

Enrollment Packet

Parents,

Thank you for choosing Kidz World as your childcare provider! We are happy and excited to welcome you to the Kidz World family!

Before you get started, there are a few things you will want to have handy to speed the process. Some of the forms seem redundant but are required by the state for different purposes.

You will need:

- Names: Parents, Emergency contacts, Doctors, Employers, Hospital
- Date of birth and SSN's: Parents & Child(ren)
- Phone numbers: Parents, Emergency contacts, Doctors, Employers
- Addresses: Parents, Employers, Doctors
- Email addresses: Parents

This packet must be filled out completely. Please do not leave any areas blank. Please remember to keep this information up to date with the office when/if you make changes.

Please submit the completed packet with a copy of your child(ren)'s current immunization certificate, \$100 registration fee (\$75 each additional child), first weeks tuition, complete outfit, package of wipes, box of Kleenex, roll of paper towels, and diapers/pullups/wipes for the first week.

Annual Student/Parent Update – Quick Reference

Child's Full Name _____

Child's Address _____

Phone number you want child to learn: _____

Start Date: _____ Termination Date: _____ DOB: _____

Allergies: _____

Parent Information (Please Print Clearly)

Mother's Name: _____ Email: _____

Mother's Address: _____

Mother's Home Phone: _____ Cell Phone: _____

Mother's Employer: _____ Phone: _____

Father's Name: _____ Email: _____

Father's Address: _____

Father's Home Phone: _____ Cell Phone: _____

Father's Employer: _____ Phone: _____

Emergency Contacts (Must have 3 – cannot be same as parent listed above)

Contacts can be the same as listed on pages 3 and 6.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Emergency Preferences

Physician's Name: _____ Phone: _____

Preferred hospital (must circle one): Deaconess Henderson / Owensboro Health / Deaconess Evansville

Special custody arrangements: _____

Parent Signature: _____ Date: _____

Medical Information/Consent

Child's Name: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Past Illnesses:

Chicken Pox <input type="checkbox"/>	Scarlet Fever <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Measles <input type="checkbox"/>	Seizures <input type="checkbox"/>	Mumps <input type="checkbox"/>
RSV <input type="checkbox"/>	Ear Infections <input type="checkbox"/>	Hand, Foot, & Mouth <input type="checkbox"/>

Please list any other medical conditions we need to be aware of: _____

Does your child have frequent colds? Yes – No Sore throats? Yes – No

Earaches? Yes – No Stomachaches? Yes – No Vomit easily? Yes – No

Run fevers often? Yes – No

Is your child allergic to anything? Yes – No If so, what? _____

In case of emergency/sickness, if a parent is NOT available, who should we contact? (Must have 3 contacts)

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

I hereby authorize Kidz World Childcare, Inc. to obtain emergency medical care for my child in the event that a parent cannot be reached. In the event that Kidz World Childcare, Inc. personnel deem it necessary for my child receive medical attention, I authorize the physicians and the hospital personnel to render whatever medical care and treatment that may be required by my child under the circumstances.

Parents Name (Printed): _____

Parents Signature: _____ Date: _____

Parent/Child Information

Please list all children in the home.

Child's Name	Address	D.O.B.	SSN

Mother's Name	
D.O.B.	
SSN	
Marital Status	
Address	
Home Phone	
Cell Phone	
Employer	
Employer Address	
Employer Phone	
Father's Name	
D.O.B.	
SSN	
Marital Status	
Address	
Home Phone	
Cell Phone	
Employer	
Employer Address	
Employer Phone	

Child Development

Habits:

Does your child have any pronounced fears? Yes – No If so, what? _____

Does your child have any habits such as thumb sucking, temper tantrums, biting, etc?

Yes – No If so, what? _____

Social Activities:

Who does your child play with the most? _____

Has your child experienced play with other children? Yes – No

By nature, is your child friendly? Yes – No Aggressive? Yes – No Shy? Yes – No

Eating:

What is your child's favorite food? _____

Least favorite? _____

Any food allergies? Yes – No

Does your child eat with a spoon? Yes – No Fork? Yes – No Hands? Yes – No

Does your child have any dietary restrictions? Yes – No If so, what are they? _____

Toilet Habits:

Does your child tell you when he or she needs to potty? Yes – No

Does he or she have accidents? Yes – No

Does your child need help with toileting? Yes – No

Briefly describe your child (personality, abilities, etc)

What are your expectations for your child at Kidz World Childcare, Inc.?

