

CAMPUS KIDCARE

2007-2008 KIDCARE REGISTRATION APPLICATION

Thank you for choosing the KidCare program this year! Your participation is important to us.

CHILD'S NAME: _____ Sex: _____ Age: _____ Birth date: ____/____/____
School Name: _____ Room # _____ Grade _____ Teacher: _____
Home Address: _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Beeper _____
Who does child live with? Name: _____ Relationship _____
Mother/Guardian _____ Father/Guardian _____
Driver License #: _____ State _____ Driver License #: _____ State _____
D.O.B. ____/____/____ D.O.B. ____/____/____
Workplace: _____ Workplace: _____
Work Phone: _____ Work Phone: _____
Cell/Beeper: _____ Cell/Beeper: _____
Emergency Contact Person: _____ Phone: _____
(Other than Parent/Guardian)

Are there any unusual custody circumstances we should be aware of? (____)Yes (____)No If yes, explain and attach a copy of any court order that you have with this application: _____

HEALTH INFORMATION

Name of Doctor: _____ Doctor's Phone: _____
Name of Medical Facility Doctor Works: _____
Name of Dentist/Orthodontist: _____ D/O Phone: _____
Should your child be restricted from any activities? (____) Yes (____)No If yes, list: _____
Does your child have food or medication allergies? (____)Yes (____)No If yes, list: (Foods) _____
(Medications) _____

LIABILITY: KidCare will not be liable for any child who leaves KidCare to attend any other activity program, either on or off campus, from the time of check out to check back in. When any child leaves KidCare to attend any other function that child will not be the responsibility of KidCare until that child has been officially checked back in with the Site Manager.

ABSENCES: Please notify KidCare in the event your child will be absent or other pick up arrangements are made on the days when this change is in effect. This will help us in accounting for the children upon roll call.

SITE MANAGER USE ONLY

Registration Date: _____ **Start Date:** _____ **Enrolled By:** _____
Amount Paid:\$ _____ **Check #** _____ **Registration Fee Paid:\$** _____ **Check #** _____ **For Week #:** _____
Is Child on a Funding Source? (____)Yes (____)No **If yes, list fees: Part Time Day/Week \$** _____ **/\$** _____
Name of Funding Source: _____ **or Reduce Lunch?** _____ **Free Lunch?** _____
Does this child have siblings at this facility? (____)Yes (____)No **If Yes, Name/s:** _____
Was parent given these: Know Your Child Care Brochure: _____ **KidCare Handbook:** _____

EMERGENCY/PICK UP AUTHORIZATION LIST:

Date: _____

Child's Name: _____ Date of Birth: _____

Time child will arrive at the Center: _____ Time child will be picked up: _____

Parent/Guardian's Names and phone numbers:

(Mother/Guardian) _____ Home Phone _____

Work Phone _____ Cell Phone _____ Beeper _____

(Father/Guardian) _____ Home Phone _____

Work Phone _____ Cell Phone _____ Beeper _____

Persons authorized to pick up my child other than the above parent or guardians: (Children cannot be released to persons under 16 years of age.) List as many as possible and remember if you have more than one job you should list all you can. **If you or your authorized pick-up persons have a cell phone you should also list those.** If you or any of your emergency people change jobs or phone numbers we need to be notified immediately of the change so that the child's file can be updated.

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Please list any special circumstances: _____

Every attempt will be made to contact you, the parent, guardian or designated person in charge in the event of an emergency. However, in the event of a serious emergency the Polk County Emergency Medical Service (911) will be called to administer treatment and transport to the nearest emergency medical facility for treatment. Please note that KidCare can not transport any child for any medical treatment.

NOTE: When you are unavailable at your job location, always notify the center that day in case an emergency occurs, where or how you or someone can be notified.

SIGN-IN AND OUT POLICY

It is the responsibility of the parent or guardian bringing the child to the center or picking the child up from the center to sign in and sign out on the sign in/sign out form. Full signatures are required, no initials or nick names can be accepted.

I have read and understand that when someone is picking up my child that he or she must be at least 16 years of age, be on the pick-up list and they must sign my child in or out upon bringing or picking up my child from KidCare. I understand it is my responsibility to update my pick-up list and phone numbers as often as necessary to keep this list current.

