

KIDS HAVEN, *by Sandy*
A Child Development Center
1010 Oldham Oaks Rd.
LaGrange, KY 40031
(502)222-5008

ENROLLMENT PACKAGE

All items below must be completed in full and returned to the Director for acceptance of your child's enrollment as a student at KIDS HAVEN, *by Sandy*

CHECKLIST:

- _____ Child Care Contract
- _____ Current Immunization Certificate
- _____ Registration Fee
- _____ First Week's Tuition

KIDS HAVEN, by Sandy Child Care Contract

Section 1 – Personal Information

STUDENT INFORMATION:

Name of Child _____
First Middle Initial Last

Address _____ Phone _____
Street City/State Zip Code Home

Cell Phone _____ Date of Birth _____ Immunization Exp. Date _____

Parent
Email Address: _____ Soc. Sec.# _____

Other children (name & age) living in your home? _____

Enrollment Date: _____

PARENT INFORMATION:

Mother's Name _____ Address _____
(If different from above)

Employer _____ Work Phone _____

Father's Name _____ Address _____
(If different from above)

Employer _____ Work Phone _____

If parents are divorced or separated, please list custodial parent: _____

Special Court Order on File _____

MEDICAL RELEASE:

*****In case of a medical emergency, I hereby authorize KIDS HAVEN, by Sandy permission to obtain emergency medical treatment necessary by a physician and/or a hospital. Your child will be transported to Baptist Health LaGrange unless you indicate otherwise.**

Signature of Parent/Guardian (Circle One) Date Name of Alternate Hospital if desired

Child's Doctor _____ Phone _____

Any special medical alerts? _____ If so, please list: _____

**If parents cannot be reached at home or work in case of an emergency or illness, who can we call?

Name _____ Phone _____ Relationship _____

PICK UP AND DROP OFF AUTHORIZATION:

List three (3) people authorized by you to pick up or drop off your child other than parents listed above:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDIA, TRANSPORTATION & LEGAL AUTHORIZATION:

I hereby grant permission for my child to participate in all KIDS HAVEN, by Sandy activities including trips requiring transportation to and from school. I also grant KIDS HAVEN, by Sandy permission to use any photographs of my child for display at school, on their website or in the local newspaper. I hereby warrant to KIDS HAVEN, by Sandy that I have legal custody of my child and am authorized to place my child in your care and custody, and am further authorized to sign this child care contract. I have read and understand the above conditions and have completed my child's contract with valid and true information. I understand that I cannot hold KIDS HAVEN, by Sandy responsible for my child's safety if false or incorrect information is given about my child. I agree to notify KIDS HAVEN, by Sandy immediately when any of the above information changes.

Date

Parent/ Guardian Signature (Circle One)

ANIMALS:

Here at KIDS HAVEN we believe that children can benefit from playing with pets which can be both a source of calmness and relaxation, as well as a source of stimulation for the brain and body. Playing with a pet can even be a doorway to learning for a child. It can stimulate a child's imagination and curiosity. All animals on the premises of KIDS HAVEN, by Sandy will always be supervised and in the control of an adult. Animals will be given rabies shots if it is applicable to that type of pet (ie: dogs or cats). Please sign below to give your written consent for animals to be present in your child's classroom.

Date

Parent/Guardian Signature (Circle One)

Section 2 – Financial Agreement

I will pay the sum of \$ _____ as a tuition fee to enroll _____
(Name of child to be enrolled)
for the following child care services: _____ From _____ To _____
(Classroom) (Full/Part-time) (Hours of Care Needed)

Check one of the following payment options:

- ____ Weekly, due on Monday ____ Monthly, due on 1st day of month
____ Bi-Weekly, due Monday in advance ____ Other (3C's, etc.)
____ Drop-In Fee (Due on day of service)

PAYMENT OF FEES:

All fees are due on Monday of the week your child attends school. Your fees become delinquent after check out time on Wednesday. A late fee of \$15.00 will be added to your account after check out time on Wednesday. If tuition fees become two (2) weeks delinquent, you will be asked to remove your child from the center until your fees have been paid in full. Your child will be readmitted only when these delinquent fees are paid in full.

METHOD OF PAYMENT:

Fees may be paid by check, cash (only exact amounts) or by credit card or debit card (Master Card/Visa, Discover). When paying by check, please put your child's name on the bottom of the check.

REGISTRATION FEE:

A registration fee of \$60.00 per child or \$110.00 per family is due on the first day of enrollment and is also required on January 1 of each subsequent year if I choose to continue to keep my child enrolled at KIDS HAVEN, by Sandy. The registration fee is used for educational supplies and processing costs and is **not refundable**.

