



Final Enrollment Checklist

Please fill out completely all enrollment forms and return this packet prior to your child starting:

- Complete Enrollment Packet
- Sign Parent Authorization form (Page 1- Enrollment Packet)
- Carefully read and sign the Parent Handbook (Page 7- Enrollment Packet)
- Fill out all blanks on the Blue Card completely (except for the shot record section).
- Complete to the best of your remembrance the “All About Me Questionnaire”
- Sign Statement of Health for Child’s Attendance
- Complete and sign the Photo/Video Consent form
- Complete and sign the Travel Permission Form (school-age)
- Provider/Parent/Guardian Agreement for Child Care Charges (DES families)
- Complete and sign Infant forms (Infant Only)
 - Infant Feeding Preference Form
 - Infant Food Lists
 - Infant Feeding Instructions
 - Infant Sleeping Position
 - Diaper Ointment Permission Form
- CACFP Affidavit completed and signed

Please return a copy of:

- Up to date immunization record

Review all paperwork

- Orientation Tour
- Introduction to Key staff and teachers
- ProCare Account Set Up (Door Codes/Fingerprints)
- Discuss child’s specific needs
- Overview of support, resources, and activities for parents and children
- Interpreter needed ___yes ___no

Parent Signature _____ Date _____



Parent Medical Authorization

I hereby authorize the Director and Staff, representing the school to give consent for any and all necessary emergency medical and first aid for my child:

While my child is in the school's custody. I understand that the school will notify me immediately in case of an emergency that requires immediate transportation to receive medical care/services.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: _____



PHOTO-VIDEO CONSENT FORM

I _____ (Parent's Name) acknowledge and understand that photographs may be taken and on-line, real-time internet viewing (for authorized, password protected parents, guardians and authorized users only) of my child, _____ (Child's Name) will occur, while my child is enrolled.

at school. I do hereby consent to the use of internet cameras for viewing my child, and consent to and authorize the publication and use of any photographs of my child for the purpose of advertising, promotional and other marketing material purposes, including, but not being limited to, the school's newsletter, website, parent picture boards, yearbooks, school materials and calendars.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____



Kids World Learning Center
2051N. Arizona Ave #101
Chandler, AZ 85225
480-855-4000

Enrollment and Policy Agreement

| <u>Name of Child</u> | <u>DOB</u> | <u>Schedule</u> | <u>Tuition Amount</u> |
|----------------------|------------|-----------------|-----------------------|
|----------------------|------------|-----------------|-----------------------|

Enrollment Fee \$100 per Child (Max \$300 per family)

An annual registration fee of \$100 per child (Max \$300 per family) is applied with August's tuition.

Deposit Fee \$150 to hold their spot. The deposit will be used towards their last week of care. These fees are nonrefundable.

Total: _____

Parent Signature: _____ Date: _____

ENROLLMENT INFORMATION

Mother/Guardian

Name: _____

Social Security Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone:

Home: _____

Work: _____

Cell: (____) _____

Father /Guardian

Name: _____

Social Security Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone:

Home: _____

Work: _____

Cell: (____) _____

Emergency Information

Emergency Contact/Pick-up Authorization

| | |
|--------------------|--------------------|
| Name _____ | Name _____ |
| Phone _____ | Phone _____ |
| Relationship _____ | Relationship _____ |
| Address _____ | Address _____ |
| _____ | _____ |

The following persons may **not** pick up children from the premises

Medical Emergency Contact

| | |
|----------------|-------------|
| Doctor _____ | Phone _____ |
| Address _____ | _____ |
| Dentist _____ | Phone _____ |
| Hospital _____ | _____ |

Allergies _____
Special Conditions _____
Special Diet _____
Comments _____

I hereby authorize Kids World Learning Center, LLC to take any necessary emergency measures for the care and protection of my child while under the center's supervision.

Parent's Signature _____ **Date** _____

Enrollment:

All enrollment paperwork must be completed and returned 1 week prior to start date.
Your Child's immunization must be current and updated during enrollment.

Registration Fee:

I understand that an annual registration fee per child is due upon enrollment. Registration fees must be paid every year to maintain enrollment of my child. It must be paid in full by August 15th for each enrolled child. (a maximum of \$100 per family).

Initial: _____

Late Pick-up:

I agree to pay a late charge of \$8.00 for every 5 minutes past 6:00 p.m. per child. If we are unable to contact you, Child Protective Services will be called.

Initial: _____

Check Policy:

When writing a check, I will be asked for a valid driver’s license. I will provide a copy of my SS Card for verification. If the check is returned for non-sufficient funds, a \$25 processing fee will be charged. I will be required to pay my balance in cash or money order. This might lead to disenrollment from the center.

