

Introduce Us to Your Child

We are excited to learn more about your Family!

Date _____ Last Name: _____ First Name: _____ D.O.B: _____

What would you like us to call your child?: _____

Siblings' Names & Ages: _____

Favorite Play Materials: _____

Special Interests: _____

With whom does your child reside? _____

What opportunities does your child have to play with others the same age? _____

Eating Patterns:

Are there any dietary concerns or restrictions? _____

Does your child feed himself or herself? _____

Are there any food dislikes? _____

Are there any food allergies? _____

When eating, uses fingers ___ spoon ___ fork ___ cup ___ Needs assistance _____

Sleeping Patterns:

What time is bedtime at home? _____ Arise at? _____

What time is nap time? _____ How long? _____

Does your child sleep in his/her bed? _____

Does your child have a special toy/blanket to nap with? _____

Please describe your child's go-to-sleep routines (e.g., story time, quiet play, snack)

Eliminating Patterns: (2 yrs. and up)

Not potty trained yet? Yes _____ No _____

In training? _____ If trained, how long? _____

Independent—doesn't require help. _____

Does your child need to be reminded? _____

Does your child have regular Bowel Movements? _____

Does your child have problems with diarrhea? _____

Does your child have problems with constipation? _____

Does your child have certain words to indicate a need to eliminate?

Child wears:

Nap time diaper _____ Disposable training pants _____

Cloth underwear _____ Plastic pants over cloth underwear _____

Stress/Coping Patterns:

Uses pacifier _____ Brand _____

Does your child have any fears: _____ Storms _____ Separation anxiety _____

Dark _____ Animals _____ Stranger anxiety _____

Being alone _____ Other _____

When your child is upset, how do you soothe him or her? _____

Health Patterns:

Does your child have a history of hospitalization? _____

If yes, when and why: _____

Has your child had any recent medical problems? _____

If yes, please describe: _____

Activity Patterns:

When did your child begin: Creeping _____ Crawling _____ Walking _____

Personality Traits (Check all that apply): shy/reserved outgoing/curious sensitive/frightens easily
very verbal cuddly active
cautious restless stranger anxiety
separation anxiety

Primary Language Spoken at home? _____

Please check any interest you may have in the following classroom volunteer opportunities?

- Read a book to my child's classroom
- Help during a special activity or party
- Teach my child's class a new skill
- Participate in School Fundraisers
- Be a classroom parent R.O.C Volunteer

Is there any other information we should know in order to help us know your child better?

What goals do you have for your child upon entering Kidz Ink Academy of Early Academics:

Thank you for taking the time to help us learn about your family? We look forward to using this information to help your child reach his/her fullest potential.

Parent/Guardian completing form

Biting Policy

Is it normal for a child to bite?

Most children younger than age 3 bite someone else at least once. Most children stop biting on their own; biting that persists past age 3 or occurs frequently at any age may need treatment. Biting is not always intentional and rarely causes serious injury to another person or poses any health risks.

Why do children bite?

Children bite for different reasons, depending on their age.

- **Between 5 and 7 months of age**, children usually bite other people when they feel discomfort around their mouths or when they are in pain caused by teething. Most often they bite their caregivers. Sometimes young babies bite their mother while breastfeeding. Children of this age learn not to bite as they see and hear the reaction of the person they have bitten.
- **Between 8 and 14 months of age**, children usually bite other people when they are excited. Most often they bite a caregiver or another child close to them. A firm “no” usually stops these children from biting again.
- **Between 15 and 36 months of age**, children may bite other people when they are frustrated or want power or control over another person. Usually they bite other children; less frequently they bite their caregivers. Children of this age usually stop biting as they learn that biting is not acceptable behavior.

Reducing biting:

Some ways to help prevent a child from biting include:

- Helping the child put words to his or her feelings, such as, “You must feel angry with Bobby for taking your toy.”
- Encouraging the child to use language to express himself or herself. Say, “Use your words, don’t bite.”
- Teaching your child empathy, which is understanding and being sensitive to the feelings of others.
- Encouraging activities appropriate for a child’s age and abilities. To prevent frustration, avoid activities that are too difficult or competitive.
- Distracting a child who is becoming frustrated with other types of play, such as dancing. Or you may want to suggest a calming activity, such as reading or working on a puzzle.
- Stopping a child who appears ready to bite someone. Get the child’s attention by looking straight in his or her eyes. Use a stern voice and expression and say, “No, we never bite people.”
- Praising a child who handles frustration successfully. Say, “Great job. You used your words when you felt angry.”