Pick-up Consent

I give permission to the following people to pick up my child from Kidz World Childcare, Inc. If anyone other than those three (3) listed below need to pick up my child I understand that I must provide written permission and notify the teacher that morning at drop-off. That person will then need to provide a picture ID at time of pickup.

Name	Address	Phone	Relation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Child's Name: _____

Parent's Name (Printed): _____

Parent's Signature: _____

Date: _____

Name of persons with court ordered restricted access to your child(ren):

1. _____
2. _____
3. _____

Please provide a copy of the court order to Kidz World Childcare, Inc. for the child(ren)'s file.

Consent Form

Child's Name: _____

Exposure to Animal Consent

I give my permission for my child to be in the presence of the animals listed below:

- Guinea Pig, Fish, Hamster, Hermit crab, Dog, Cat, Goat, Rabbit, Horse, Chicken

Parent's Signature: _____ Date: _____

Photo/Video Consent

I give my permission to Kidz World Childcare, Inc. to take and publish photos/videos of my child(ren) for the purpose of scrapbooking, display in the facility, posting on the Kidz World website/social media, and YouTube.

Names will not be shared with the use of any picture or video.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree this form will remain in effect during the term of my child(ren)'s enrollment.

I agree and give permission.

I do NOT agree, and do NOT give permission.

Parent Name (printed): _____

Parent Signature: _____ Date: _____

Sunscreen Consent

Kidz World Childcare, Inc. has my permission to use sunscreen on my child for outdoor activities including playground, waterpark, and swimming events. I am responsible to provide one can of continuous spray sunscreen for the above listed activities.

Parent Signature: _____ Date: _____

Payment Method Contract

Kidz World Childcare, Inc.

In order to better meet the needs and services of the children in our care, Kidz World has developed this contract specifically to set a permanent payment schedule. This contract is legal and binding from the date of signature.

Any parent using the services provided by Kidz World Childcare, Inc. must choose and abide by one of the payment plans. The plan is a contract for the duration of the child's enrollment. The parent has the opportunity to change the contract one time a year by August 1st for the school year.

Option 1: Parent agrees to pay 51 weekly payments at the regular tuition rate due on Friday's.

Option 2: Parent agrees to pay 26 bi-weekly payments at the regular tuition rate due on Friday's.

Option 3: Kidz World Employee ONLY: Parent agrees to pay \$_____ bi-weekly.

A \$10 per week late charge will be added to any remaining balance if not paid by close of business Friday. A \$50 fee will be added for all returned checks marks insufficient funds.

Parents of children attending **full-time** will receive five (5) vacation days **per family** to use at their discretion after attending for 6 full months with prompt payment and no outstanding balance. **ALL Parents must complete and submit a vacation day request form two weeks in advance of requested day(s) to use the vacation days.**

Kidz World Childcare, Inc. reserves the right to adjust pricing with a reasonable notice to the parents. Kidz World encourages all parents to switch to auto pay on Procure. Any account with a balance for two-weeks past the regular payment due date is subject to suspension of care until the balance is paid in full.

I, _____, have read, understand, and agree to the terms provided
(Print Parent Name)

above and have chosen option _____ for the care of my child, _____,
1, 2, 3 (Print Child Name)

Information of the person responsible for childcare payment: (All fields MUST be completed)

I must pay \$_____ per week / biweekly or incur a \$10 per week late charge. I understand that my account should reflect a zero balance by close of business on Friday weekly/biweekly.

Name: _____ Address: _____

Phone: _____ SSN: _____

Employer: _____ Phone: _____

I understand that I am responsible to Kidz World Childcare, Inc. for payment of childcare services rendered. I understand that if payment is not made, childcare services will be terminated, and I am legally responsible for payment in full and any court costs and legal fees associated with the collection of my account.

Parent Signature: _____ Date: _____

Admin signature: _____ Date: _____

Childcare Contract

I, _____, have read and been advised of the contents of this contract between myself and Kidz World Childcare, Inc. I do hereby acknowledge and understand the rules as stated in this contract and confirm I will abide by the terms of this contract including, but not limited to; tuition amount, late fees, annual registration fees, payment method, dates of closure, vacation days, meals, and meeting my child's daily needs.

I understand that if I have any questions or concerns, I am to contact Kidz World Management at (270) 831-9987 or by email at info@kidzworldchildcare.com immediately.

