



Kids Kottage Learning Center, Inc.
Enrollment Application/Tuition Agreement

| General Information (Child and Parent) | | | | | |
|--|---------------|------------------------------------|------|--------------------------------------|------------|
| Child's Last Name | | Child's First Name | | Nickname | |
| Male/Female | Date of Birth | Age | Race | Hair color | Eye Color |
| Child's Home Address | | | | | |
| Home phone and e-Mail Address | | | | | Start Date |
| Hours of Enrollment (Estimated drop off and pick up times) | | | | | |
| Monday : From To | | Tuesday: From To | | Wednesday: From To | |
| Thursday: From To | | Friday: From To | | | |
| Mother/Guardian Name | | | | Home Phone # | |
| Mother/Guardian Home Address | | | | Cell Phone # | |
| Mother/Guardian Employer | | Employer Address | | Work Phone # | |
| Work Hours and Days | | | | Email Address | |
| Mother/Guardian Social Security Number | | Drivers License Number | | State Issuing License | |
| Father/Guardian Name | | | | Home Phone Number | |
| Father's/Guardian Home Address | | | | Cell Phone Number | |
| Father's/Guardian Employer | | Employer's Address | | Work Phone Number | |
| Work Hours and Days | | | | Email Address | |
| Father/Guardian Social Security Number | | Driver's License Number | | State Issuing License | |



Emergency Medical Treatment Information and Authorization

| | | |
|---|--|-------------------|
| Child's Last Name: | Child's First Name: | Nickname |
| Date of Birth: | Allergies: Medications taken regularly: Chronic illness or other medical conditions: | |
| Child's physician - name, address, phone number | | |
| Child's dentist - name, address, phone number | | |
| Health Insurance carrier/policy number | | |
| Mother/Guardian Name | | Home Phone # |
| Mother/Guardian Home Address | | Cell Phone # |
| Mother/Guardian Employer | Employer Address | Work Phone # |
| Father/Guardian Name | | Home Phone Number |
| Father's/Guardian Home Address | | Cell Phone Number |
| Father's/Guardian Employer | Employer's Address | Work Phone Number |

Medical Authorizations:

In case of a medical or other emergency while my child is under Kids Kottage supervision, I give permission to Kids Kottage staff to take whatever emergency measures indicated below are deemed necessary for the care and protection of my child while under the supervision of the Center.

We hereby grant to Kids Kottage Learning Center permission to take whatever action in their judgment may be necessary in supplying emergency medical services to the above named child. We understand that consistent with the circumstances of the situation and available time, Kids Kottage will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s), we hereby grant permission to Kids Kottage to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Kids Kottage in making emergency medical treatment available to the above name child(ren).

I certify that all information provided on this sheet is acceptable to me and has my full authorization. I understand that it is my responsibility to update Center staff should any information change

Parent/Guardian

Date:



| Emergency Contact and Consent For Child Release | |
|---|-----------------------|
| Child's Last Name | Child's First Name: |
| <p><u>Primary Release Persons:</u> The persons designated in this section will drop off and pick up my child(ren) on a regular basis. Please include the parent/guardian</p> | |
| (1) Name | Home Phone Number |
| Relationship to Child(ren) | Work phone/Cell Phone |
| Home Address | |
| | |
| (2) Name | Home Phone Number |
| Relationship to Child(ren) | Work phone/Cell Phone |
| Home Address | |
| <p><u>Non Parental/Guardian Release Persons:</u> The persons designated in this section will drop off and pick up my child on an occasional basis, with my advance notification. The persons listed by also be contacted by Kids Kottage to pick up my child in the event of an emergency or after scheduled closing time if I fail to arrive and cannot be reached.</p> | |
| Name | Home Phone |
| Relationship to Child(ren) | Work Phone/Cell Phone |
| Home Address | |
| | |
| Name | Home Phone |
| Relationship to Child(ren) | Work Phone/Cell Phone |
| Home Address | |
| <p>Emergency Contacts: The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.</p> | |
| Name | Home Phone |
| Relationship to Child(ren) | Work Phone/Cell Phone |
| Home Address | |
| | |
| Name | Home Phone |
| Relationship to Child(ren) | Work Phone/Cell Phone |
| Home Address | |

I certify that the information provided on this sheet is acceptable to me and my full authorization. I understand that it is my responsibility to update the Center staff should any information change.

Parent/Guardian Signature _____

Date: _____



PARENTAL CONSENTS

Please read carefully

General Authorization

I give permission for my child to take part in all program activities including the use of all indoor and outdoor equipment in the child care programs at Kids Kottage Learning Center, Inc.

Parent/Guardian's Signature _____ Date _____

Walking Trips

I give permission for my child to go in frequent walks within the center's neighborhood accompanied by adult supervision.

Parent/Guardian's Signature _____ Date _____

Field Trips/Public School Transportation

I give permission for my child to be transported to or from the premises of Kids Kottage to take part in planned educational field trips or activities supervised by the staff of Kids Kottage. All field trips or activities will be separately announced in advance to parents and I will be given a specific slip for which written consent will be obtained from me.

Parent/Guardian's Signature _____ Date _____

Photographs/Videotapes

I give permission for my child to be photographed or videotaped in connection with daily activities, school functions, field trips and related school events. These pictures may be used for school promotions, brochures, or classroom decorations. I understand that I will be notified if any photos or videotape will be used for public relation purposes, and that I will be asked for additional permission.

Parent/Guardian's Signature _____ Date _____

Water Activities

I give permission for my child to participate in supervised water activities on Kids Kottage premises.

