

K I D - S P L A C E

MUST COMPLETE PRIOR TO ATTENDING

- **COMPLETED REGISTRATION PACKET**
- **ENROLLMENT AGREEMENT**
 - Financial Terms and Conditions
- **CURRENT IMMUNIZATION RECORD.** The Department of Public Health allows "provisional enrollment" for children who have begun but not completed the required immunizations. Children must receive at least 1 dose of each of the required vaccines to be provisionally enrolled. Enrollment will be denied to any child who does not submit proper evidence of immunization or if immunizations are not completed as required.



- **CURRENT PHYSICAL (For Preschool-Age Child) OR ANNUAL PARENT-SIGNED HEALTH STATEMENT (For School-Age Child).** We would prefer to have the doctor-signed physical prior to the first day of attendance. We will allow preschool-age children to attend while awaiting their doctor appointment, if it is set up prior to attending. We will require the following information: doctor's name, appointment date and time, doctor's office phone number. Physical must be completed within 30 days from the 1st day of attendance or further attendance will be denied.

Each year, a new registration packet will need to be completed and an annual \$25 registration fee per family will be charged.

Please take your time in filling these forms out neatly and completely. It is in the best interest of your children that we have accurate, legible records. As any **changes** arise throughout the year (i.e. address/phone # change, employment change), please report them to our office personnel.

- **REGISTRATION FEE - \$35 per family**
- **QUALIFIED FREE AND REDUCED FOOD FORM OR MONEY DEPOSITED INTO THE FOOD ACCOUNT.**
- **FOR CHILDREN 1 YEAR OF AGE OR YOUNGER:**
 - Individual Needs and Service Plan
 - Infant Food Program Sheet
 - Infant Water Sterilization Sheet

PERSONAL INFORMATION

CHILD

Name _____

Birthdate _____ Male ___ Female ___

Address _____

—

City, Zip _____

Phone _____

Child resides with _____

IF IN SCHOOL:

School _____

Grade _____ Teacher _____

FATHER/GUARDIAN

Name _____

Home Address _____

City, Zip _____

Home
Phone _____

Place of employment _____

Work Address _____

Work Phone () _____

MOTHER/GUARDIAN

Name _____

Home Address _____

City, Zip _____

Home
Phone _____

Place of employment _____

Work Address _____

Work Phone () _____

EMERGENCY CONTACTS

In the event that parents cannot be reached:

Name _____

Address _____

City, Zip _____

Phone () _____

Name _____

Address _____

City, Zip _____

Phone () _____

EMERGENCY INFORMATION

I give Kid's Place permission to contact my family physician and/or dentist.

Medical Doctor's Name _____

Address _____

City, Zip _____

Phone () _____

Dentist's Name _____

Address _____

City, Zip _____

Phone () _____

If necessary, transport to:

Hospital _____

Address _____

City,
State _____

Phone () _____

Insurance information:

Health Insurance Co. _____

Policy

Group # _____

This consent will be in effect for one year beginning the stated date and continue while the child is enrolled in Kid's Place.

Parent Signature _____ Date _____

PERSONAL INFORMATION (continued)