I have completed the enrollment packet for each child, paid the enrollment fee, provided the immunization certificates, received a tour of the facility, and had my parent interview. I understand the next step is to set up my parent Procure account and agree to monitor it daily for updates and information on the care of my child.

I have been issued one free key fob for access to the building and understand that I must have that key fob to enter the facility. I also understand that I may purchase additional key fobs for \$15 each to give to additional authorized pick up or drop off people listed on the enrollment packet. I understand that I am responsible for all key fobs associated with my child's account and if lost, broken, or stolen, I must report it immediately.

I understand that I must keep a current immunization certificate on file with Kidz World. I must abide by drop-off and pick-up times and I must provide personal items such as diapers and wipes for the care of my child.

I understand that registration fees are due at time of enrollment and annually by March 31st every year thereafter. I understand that I must have my child dropped off each morning by 9:00am and picked up by 5:30pm or incur a \$1 per minute, per child late pickup fee.

Name of Child(ren)

Parent Signature: _____

Management Signature: _____

Date: _____

Infant Parent Instructions

Parents of infants (6 weeks to 12 months),

Please ask for a new form each time your babies feeding changes.

Infant's Name: _____ **DOB:** _____

Name of Formula: _____

Feeding instructions:

Frequency of feedings: _____

How many ounces per feeding: _____

Instructions for mixing formula:

Type of Infant Cereal: _____

Frequency of cereal feeding: _____

Instruction for cereal feeding:

Type of Baby Food: **Fruits / Vegetables** (circle one or both)

How many servings per meal: _____

Instruction for baby food feeding:

Special feeding instructions:

Parent Responsibility Form

It is my desire to have my child(ren) enrolled in the childcare program at Kidz World Childcare, Inc. I have received a copy of the Parent Handbook. I agree to abide by the policies contained therein. I understand that if the policies outlined in the handbook are not adhered to, it would be sufficient cause for the removal of my child(ren) from the program. Please initial next to each item. Incomplete forms will delay enrollment. We want you to understand and agree to these policies upon enrollment.

I understand:

- I must set up a Procure account to receive messages and view and pay my bill.
- I must provide a completed enrollment packet before enrolling my child.
- I must provide a current KY immunization certificate with my enrollment packet.
- I must pay a \$50 charge for any returned check.
- I agree to pay the annual \$100 Registration/Supply fee with my enrollment packet.
- I agree to purchase 1 box of Kleenex, 1 roll of paper towels, and 1 package of wipes annually.
- I must complete a written request for anyone not on my pick-up list to pick up my child.
- I cannot send my child to childcare if any conditions in the Illness Policy are present.
- I must pay 51 weeks of childcare per year unless I have a Teacher Contract.
- I must pay a \$10 per week late fee if my payment is not made by Friday, \$20 biweekly.
- I will be asked to remove my child(ren) if my bill becomes more than 2 weeks overdue.
- I have given Kidz World permission to seek emergency medical treatment for my child.
- I must keep my infant supplied with diapers, wipes, bottles, formula, and a change of clothing.
- I must be courteous and respectful to staff, other children, and other parents.
- I must submit a Vacation Day Request Form for any vacation days I wish to use.

_____ I must keep a current phone number, email address, and physical address on file with Kidz World at all times.

_____ I must keep track of my key fob and purchase a new one for \$15 if lost or broken.

Information of the person responsible for childcare payment:

Name: _____ Address: _____

Phone: _____ SSN: _____

Employer: _____ Phone: _____

I understand that I am responsible to Kidz World Childcare, Inc. for payment of childcare services rendered.

Parent Signature: _____ Date: _____

Emergency Medical Instruction for Special Needs Child

Child's Name: _____

Current Specialty Physician	Emergency Phone	Fax

Diagnosis/Past Procedures/Physical Exam:

1.	Synopsis:
2.	Baseline physical findings:
3.	Baseline vital signs:
4.	Baseline neurological status:

Medications:

1.	Significant baseline ancillary findings (lab, xray, ECG):
2.	
3.	Special Equipment/Prostheses/Appliances/ Advanced Technology Devices:
4.	
5.	

Antibiotic prophylaxis:

Indications:

Medications and dose:

Common presenting problems/findings with specific suggested managements:

Problem	Suggested Diagnostic Studies	Treatment Considerations
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Other special medical procedures that may be needed: _____

Comments on child, family, or specific medical issues: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner: _____ Date: _____

Signature of Health Practitioner: _____ Phone: _____