Signature of parent or Guardian

Date

KidCare may occasionally take pictures of children playing or doing different activities. Some pictures are used to make special art projects or these photos may occasionally be posted throughout KidCare and or in one of our newsletters or special publications. **If you do not want your child to be photographed, please see your director today so your child's file can be flagged for NO PICTURES.** Otherwise please sign below if you have no objection to your child having his or her picture taken.

Signature of Parent or Guardian

Date

DISCIPLINE POLICY STATEMENT

1. Age appropriate, constructive disciplinary practices are used for children in child care.
 - A. Discussion with the child about appropriate behavior.
 - B. "Redirection" to another activity.
 - C. Discipline form(s) signed by parent/ guardian.
 - D. Consultation with parents to seek answers or understanding of the problem.
 - E. Suspension
2. Children are not subjected to discipline which is severe, humiliating or frightening.
3. Discipline is not associated with food, rest or toileting.
4. Spanking, or any other form of physical punishment, is prohibited.

At the discretion of the director and after a reasonable effort on the part of the program staff to integrate a child into the program, a child's participation may be terminated if that child is deemed chronically disruptive to the functioning of the program.

I have read and agree with the above discipline policy.

Signature of parent or guardian

Date

KNOW YOUR CHILDCARE BROCHURE STATEMENT

On ____/____/____, I _____ received and read a copy of
(Date) (Print Name of Parent or Legal Guardian)
the Know Your Child Care Brochure.

Signature of Parent or Legal Guardian

Name of Child

Date

FEE AGREEMENT STATEMENT

Please read the following carefully:

1. Children are enrolled for one week sessions. No credits or refunds will be given for absences regardless of the reason.
2. There is a non-refundable \$25.00 registration fee per child.
3. Tuition payments are due in full and in advance, on Monday of each week. A \$5.00 late fee will be added to any account not paid in full by Tuesday, 6:00 p.m. each week.
4. Full weekly tuition fees are due, regardless of absences, this includes holidays or storm days closed, and even if your child is out all week.
5. Fees are due in full each week for children who are on suspension regardless of the reason, this will hold their slot until they return. If suspended for more than one week the parent may wish to withdraw and re-register when space is available. The current full weekly fee will be due regardless of the days attended.
6. If your account has not been paid in full, including late fees by Wednesday, 6:00 p.m. then your child will be withdrawn from the program and will not be able to return to KidCare until your account has been paid in full.
7. Parents on a funding source are required to pay any and all fees not covered by the funding source.
8. You must notify the KidCare site manager one week in advance and in writing if you chose to withdraw your child from the program or your account will be charged the full regular tuition fee.
9. When paying by check, please print your child's name and the dates for which you are paying on each payment. All checks must have your full name, complete local/currant address & phone number with the financial institutions name & address printed on each check.
10. No child will be admitted to the program who has not been fully registered and all fees paid in advance for the week attending.
11. A late pick-up charge of \$1.00 per minute, per child is assessed if your child/children are not picked-up daily by 6:00 p.m. Late fees are due the day you are late.
12. If your check has to be resubmitted by this office or automatically by the bank, you will be charged a \$5.00 late fee and a \$12.00 resubmission fee due on the day you are notified. (This means there wasn't enough funds to cover your check the first time.) This resubmission fee will not be waived for any reason.
13. In the case of a returned check, you will be charged a \$5.00 late fee and a \$35.00 return fee. A money order or a certified check only, will be accepted as prompt repayment on the day you are notified. If unpaid, your child care will be suspended until all fees are paid in full. The return check fee will not be waived for any reason.
14. After a return check, KidCare will only accept money order or cashiers check only, in advance.
15. For the safety of our children and staff, only check or money order payments will be received at this school site.
16. We only accept checks drawn on a local bank account. No out of state, temporary, counter or 2nd party checks will be accepted.
17. Financial assistance may be available to qualifying individuals unable to afford program fees. See your director for more info.
18. After one week of absence without notice your child will be withdrawn from the program.
19. In order for your child/children to return to KidCare you must reregister your child with a new registration fee, all new enrollment forms and pay any unpaid fees from previous registration.
20. I understand that it is my responsibility to keep up with my receipts for income tax purposes as KidCare does not do end of the year statements.
21. It is your responsibility to remember to pay as KidCare does not send out billing. If you would like a receipt, you must get one at time of payment as we do not back log receipts.
22. Make checks payable to KidCare. We will not accept altered money orders or checks, this will include checks made out to the wrong party.