LATE PICK UP CHARGES:

I understand that if my child remains at KIDS HAVEN, by Sandy past the scheduled closing time of 6:00 p.m., I will be charged the following fee **per** child:

6:01 – 6:15 \$20.00 After 6:15 \$1.00 per minute
(This charge is automatically posted to your child's account the day after late pick up occurs.)

WITHDRAWALS:

If I choose to withdraw my child, for any reason, from KIDS HAVEN, by Sandy, I will give at least one (1) week notice to the Director or Assistant Director. I further understand that if my child is absent (for no apparent or known reason) for two (2) weeks and the appropriate fees have not been paid, my child will be automatically withdrawn from KIDS HAVEN, by Sandy. I will be required to pay another registration fee prior to readmission to KIDS HAVEN, by Sandy.

RETURN CHECK POLICY:

A fee of \$30.00 will be charged to your account for any returned checks.

VACATIONS AND HOLIDAYS:

KIDS HAVEN, by Sandy will allow one (1) week vacation at 50% of normal tuition each calendar year for **full time** students only. I further understand that no credit is given for the remaining five major holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day (including the Friday after Thanksgiving), Christmas Eve, and Christmas Day. These are the only days KIDS HAVEN, by Sandy will be closed unless otherwise notified due to inclement weather or other emergencies.

I have read and agree to the financial terms as set forth in the above paragraphs.

Parent/Guardian Signature (Circle One)

Date

Parent/Guardian Signature (Circle One)

Date

Rev. 10/19

Section 3 – Parent Questionnaire

Please complete this survey and return it along with Section 1 and 2 of the Child Care Contract. This information will help us become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information to us.

1. By what name do you call your child?
2. Does your child have any disabilities including allergies? If so, please explain
3. What terminology does your child use regarding the use of the bathroom?
4. If your child has attended preschool before, was the experience enjoyable?
5. Does your child have tantrums?
6. Does your child suck his/her thumb?
7. If your child has unusual fears, what are they?
8. Does your child use the following at home: crayons scissors pencil chalk markers (please circle any used)
9. What foods does your child like?
10. What foods does your child dislike?
11. What do you see as your child's strengths?
12. Is there any task in which you anticipate difficulty for your child? (e.g. sharing, following directions, etc.)
13. What goals do you have for your child?
14. What other information would you like us to know about your child?

Child's Name _____

Parent/Guardian Signature _____

Section 4 – Medical Background

Does your child now have or have had any of the following medical conditions?

_____ Allergies (please list)

_____ Surgeries (date and type)

_____ Chronic Ear Infections (dates)

_____ Asthma (when diagnosed by a doctor)

_____ Frequent Colds

_____ Seizures

Has your child had any of the following childhood illnesses?

_____ Chicken Pox (date)

_____ Measles (date)

_____ Mumps (date)

_____ Rubella (date)

_____ Meningitis (date)

_____ RSV (date)

How was your pregnancy with your child? _____

***If your child has had any of the childhood illnesses listed above, please get a doctor's signature beside the illness.

Child's Name _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Child Care Policies

Business policies for KIDS HAVEN, by Sandy are listed and explained in the center's handbook. A copy of our handbook may be viewed and/or downloaded from our website (kidshavenbysandy.com). In addition to the handbook, each classroom teacher distributes a form listing items the parent must provide on their child's first day of attendance. Parents or guardians are required to fill out a Child Care Contract which includes the following sections: Section 1 – Personal Information, Section 2 – Financial Agreement, Section 3 – Parent Questionnaire, and Section 4 – Medical Background. Registration fees and first week's tuition fee must also be paid before enrollment is accepted. A copy of their child's immunization certificate must be submitted within two weeks of enrollment as required by the state of Kentucky.

Accounting Practices

KIDS HAVEN, by Sandy uses QuickBooks Pro 2016 to record enrollment of all children and to record each family's financial information. Each month a Profit and Loss and Balance Sheet statement are sent to our CPA for review. Weekly statements are handed out to parents on Thursday if they have not paid their tuition by Wednesday. If an account becomes two weeks delinquent, the parent is asked to withdraw their child until the account is current. If an account becomes seriously past due, we submit the account to a private collection agency for collection and dismiss the child.

Statement of Non-Discrimination:

“The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program,

or protected genetic information in employment or in any program or activity conducted or funded by the Department. (not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [Http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.”

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