Mother’s Driver License: _____ SSN _____

Father’s Driver License: _____ SSN _____

Initial: _____

Meals and Snacks:

I understand that the full day program includes a hot lunch, a morning and afternoon snack. Breakfast can be purchased if needed.

Initial: _____

Service Hours:

Full-time service hours are for 10 hours from drop off. There will be a \$10 charge for every hour past the 10 hours.

Initial: _____

Holidays/Absentee/Illness/Vacation Policy:

I understand that Kids World is closed on the following holidays and I understand that other days are not substituted for these holidays: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas.

I understand that no credit will be given for these holidays. If my regular schedule includes one of these days, I will be required to pay my regular weekly tuition rate. I understand that a maximum of 2 weeks' absence per school year may be credited and any other absence must be paid in full.

Initial: _____

Program Changes/Withdrawal:

I agree to provide two-week written notice for withdrawal or for changes in schedule including summer holidays and intersession. One day advance notice is required for special field trips and early release days. A \$10.00 no-call fee for failure to inform a change in drop-off or pick-up schedule will be charged.

Initial: _____

Sign-In/Sign-out:

For my child's protection and safety, I will sign my child in and out on arriving and leaving the center every time. I will also notify anyone that is authorized to pick up my child of the same.

Child Release:

I understand that my child will be released only to those persons whose names are listed on the emergency cards. I will inform the center in writing if any other person is authorized to pick up my child. The parents will be contacted to verify authorizations if needed. Proof of identification must be presented if asked. Kids World employees cannot transport a Kids World child from the center to the child's home due to insurance liability.

Initial: _____

Baby-Sitting:

We feel babysitting your children during off hours by our employees will create conflicts and it is strictly prohibited. Please do not ask our employees to provide babysitting services to your children during off hours.

Initial: _____

Quiet Time:

We will provide sheets and blankets for your children. If your child needs to use a special or personal blanket, please do not send blankets which are bigger than a receiving blanket, as they will not fit in the cubbies. We will not be responsible for personal blankets or other belongings that are lost or damaged.

Initial: _____

Health: We trust you will not bring in a sick child. However, if in our opinion the child is sick, we will call you to come and pick up your child in one hour. We will call you for the following reasons:

- A fever over 100 degrees.
- A rash or sore.
- Discharge from eyes, ears or nose.
- Vomiting or Diarrhea.
- Signs of a communicable disease.

For further information, please refer to the parent handbook.

I understand that Kids World staff will not be dispensing any sort of medications without a doctor's note and completely filled Medical Permission slip. This applies to all medications including Over the Counter medications. We follow the nit free policy.

Initial: _____

Discipline & Behavior:

We want our children to learn appropriate ways to express their emotions. We guide them by providing the right environment with hands on and stimulating activities. The curriculum supports active learning and problem-solving skills. There is a great emphasis on following directions and rules through positive and clear communication. Positive behavior is reinforced and encouraged at all times. With the short attention span in children below five years, redirection is a very successful technique. Time-Out will be used only as a last resort.

We are happy to have the opportunity to be of service to you and your child. The safety and well-being of every child is our priority. We will make every effort to work with the parents and the children having difficulties at the center. Any behavior upsetting the physical or emotional well-being of another child or staff member will require special actions. The directors will meet with the parents to discuss an action plan. When progress has not been made, the child may be suspended indefinitely. The parent will be called at any time to have the child picked up if the behavior cannot be modified by the staff members.

Disenrollment:

Kids World can cancel the enrollment of a child immediately for physical and/or oral abuse of staff or other children by parents or children. This includes excessive biters in all.

age groups. Non-payment of Tuition fees also leads to immediate disenrollment. Please refer to the Parents Handbook for more details.

Initial: _____

Discount:

Kids World offers a 10% tuition discount for each additional child from the same household. The discount will be applied to the oldest child’s tuition. The discount is applicable only to full-time students. These discounts are only available to those clients who pay in advance for services rendered.

Initial: _____

School Age Tuition:

At Kids World, we offer full day care for school-age children during intersession and summer holidays. Tuition charges are adjusted accordingly. There might be additional charges for extra activities including field trips.

Initial: _____

Payment of Tuition:

I understand that tuition is due on the first scheduled day of each attendance week. A late fee of \$5.00 per day will be charged after 9:00 a.m. on Wednesdays. If the tuition becomes delinquent, enrollment will be jeopardized. Delinquent accounts will be submitted to small claims court and appropriate collection fees will be charged. If you have any questions or concerns, please see the Director.

Initial: _____

Cell Phones:

Cellphones are not allowed in classrooms. Please feel free to reach your child by calling the main number.