I have read this agreement and I will comply with these policies and procedures.

Signature of Parent or Legal Guardian

Date

MEDICATION POLICY

WE DO NOT GIVE ANY KIND OF MEDICATION. If your child needs medication, you will have to make arrangements to give the medication during your lunch hour, before and or after school. This includes breathing treatments. 911 will be called for all emergencies. KidCare can not transport your child to a medical facility.

INSURANCE/ACCIDENT POLICY

Your registration fee pays for an accident insurance policy in case your child gets injured while at KidCare. Our policy is an "excess coverage" policy which means that your primary insurance must pay first. This insurance will pay for most charges not covered by your primary insurance company. However the parent or guardian will be responsible for paying any fees not covered by insurance.

HOLIDAYS / CENTER CLOSED INFORMATION

KidCare will be closed on all major holidays which will include: New Year's Day, Martin Luther King's B-day, *Presidents Day **(Selected sites may be open on President's Day with at least 15 pre paid children.)*, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving and the day after, Christmas Eve and Christmas Day. If the holiday falls on the weekend: If the holiday falls on Saturday then KidCare will be closed on Friday before and if the holiday falls on a Sunday then KidCare will be closed on Monday after. Note: We are sometimes closed due to severe storm warnings. If the public schools are closed then we are also closed because our programs are located on the school grounds. You will normally get this information from your local news station or if time allows you will be notified by your KidCare director.

****When school is closed for fall, winter or spring break, staff development days, school site improvement days, or student holiday, each KidCare site will take a survey/sign up sheet with a deadline. We must have a minimum of 15 students attending during these times in order for your KidCare site to be open. If a minimum of 15 is not met by the deadline the KidCare site will be closed. **During these times an advance payment will be required to secure a slot for your child.**

HOURS OF OPERATION / LATE PICK-UPS

KidCare is open from 6:30 a.m. until 6:00 p.m. or from 6:30 a.m. until school starts and or from 2:00 p.m. until 6:00 p.m. Monday thru Friday. When possible you should notify KidCare if you may be late picking up your child. You should notify KidCare if your drop off or pick up time changes. There is a (10) hour time frame for each child and there will be charged \$2.00 per hour, per child after the first 10 hours of care time per child. There is a late fee of \$1.00 per minute, per child, starting at 6:01 p.m. and excessive late pick ups will result in your child being dropped from the program. If the parent or guardian has not picked up the child by 6:20 p.m. and no one has called to say they will be late and or the KidCare site manager is unable to locate someone on the child's pick-up list to pick up the child, the Department of Children and Families and local police or sheriff's department will be called to pick-up the child/children.

ABSENCES

If a parent is on a state grant, funding source or scholarship for child care fees, that child should be at KidCare everyday unless an emergency or illness occurs. Most funding sources will only cover from 1 to 3 days of absence per calendar month, depending on the funding source your child is on. If the child is absent more than the allowable days, for whatever the reason may be, the parent will be responsible for paying the regular tuition fees for all fees not covered by the funding source. In some extreme cases an absentee waiver can be signed and submitted for up to an additional 5 days of absence. Along with this waiver a hospital or doctors letterhead with an explanation must accompany this waiver to be considered. However, this does not guarantee payment from the funding source. They are reviewed case by case by the funding agency and only extreme emergencies will be covered. The parent will be required to pay the regular tuition if not paid by the funding source. These fees are from \$9.00 to \$20.00 per day, per child. Private paying parents are also required to pay full weekly tuition rates, regardless of absence or holiday.

INCOME TAX STATEMENTS

KidCare does **not** issue end of the year income tax statements. It is the responsibility of the parent or guardian to keep your canceled check, money order or cash receipts for your end of the year balance. We will gladly give you a receipt at time of payment if you ask, no matter what form of payment you chose, however you must ask and get your receipt at the time of payment as we do not back log receipts.