Date of last Tetanus _____ Religious Preference (optional) _____

Has child had chickenpox? _____ At What Age? _____

Known Allergies _____

Present Medications _____

Any Activities Your Child May Not Participate In (explain) _____

Any Health Problems We Should Be Aware Of (includes fear, etc.) _____

Brothers or Sisters? Names, Grade, and Ages _____

Any Other Information You Believe Will Be Useful To Us _____

Signature of Parent/Guardian

Date

KID'S PLACE REGISTRATION AND ENROLLMENT AGREEMENT

- ◆ I understand that I am responsible for payment of fees on a weekly basis. I agree to pay fees as outlined in the Kid's Place Contract Agreement. I understand my child may be excluded from the program if my bill is delinquent.
- ◆ If my child is having problems adjusting to the program, a conference will be arranged between myself and the staff.
- ◆ Your child must be scanned in upon arrival and scanned out when picked-up. If I fail to scan my child in or out, Kid's Place maintains the right to scan my child in at opening time (5:45am) and/or out at closing time (6:30pm). I will be responsible for paying for that time period. Kid's Place assumes responsibility for school-age children upon entrance on the shuttle bus at the end of the school day. Your child will be scanned in at 3:00 on regular school days. Early out days will be scanned accordingly.
- ◆ If a medical emergency arises, the staff will first attempt to contact me. If I cannot be reached, the staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, the staff should call the ambulance.
- ◆ Kid's Place operational hours are 5:45am - 6:30pm. No child will be accepted into the program prior to 5:45am. My child must be picked up no later than 6:30pm. Any child who has not been picked up by 6:30pm will automatically be charged \$10 for every 15 minutes or portion thereof. The appropriate late fee will be added to my bill. If my child is not picked up by 6:45pm, the staff will call the emergency contact person I have designated on the registration forms. If my child remains at Kid's Place and no parent contact or emergency contact has occurred by 7:30pm, my child will be turned over to the police department.
- ◆ My child will only be released to those persons listed on the Kid's Place departure form that I am responsible to keep updated. If other situations arise, I will contact Kid's Place either by phone or with written permission.
- ◆ I understand that the program will not be in session on the following days:

*Labor Day	*Thanksgiving	*Day after Thanksgiving	
*Christmas	*New Year's Day	*Memorial Day	*Fourth of July

On Christmas Eve and New Year's Eve the program closes at 4:00pm.
- ◆ I understand that any conduct which causes or which creates a reasonable likelihood that it will cause a substantial disruption of interference with activities in the program or creates a reasonable likelihood that it will interfere with the health, safety, or well-being of my child or other children is prohibited. I further understand that certain acts of misconduct may lead to disciplinary action and I will be contacted for a conference.
- ◆ I agree to contact Kid's Place if my child is ill or for any reason will not be attending on a scheduled day. I understand that if my child is registered to come after school and does not arrive here on the shuttle bus, staff will call parents, emergency contacts, school, etc. until my child's whereabouts is determined. I understand that I will be billed for that time until whereabouts is determined.
- ◆ I agree to pay a non-refundable registration fee (\$25 per family) at the time of enrollment and again each year (\$10 per family) throughout attendance. If I temporarily withdraw my child(ren) from Kid's Place for a period of 6 weeks or longer, I understand that a returning enrollment fee (\$25 per family) will be assessed.

Signature _____ Date _____

DEPARTURE FORM

CHILD'S NAME: _____

I give permission for my child to leave Kid's Place with the following adults named below. It is my responsibility as the parent to notify the staff of Kid's Place in writing of any changes below. I understand the staff will not release my child to anyone other than those listed below.

NAME	RELATIONSHIP to CHILD
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there is a separation or divorce custody agreement that we should be aware of, please explain:

Name of person(s) who MAY NOT pick up my child:

Parent's Signature _____ Date _____

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request the **Glenwood Community Schools** to release to Kid's Place a copy of the most recent immunization certificate and physical examination record present in their school file.

Signature of Parent or Guardian

Date

PICTURE RELEASE

I _____ DO _____ DO NOT give permission to have my child appear in any **media coverage** approved by Kid's Place staff.

I _____ DO _____ DO NOT give permission to have my child **photographed or video taped by Kid's Place staff for program use only.**

Signature of Parent or Guardian

Date

TRAVEL AUTHORIZATION

I _____ DO _____ DO NOT give permission for my child to leave Kid's Place for **trips** in a car or school bus to special places, walks, and outings. I understand that I will be notified before each activity in which my child leaves Kid's Place property. Each child riding in a car will be secured in a seat belt and the staff to student ratio will be according to DHS rules.

Additional restrictions set by parents: _____

Signature of Parent or Guardian

Date

WADING POOL OR SWIMMING POOL AUTHORIZATION

I give permission for my **preschool child** (age 1-5) to participate in the summer wading pool activities.

Signature of Parent or Guardian

Date

I give permission for my **school-age child** to participate in the summer swimming pool activities.

Signature of Parent or Guardian

Date

SUNSCREEN AND FIRST AIDE OINTMENT AUTHORIZATION

I give permission to have Kid's Place staff apply **sunscreen** on my child as weather conditions warrant.

Signature of Parent or Guardian

Date

I give permission to have Kid's Place staff apply **first aide ointment** on my child when circumstances warrant usage.