Kidz, Ink’s Steps to handling a bite:

Step 1: Immediately separate the children and tend to the child who has been bit. Check the area and console the child.

Step 2: Explain to the child who bit that it hurts to bite.

Step 3: Clean bite area with soap and water. (If the bite broke the skin, the Director will notify the parent by phone).

Step 4: A bite report will be filled out for both children.

Kidz, Ink’s Course of Action:

After all preventative steps have been tried by the staff members, if the child continues to bite routinely, the director or designee will call the parent to pick up the child for the remainder of the day. Chronic biting may require that a child be suspended from enrollment for a period of time (days, weeks, etc.). If a child is suspended, the parent will be informed that the child may return to the center as soon as the biting is abated.

If the child returns to the center, continues to bite, and is endangering the other children, the child may be terminated from Kidz, Ink.

Please sign below acknowledging Kidz, Ink’s Policy on Biting:

Parent/Guardian Signature

Date

*A copy of this policy will be provided to each pa

Infant Feeding Plan

(6 weeks – 12 months)

Child's Name: _____ D.O.B: _____ Date: _____

Does the child take a bottle? Yes () No ()
Is the bottle warmed? Yes () No ()
Does the child hold his/her own bottle? Yes () No ()
Can the child feed self? Yes () No ()

Does the child eat:

Strained Foods	()	Whole Milk	()
Baby Foods	()	Table Foods	()
Formula	()	Other	()

If formula is used, what brand is it? _____

What type of water do you use for formula made bottles? (Tap, Nursery/Infant water, etc.) _____

Amount of ounces of formula/breast milk per bottle:

_____ (1-3 months)	how often: _____	Date: _____
_____ (3-6 months)	how often: _____	Date: _____
_____ (6-9 months)	how often: _____	Date: _____
_____ (9-12 months)	how often: _____	Date: _____

Does the child take a pacifier? Yes () No () When? _____

Any allergies to food, milk, or formula? _____

Child's feeding Schedule:

Breakfast	Approximate Time	Types of Food	Amount of food
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Lunch	Approximate Time	Type of Food	Amount of food
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Late meal/snacks	Approximate Time	Type of Food	Amount of food
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Food likes: _____ Food dislikes: _____

Any updated instructions regarding adding new foods or other dietary changes please list as needed:

Parent/Guardian Signature _____

Initial and Update Monthly:

_____ January	_____ February	_____ March	_____ April	_____ May	_____ June
_____ July	_____ August	_____ September	_____ October	_____ November	_____ December

Swaddling Agreement

Dear Infant Parents/Guardians:

Per Child Care Licensing Regulation 42, section iv, under Sleeping Accommodations it states: Swaddling of infants requires written parent/guardian consent. The use of blankets for swaddling shall not be used when laying an infant down to sleep; swaddle-blanket sleepers may be used.

I _____ the parent
of _____

Give written permission for my infant to be swaddled. I understand written permission is being required by the Office of Child Care Licensing.

Parent/Guardian Signature

Date

Directors Signature

Date

Cot Agreement 12-18 month old children only

Dear Parents/Guardians:

The office of Child Care Licensing requires that all children, ages 12 to 18 months, who rest/sleep on a cot have written permission from their parent(s)/legal guardians(s). The permission slip below must be filled out in order for Kidz, Ink to follow these standards. Please fill out the form and return it to the front desk.

I _____ the parent
of _____

Give written permission for my child to rest/sleep on a cot while he/she attends Kidz, Ink. I understand written permission is being required by the Office of Child Care Licensing for toddler's age 12 to 18 months.

Parent/Guardian Signature

Date

Directors Signature

Date

- Praising a child who handles frustration successfully. Say, “Great job. You used your words when you felt angry.”

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Step 2: Explain to the child who bit that it hurts to bite.

Step 3: Clean bite area with soap and water. (If the bite broke the skin, the Director will notify the parent by phone).

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If the child returns to the center, continues to bite, and is endangering the other children, the child may be terminated from Kidz, Ink.