NUTRITION AGREEMENT STATEMENT

Parent or guardian must supply each child with a meal which meets the nutritional needs for a child of his/her age group. This will be on the days when the school cafeteria is closed and or on days your child attends KidCare during lunch time. KidCare has provided each applicant with a nutritional guide line and pertinent nutritional/dietary information for each child's age group. See Attached sheet (page 6) and take home for your information.

ACKNOWLEDGEMENT

By signing this acknowledgement, I have read and understand the above which includes the following: Medication Policy, Insurance Policy, Holiday / Center Closed Information, Hours of Operation / Late Pick-ups, Absences, Income Tax Statement and Nutrition Agreement Statement.

Signature of Parent or Guardian

Date

NOTORIZED MEDICAL AUTHORIZATION

I hereby authorize KidCare staff to seek Polk County Medical Services for treatment and or transport to the nearest emergency medical facility for any and all medical help needed for my child,

_____ in the event of an accident. I understand that KidCare staff

Child's Name

cannot transport a child to any medical facility.

Signature of Parent or Guardian

Subscribed and sworn to me this _____ day of _____, _____.

Notary Signature

Notary Seal

NUTRITIONAL GUIDELINES

FOR CHILDREN FROM AGES 1 TO 12

FOODS FOR CHILDREN	AGES 1-3	AGES 3-6	AGES 6-12
BREAKFAST			
MILK	1/2 CUP	3/4 CUP	1 CUP
JUICE, FRUIT OR VEGETABLE	1/4 CUP	1/2 CUP	1/2 CUP
BREAD OR *BREAD ALTERNATE	1/2 SLICE	1/2 SLICE	1 SLICE
*CEREAL, COLD DRY	1/4 CUP OR 1/3 OZ.	1/3 CUP OR 1/2 OZ.	3/4 CUP OR 1 OZ.
*CEREAL, HOT COOKED	1/4 CUP	1/4 CUP	1/2 CUP
SNACK			
Select 2 out of the 4 components:			
MILK	1/2 CUP	1/2 CUP	1 CUP
JUICE, FRUIT OR VEGETABLE	1/2 CUP	1/2 CUP	3/4 CUP
MEAT OR MEAT ALTERNATE	1/2 OUNCE	1/2 OUNCE	1 OUNCE
BREAD OR *BREAD ALTERNATE	1/2 SLICE	1/2 SLICE	1 SLICE
*CEREAL, COLD DRY	1/4 CUP OR 1/3 OZ.	1/3 CUP OR 1/2 OZ.	3/4 CUP OR 1 OZ.
*CEREAL, HOT COOKED	1/4 CUP	1/4 CUP	1/2 CUP
LUNCH OR SUPPER			
MILK	1/2 CUP	3/4 CUP	1 CUP
MEAT, POULTRY, FISH OR *	1 OUNCE	1 1/2 OUNCE	2 OUNCES
*EGG	1	1	1
*CHEESE	1 OUNCE	1 1/2 OUNCE	2 OUNCES
*COOKED DRY BEANS OR PEAS	1/4 CUP	3/8 CUP	1/2 CUP
*PEANUT BUTTER	2 TABLESPOONS	3 TABLESPOONS	4 TABLESPOONS
VEGETABLES AND/OR FRUITS**	1/4 CUP	1/2 CUP	3/4 CUP
** (TO TOTAL 2 OR MORE)			
BREAD OR BREAD ALTERNATE	1/2 SLICE	1/2 SLICE	1 SLICE

When packing your child's lunch, please remember that KidCare is not allowed to do any cooking. Your child's lunch should be nutritionally balanced and ready to eat. Please see your director if you need further information about lunches or lunch times.

Thank You

EMERGENCY/PICK UP AUTHORIZATION LIST:

Date: _____

Child's Name: _____ Date of Birth: _____

(If applicable) Circle one color: My child is on **RED** **ORANGE** **YELLOW** **GREEN** **BLUE** track.