Signature of Parent or Guardian

Date

FOOD SERVICE CONTRACT AGREEMENT



I UNDERSTAND THAT:

- ◆ An afternoon snack will be provided at no extra charge.
- ◆ Breakfast and lunch are **not** included in tuition charges and need to be paid separately.
- ◆ The meals are provided by the Glenwood Community Schools Food Service. Childcare tuition charges and food charges cannot be combined for payment.
 - When paying for childcare tuition charges – make checks payable to KID’S PLACE
 - When paying for meals – make checks payable to GLENWOOD COMMUNITY SCHOOLS.
- ◆ Unless I qualify for free meals, I am required to pay for my child’s meals ahead.
- ◆ Breakfast is served at 8:00am and lunch is served at 11:00am.
- ◆ **POLICY for “FAILURE TO CANCEL ORDERED MEALS”**
 - As of 8/1/09
“**FULL PRICE**”
charges are:
Breakfast \$1.60
Lunch \$2.80

Prices are reviewed
each year by the
school district and
subject to change.
 - If I have reserved a meal for my child and I fail to cancel that meal at least one hour prior to that meal, I will be charged “**FULL PRICE**” for that meal. This also includes families who have qualified for free and reduced meals. “**FULL PRICE**” for a meal is the amount the school district charges Kid’s Place for the catered meal – not the advertised meal price. The “**FULL PRICE**” is a greater amount than the advertised meal price because the state will not subsidize unused meals.
- ◆ Breakfast is not served to school-aged children on regular school days. Breakfasts are available at Northeast or West Elementary Schools.
Exception: Breakfast will be offered to school-aged children at Kid’s Place on the 1st day of school and on late start mornings.

Parent’s Signature _____ Date _____

I give permission for my child

to check out library books or videos from the Kid's Place library. I understand that by giving permission for my child to check out items from the library, I am taking responsibility for these items should anything happen to them while in the possession of my child.

Signature

Date





Iowa Child and Adult Care Food Program Child Care Enrollment Form

Directions: A completed form, signed by the parent, must be on file for each child who attends the center. The form must be updated annually.

I give permission for my infant/child to be cared for at

Child's Name _____

Father's Name _____ Mother's Name _____

Address _____

Phone # _____ Birthdate _____

My infant/child's usual times of attendance will be:

Days: Monday Tuesday Wednesday Thursday Friday

Hours: Arriving at _____ Leaving at _____

Arriving at _____ Leaving at _____

My infant/child's anticipated meal participation will be:

- Breakfast
- Lunch
- PM Snack

Parent's Signature

Date

CHILDCARE ASSISTANCE

CHILD'S NAME _____

PARENT'S NAME _____

If you are receiving financial assistance, please specify source. Remember that it is **your responsibility** to contact your caseworker and have the paperwork sent to us. Until paperwork is received at Kid's Place, we will not allow your child to attend unless you pre-pay tuition charges. Once we receive your written contract, we will make necessary reimbursement.

_____ **DHS**

_____ **WRAP**

_____ **PROMISE JOBS/JTPA**

_____ **CRISIS CARE**

_____ **OTHER**

CASEWORKER'S NAME _____

DATE OF CONTACT WITH DHS _____

KID'S PLACE

HEALTH STATEMENT (To be completed by parents)

This physical assessment must be performed on any child who is age 6 weeks through entering kindergarten.

◆ _____
- _____ Child's Full Name _____ Birthdate

◆ Significant illnesses and surgeries child has had (give age at time):

◆ Any special health-related needs of child (allergies, medications, injuries, etc.):

PHYSICAL ASSESSMENT (to be completed by physician or his/her designee)

◆ Is there any condition of vision, hearing, or speech of which the child care program should be aware of or could compensate for by appropriate action?

◆ Is this child subject to any conditions which limit classroom activities or physical activities? _____

◆ Is this child subject to any conditions which may result in an emergency situation?

◆ Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

◆ Are immunizations up to date? _____ If no, what is needed? _____

◆ Other significant findings _____

◆ He/She IS IS NOT (circle one) physically and emotionally able to participate in Kid's Place Day Care.

◆ Recommendations: _____

Date of Examination: _____ Doctor's Signature _____

Address: _____ Phone #: _____

**KID'S
PLACE**
ANNUAL PARENT
HEALTH
STATEMENT
for School-age
Children

Child's Full Name _____

Birth Date _____

Significant illnesses and surgeries child has had (give age at time):

Any special health-related needs of child (allergies, medications, injuries, etc.)

Is there any condition of vision, hearing, or speech of which the child care program should be aware of or could compensate for by appropriate action?

Is this child subject to any conditions which limit classroom activities or physical activities?

Is this child subject to any conditions which may result in an emergency situation?

Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

Other significant findings _____

Recommendations _____

My child is healthy and free of any communicable diseases and may participate fully in the school age program. This update is good for one year from the date signed.

Date _____

Parent's Signature _____