Parent/Guardian's Signature _____ Date _____

Administration of Medicines

The staff of Kids Kottage will administer medicine to the children upon written authorization by the parent or guardian. Written authorization may be made by completing the "Authorization to Administer Medicine" form located on the Nurse's Office. State Law requires that all medicines must:

- Be in its original container;
- Be labeled with the full pharmacy label (if prescription medicine);
- Be in such condition that the name of the medication and the directions for the use clearly readable on the container (if non-prescription medicine);
- Have the child's first and last name clearly appear on the container;
- Include directions to administer the medication; and,
- Be administered to the child with written parental permission and as stated on the label directions or as amended by written notice of a physician.

Parent/Guardian's Signature _____ Date _____

Sick Child Policies

If your child appears ill, has had a fever above 100.5 degree F within the past 24 hours, is vomiting, or shows evidence of a communicable disease, please make arrangements for alternative care. If your child has such symptoms and is present at Kids Kottage, you will be contacted to make arrangements for your child to be picked up immediately. If you cannot be reached, your emergency contact will be called.

Parent/Guardian's Signature _____ Date _____



ENROLLMENT TERMS AND CONDITIONS

HOURS: Unless otherwise specified, hours of operation of the center are from 7:00A.M. to 7:00 P.M. Monday through Friday. For any child that remains on the premises beyond the Center's operating hours, a \$20.00 late fee will be charged for the first 15 minute period. In addition, a \$10.00 fee will be assessed for each additional 15 minute period.

DAYS OF OPERATION: The center will operate Monday throughout the year except for designated holidays. The center will provide a listing holiday closings. No discount from tuition will be made for holidays or other days on which the facility does not operate.

ENROLLMENT POLICY: Initial and continued enrollment will be at the discretion of Kids Kottage based upon the best interest of the child, the expectation that he/she will benefit from the program and the welfare of the other enrolled children. Enrolled shall be without regard to race, creed, sex, religion or national origin.

STATE MIMIMUM STANDARD: A copy of State Regulations with respect to Kids Kottage is available at Kids Kottage for review by parents.

RECORDS OF THE CENTER: Records concerning your child will not be released unless requested by parent/guardian in writing. All records are kept confidential. Appropriate state officials have the right to enter the Center, inspect children's files, and interview children at any time, without notification.

INFORMATION IN THE CHILD'S FILE: Information in the child's file must be keep currant. The parent or guardian is required by state law to update information furnished herein as necessary, with changes initialed and dated by parent and the Director (or designees).

IN HOME BABYSITTING: Kids Kottage does not render child care services off its premises, except in the event of field trips which have been authorized in advance by the parent or guardian. Accordingly, if parents arrange with a staff member for off-premises care of your child, the staff member undertakes such services on her own behalf and not as an employee of Kids Kottage. Kids Kottage staff members are selected and retained only on the basis of their fitness for rendering child care services in a controlled and fully supervised child care program. Kids Kottage offers no assurance of the fitness of its staff for performing these and other services in an environment, which is not professionally supervised (such as transporting children or caring for them at your home), and none should be implied or inferred under any circumstances.

CHILD ABUSE: The center will operate according to a risk management plan designed to protect children from any danger of abuse or neglect at the Center. Staff are required to report any suspicion that a child has been abused or neglected or is in danger of abuse or neglect.

PARENT HANDBOOK: The Parent Handbook is a full description of the policies and procedures of the Center and is an official statement along with this enrollment packet of what parents can expect from the program. All parents should familiarize themselves with the information contained in the parent Handbook.

I have read, understand and accept the terms and conditions as noted above.

Child's Name: _____

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____



Tuition Agreement

Tuition Charges, Registration Fees, Security Deposits and Other Fees

I agree to the following terms and conditions:

I agree to pay my child's tuition: Monthly _____ (please check here)

Tuition is payable per the attached Tuition Schedule and is not subject to credit for scheduled holidays, illness, or emergency closure of the center.

- A Non-Refundable Once Time Registration Fee, Security Deposit and Tuition must be paid for child care services to commence.
- If your child has been withdrawn from Kids Kottage and subsequently re-enrolled, a new registration fee is due at the time.
- Non-payment of tuition is grounds for immediate dismissal from the program. Timely payments are essential for continued enrollment at Kids Kottage.
- In the event that I decide to withdraw my child from Kids Kottage, I must provide at least two (2) weeks written notice; otherwise my Security Deposit will be forfeited.
- If I withdraw my child within the course of the month and do not provide the two (2) weeks notice, I will not be refunded the tuition payment for the remainder of the month.
- Check, money order, or credit card may pay tuition. Receipts will be given for all tuition payments. There will be a \$25 fee charged for tuition checks returned by the bank. Returned checks will not be re-deposited. Parents will be responsible for re-issuing a second check. If at any future time the bank returns a parent's check, all future tuition payments must be made by certified check or money order.
- Tuition does not include fees for field trips, enrichment programs, and special events.
- A material fee for Preschool, Pre-K, and Kindergarten Programs will be charged.

Monthly Tuition Payments

Monthly tuition is due and payable in full on or before the first day of each calendar month. If tuition payments are not received by the 5th of the month, a late fee of \$25 will be charged. If your payment is not received by the 10th of the month, the security deposit will be forfeited and your child will be suspended until the tuition is paid in full.

Vacations

Kids Kottage is open year round. After twelve (12) months of continual attendance, families may take one (1) week of vacation as a tuition credit. After two (2) years of continual attendance, families may take two (2) weeks vacation as a tuition credit. All vacation requests must be made in writing and pre-approved by the Directors at least two (2) weeks in advance. Tuition credits are in writing and pre-approved by the Directors at least two (2) weeks in advance. Tuition credits are non-refundable and non-transferable. In addition, the credit can not accumulate, year to year.

I have read, understand and accept the terms and conditions as noted above.

Child's Name: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____