I will need: Morning Care _____ Afternoon Care _____ All Day Care _____ Off Track Care Only _____

Time child will arrive at the Center: _____ Time child will be picked up: _____

Parent/Guardian's Names and phone numbers:

(Mother/Guardian) _____ Home Phone _____

Work Phone _____ Cell Phone _____ Beeper _____

(Father/Guardian) _____ Home Phone _____

Work Phone _____ Cell Phone _____ Beeper _____

Persons authorized to pick up my child other than the above parent or guardians: (Only those persons with a white pickup card and or listed will be able to pick up your child. (Children cannot be released to persons under 16 years of age.) List as many as possible and remember if you have more than one job you should list all you can. **If you have a pager/beeper or cell phone you could also list those.** If you or any of your emergency people change jobs or phone numbers we need to be notified immediately of the change so that the child's file can be updated.

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Name _____ Relationship _____ Home phone _____ Work phone _____

Please list any special circumstances: _____

Every attempt will be made to contact you, the parent, guardian or designated person in charge in the event of an emergency. However, in the event of a serious emergency the Polk County Emergency Medical Service (911) will be called to administer treatment and transport to the nearest emergency medical facility for treatment. Please note that KidCare can not transport any child for any medical treatment.

NOTE: When you are unavailable at your job location, always notify the center that day in case an emergency occurs, where or how you or someone can be notified.

SIGN-IN AND OUT POLICY

It is the responsibility of the parent or guardian bringing the child to the center or picking the child up from the center to sign in and sign out on the sign in/sign out form. Full signatures are required, no initials or nick names can be accepted.

I have read and understand that when someone is picking up my child that he or she must be at least 16 years of age, be on the pick-up list and or have a pick-up card and they must sign my child in or out upon bringing or picking up my child from KidCare.

Signature of Parent or Guardian

Date

KidCare may occasionally take pictures of children playing or doing different activities. Some pictures are used to make special art projects or these photos may occasionally be posted throughout KidCare and or in one of our newsletters or special publications.

If you do not want your child to be photographed, please see your director today so your child's file can be flagged for NO PICTURES. Otherwise please sign below if you have no objection to your child having his or her picture taken.

Signature of Parent or Guardian

Date

ALPHA KidCare, Inc.

2007-2008 KIDCARE REGISTRATION APPLICATION

Thank you for choosing the KidCare program this year! Your participation is important to us.

CHILD'S NAME: _____ Sex: _____ Age: _____ Birth date: ____/____/____

School Name: _____ Room # _____ Grade _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Beeper _____

Who does child live with? Name: _____ Relationship _____

Mother/Guardian _____ Father/Guardian _____

Driver License #: _____ State _____ Driver License #: _____ State _____

D.O.B. ____/____/____ D.O.B. ____/____/____

Workplace: _____ Workplace: _____

Work Phone: _____ Work Phone: _____

Cell/Beeper: _____ Cell/Beeper: _____

Emergency Contact Person: _____ Phone: _____
(Other than Parent/Guardian)

Are there any unusual custody circumstances we should be aware of? (____)Yes (____)No If yes, explain and attach a copy of any court order that you have with this application: _____

HEALTH INFORMATION

Name of Doctor: _____ Doctor's Phone: _____

Name of Medical Facility Doctor Works: _____

Name of Dentist/Orthodontist: _____ D/O Phone: _____

Should your child be restricted from any activities? (____) Yes (____)No If yes, list: _____

Does your child have food or medication allergies? (____)Yes (____)No If yes, list: (Foods) _____

 _____ (Medications) _____

LIABILITY: KidCare will not be liable for any child who leaves KidCare to attend any other activity program, either on or off campus, from the time of check out to check back in. When any child leaves KidCare to attend any other function that child will not be the responsibility of KidCare until that child has been officially checked back in with the Site Manager.

ABSENCES: Please notify KidCare in the event your child will be absent or other pick up arrangements are made on the days when this change is in effect. This will help us in accounting for the children upon roll call.

SITE MANAGER USE ONLY

Registration Date: _____ Start Date: _____ Enrolled By: _____

Amount Paid:\$ _____ Check # _____ Registration Fee Paid:\$ _____ Check # _____ For Week #: _____

Is Child on a Funding Source? (____)Yes (____)No If yes, list fees: Part Time Day/Week \$ _____ /\$ _____

Name of Funding Source: _____ or Reduce Lunch? _____ Free Lunch? _____

Does this child have siblings at this facility? (____)Yes (____)No If Yes, Name/s: _____

Was parent given these: Know Your Child Care Brochure: _____ KidCare Handbook: _____