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Beyond the Bell Holiday Option

In order to work with our parents and give them the choice that works best for their family we ask that you choose either option 1 or option 2.

Option 1

One (1) day out of School No additional Charge

Two (2) days out of School \$10.00 increase

Three (3) or more days increase to Pre-K rate

Holiday Fees are not based on your child attendance

Wkly rates are not based on attendance

Option 2

School Closed for ½ day - \$35.00 per day

School Closed for Full Day – \$50.00 per day

Holiday Fees only apply if your child is in attendance

Wkly rates are not based on attendance

I have chosen to enroll my child in option: of the Before / After Program

Parent's Name Printed: _____

Parent's Signature: _____

Date: _____

Homework Assistance

As we enter a new school year, we are excited about seeing each child enter a new grade with enthusiasm. The school age and administration team welcomes our new students in addition to the returning students.

This school year our homework time will be from 4:30-5:00 p.m. (depending on the school arrival time). We will assist your child with their daily homework assignment for 30 minutes only. Completion of assignments will be encouraged but not forced. Please indicate your preference below

Child's Name _____

_____ I want my child to get homework assistance at Kidz, Ink

_____ I do not want my child to get homework assistance at Kidz, Ink

Parent Signature _____ Date _____

Student Code of Conduct Policy

Parents: Please review this with your child and make sure that he/she understands what is expected of them while at Kidz Ink's Beyond the Bell.

- I will show respect for my instructors and teachers.
- I will show respect for my fellow students.
- I will show respect for myself by behaving in an appropriate manner.
- I will help to clean up the areas I work in.
- I will work to resolve problems with instructors and fellow members in a positive manner.
- I will follow all instructions given to me by teachers and instructors
- I will cooperate with fellow Kidz Ink students and instructors in all activities.
- I will participate constructively in all Kidz Ink activities.
- I will seek help from teachers to solve disputes with others when needed.
- I will be responsible for my actions.

Any behavior that threatens the health or safety of another student or staff member or the continuous inability to follow the rules and guidelines of our program may result in a family conference, behavior plan, suspension or disenrollment from the program.

By enrolling my child in Kidz Ink's Beyond the Bell, I understand and agree that my child will follow all rules and regulations of Kidz Ink as a condition of enrollment.

Transportation Consent Form

Child's Name: _____

School Year: _____

*Please check off one of the following:

_____ My child will use the Kidz Ink Bus for transportation to and from _____ Elementary.

I give Kidz Ink permission to transport my child in the Kidz Ink Bus.

_____ My child will use a Colonial School District bus for transportation to and from _____ Elementary School.

_____ I will provide my child with transportation to and from Kidz Ink.

_____ Other (please explain)

Parent Signature: _____

Kidz Ink Supply List

Lil' Learners Classroom (0-12 Months):

- Labeled Bottles
- Labeled Formula or Breast Milk (If applicable) Kidz Ink does provide Enfamil
- Diapers and Wipes
- 2 Sets of labeled change of clothes
- 2 Bibs
- 2 Labeled Crib Sheets
- 1 Swaddle (No Crib Blankets due to State Regulations)
- Labeled Baby Food (If applicable)

Kidz Ink Supply List

Investigators and Scholars (3 years – 4 years of age):

- Back Pack or bag to store blanket and sheets
- 1 Sheet (Crib or twin size)
- 1 Small Blanket (No Sleeping bags please)
- 1 Small Travel pillow, if necessary
- 1 Smock or old long sleeve shirt for art activities
- 1" Binder for Portfolio

STEP 5 An adult household member must sign and date this form before it can be approved.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)		
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		
Printed name of adult signing the form	Signature of adult		Today's date				

OPTIONAL Racial and Ethnic Identities

We are required to ask for information about your race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black or African American Asian White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out For SPONSOR Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income	How often?				Household Size	Categorical Eligibility (If Yes, Check One): <input type="checkbox"/> SNAP (Food Stamp) Household <input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ECAP <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway <input type="checkbox"/> SSI (adult participant only) <input type="checkbox"/> Medicaid (adult participant only)	DATE WITHDRAWN: _____	Eligibility		
	<input type="radio"/> Weekly	<input type="radio"/> Bi-Weekly	<input type="radio"/> 2x Month	<input type="radio"/> Monthly				<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Determining Official's Signature	Date									
<input type="text"/>	<input type="text"/>									