		
<input type="checkbox"/> None	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack
<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
		<input type="checkbox"/> Evening Snack
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:		
<input type="checkbox"/> Mondays	from:	to:
<input type="checkbox"/> Tuesdays	from:	to:
<input type="checkbox"/> Wednesdays	from:	to:
<input type="checkbox"/> Thursdays	from:	to:
<input type="checkbox"/> Fridays	from:	to:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<i>Signature - Parent or Legal Guardian</i>		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

_____ Name of School and Address

_____ School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home, ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ Health Care Professional's Signature

_____ Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

_____ ***Signature - Parent or Legal Guardian***

_____ ***Date***

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
<i>SIGNATURE</i> _____		<i>DATE</i> _____	

_____ ***Signature - Parent or Legal Guardian***

_____ ***Date***

KC's Childcare & Learning Center, LLC
Kids Clubhouse

Emergency File Information

Child's Name _____
Date of Birth _____ Social Security # _____

Mother's Name _____
Date of Birth _____ SS # _____ - _____ - _____
Phone # (home) _____ (cell) _____ (work) _____

Father's Name _____
Date of Birth _____ SS # _____ - _____ - _____
Phone # (home) _____ (cell) _____ (work) _____

Insurance Carrier _____ ID _____
Hospital Preference _____
Address _____ Phone # _____
Child's Primary Physician _____ Phone # _____

Current Medications _____

Allergies _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize the director or staff representing Kids Clubhouse to give consent for any necessary emergency medical care and provide transportation for my child while under the care of Kids Clubhouse.

Parent/Guardian Signature _____

Date _____

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Kids Clubhouse**

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Tuition Contract Agreement

Child's Name: _____ Birth Date: _____

Tuition Rates

Before/After School Program: _____

Full Time Care (5 days): _____

Number of days a week: _____

Please check the days your child will attend:

Mon Tues Wed Thurs Fri

Please review and sign where indicated. Include a copy of your driver's license with your registration fee.

I have read, understand, and agree to comply with the rules and regulations of Kids Clubhouse, regarding fees, attendance, health, clothing, and all other items specified in the Parent Handbook. I am aware of the scheduled school holidays. I agree to pay tuition by Monday, prior to the services being rendered. I understand that a \$10 late fee will be assessed daily thereafter until paid in full. I understand that child care may be denied if my account is not current.

**I HAVE SUBMITTED ALL REQUIRED FORMS, INCLUDING IMMUNIZATION
RECORDS AND CURRENT MEDICAL FORMS.**

Parent/Guardian Signature

Date

Email of Parent/Guardian

Director's Signature

Date

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Account Agreement

Last Name _____ First Name _____ MI

Social Security #: _____ - _____ - _____ Driver's License #: _____

Current Address _____

City _____ State _____ Zip _____

Employer _____ Employer Phone # _____

Employer Address _____

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

1. Tuition is due in full by Monday, prior to services being rendered
2. I understand that a \$10 late fee will be assessed daily thereafter until paid in full
3. I (parent/guardian) agree to pay, in the event the account is turned over to an agency or attorney for collections, reasonable attorney fees, plus all attendant collection fees or court fees child's parent/guardian agrees to pay.

Parent/Guardian Signature Date

Director's Signature Date

Copy of Driver's License _____ Copied by _____

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Photo Permission Slip

Please review, initial, and sign the appropriate section regarding photos.

_____ I give my consent that photos of my child involved in class activities can be taken for class/school use. I understand that if students are identified, only their first name will be used. This permission slip is only for the 2014-2015 year and must be renewed every year.

_____ I **DO NOT** give consent for photos to be taken of my child during the 2014-2015 year.

Parent/Guardian Signature

Date

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Parent Handbook Acknowledgement

Please initial and sign where indicated. I have read the Parent handbook and understand I am expected to follow all aspects of the manual.

- General Information
- Hours of Operation
- Enrollment Documents
- Re-Enrollment
- Tuition
- Returned Checks
- Arrival/Departure
- Late Pick up Charge
- Vacation
- Bad Weather
- Discipline and Guidance
- Naptime
- Outdoor Play
- Illness
- Injuries and Emergencies
- Medication
- Animals
- Clothing and Personal Belongings
- Communication and Parent Conference
- Transportation and Field Trips
- School Pictures
- Meals and Snacks
- Food Service and Preparation
- State Department of Welfare
- Policies and Procedures

Parent/Guardian Signature

Date

Director's Signature

Date