Initial: _____

Concerns or Questions:

Kids World welcomes feedback and suggestions from parents. I understand that should I ever have a question, concern, or suggestion; I will not hesitate to approach the Front Desk Staff.

I have read and agree to the conditions of enrollment listed in this packet and the parent handbook.

Parent Signature: _____ Date: _____
_____ Date: _____

Director Signature _____ Date: _____

We thank you for choosing Kids World Learning Center. We are committed to providing the highest quality care and the fulfillment of every child’s learning potential.



To Whom It May Concern:

To my knowledge my child _____
is physically healthy enough to attend Kids World
Learning Center on a daily basis.

Sincerely,

Relationship to the child:

Date:



Child Profile - Please take a moment to complete this profile to help us get to know your child

| | |
|---|-----------------------------|
| Child's Name | Child's DOB: |
| First Parent/Guardian Name | Second Parent/Guardian Name |
| Does your child have any allergies? Yes No If so, please list what they are and what reactions they experience from them: | |
| Does your child have any food restrictions and/or religious preferences? Yes No If so, please list them here: | |
| Please let us know of any birthmarks your child may have. | |
| What is important to you about your child's care? | |
| Please list favorites for your child: (games, books, activities) | |
| Does your child have any siblings? If so, please list the names and ages of all children in your home. | |
| Does your child have any pets? If so, please tell us what you have and what the name of your pet is. | |
| Has your child been in preschool before? | |
| Is there anything else you would like us to know about your child? | |
| What days will your child be attending? | |
| Parent/Guardian Signature: | Date: |



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

| | | |
|---|-----------------------|---|
| Child's Name: | Date Enrolled: | Updated: |
| Home Address (#, Street, City, State, Zip Code): | | Date Disenrolled: |
| Home Phone: | Date of Birth: | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

| | |
|--------------|----------------------------------|
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |

If Medical care is necessary, call:

| | | |
|------------------------------|--------------|----------------------------------|
| Health Care Provider* | Name: | Contact Telephone Number: |
|------------------------------|--------------|----------------------------------|

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

| | |
|---|--|
| In case of injury or sudden illness, I request that this individual be called first: | |
|---|--|

The following individual(s) may NOT remove my child from the facility:

| |
|-----------------|
| Name(s): |
|-----------------|

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached |

| | | | |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached: | mo /day/ yr | mo /day/ yr | mo /day /yr |

Medical Information

| |
|--|
| Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs: |
| Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions: |
| Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure: |
| Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions: |
| Additional comments: |
| Other special instructions: |

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

| | | |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
|-------------------------------|--------------|-------|



PARENTAL ACKNOWLEDGMENT

Please initial the following statements:

INJURY/ACCIDENTS

_____Valley Child Care prides itself on maintaining a safe and healthy environment; however, I understand that illness and accidents may occur despite the best efforts of all staff employed by Valley Child Care.

REGISTRATION FEE

_____I understand that there is an annual registration fee per family upon enrollment and every January thereafter.

MEDIA RELEASE

_____I give permission for Valley Child Care to take pictures of my child/ren to use in their facilities and advertising materials.

PAYMENT

_____I agree to pay my account in full by Friday night. If I fail to do so, I agree to pay a \$30.00 late payment fee for the past week charges and understand that I will not be authorized to attend until the balance is paid in full.

AGENCY REIMBURSEMENT

_____If I receive Agency Reimbursement of any kind, I understand that I am solely responsible for ANY payments not covered by the Agency.

If I fail to sign in on both the sign in sheets and the computer for attendance for any day my child is in attendance and reimbursement is denied, I understand that I am solely responsible for the payment of tuition.

_____ **Tuition Express** - Valley Child Care uses Tuition Express for our payment processing service. I understand that I am signing up for automatic payments by Credit/Debit card or ACH before my child's first day of enrollment.

_____I understand that I am responsible for any fees associated with a declined credit/debit card or insufficient bank account funds.

_____I understand that there is a convenience fee for each payment made by a Credit, Debit, Flex Savings Card or any type of Cash Card. There is no fee for ACH payments.

_____I have read the Parent Handbook available [here](#) and agree to the policies in the Handbook as well as on this Parental Agreement

Signature -Parent or Guardian

Date



APPENDIX A

Video and Audio Recording Acknowledgement

CENTRE/ER: _____

CHILD(REN)'S NAME(S): _____

I have received and read the Busy Bees North America CCTV Policy in full and understand it, including without limitation the Purpose, Location and Access as outlined. I give consent to BBNA to record the activities of my child(ren) in accordance with the CCTV Policy.

Parent / guardian printed name

Parent / guardian signature

Date Signed