



# Enrollment Application

All information must be completed before we can enroll your child

## Child's Information

Name		Date of Birth	
Address			
City		State	Zip
Gender:	Male	Female	Phone:

## Parent/Guardian's Information

Name			
Address			
City:		State	Zip
Cell	Home	Email	
Work/School Name			
Work/School Address			
City:		State:	Zip

## Parent/Guardian's Information

Name			
Address			
City		State	Zip
Cell	Home	Email	
Work/School Name			
Work/School Address			
City:		State:	Zip

## Enrollment

Days Care Needed:	Monday	Tuesday	Wednesday	Thursday	Friday
Part Time:			Full Time:		
Hours Care Needed	From		To		
Tuition Type	Self-Pay		CYFD Assistance		
Enrollment Date:			Withdrawal Date		
Parent Signature			Date		

**Emergency Contacts - Must Be Two Local People Other Than Parent/Guardians**

Name		Name	
Address		Address	
Cell		Cell	
Home		Home	
Work		Work	

**Child's Physician and Dentist to Contact in The Case of An Emergency**

Physician's Name	Number
Dentist's Name	Number

**Permission for Emergency Transport and Treat**

In the event of an emergency, I parent/guardian) \_\_\_\_\_ give permission for Kids World and/or emergency personnel to transport my child for emergency medical care, which I also authorize the treatment for. I understand that Kids World will attempt to contact me in an emergency situation. I also understand that emergency transportation may be arranged prior to contacting me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Child's History**

Allergies	Yes	No
If Yes, Please Explain		
Dietary Restrictions	Yes	No
If Yes, Please Explain		
Medical Condition	Yes	No
If Yes, Please Explain		
Birthmarks	Yes	No
If Yes, Please Explain		

**Additional Information/Comments**

Any additional information such as child's communication, potty training, comforting, etc.

## Authorization for Pick-Up

I authorize the following people to pick my child up

Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Exclusion Policy

Control of communicable disease should be all parties' primary concern. Policies and guidelines related to outbreaks of communicable disease and illness at Kids World have been developed with the help of the local health department, the Children, Youth & Families Department (CYFD) and local pediatricians in order to protect the group as a whole, as well as the health of your own child. Kids World asks that parents assist us by keeping sick children at home. If they have or have experienced any of the following symptoms in the past 24 hours they need to be kept at home and away from the center.

- \* A fever of 100\* orally or 99\* under the arm.
- \* Signs of a newly developed cough or severe cough.
- \* Diarrhea, vomiting, or upset stomach.
- \* Any discharge or drainage from eyes, nose, ears, or open sores.

**CYFD Regulations require that a child cannot return to the center until they are fever free for 24 hours without use of Tylenol, Motrin, or any other medication.**

I understand the Exclusion policy and understand that if my child is ill at the center, I must pick the child up within an hour of being notified that my child is ill.

\_\_\_\_\_  
Signature

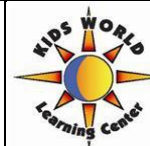
\_\_\_\_\_  
Date

## Disenrollment Policy

I understand that I must Give Kids World a two-week written notice (non-verbal) signed by a guardian before withdrawing my child from the center, otherwise I will still be assessed charges until the time proper notification is given.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED  
FORM****Enrollment Agreement for Families****Additional Fees and Fee Expectancy Owed by The Parent/Guardian to Kids World****Initial**

Enrollment Fee Due Only at Time of Enrollment	\$60.00	
Annual Fee Due Every August Beginning the August 1st After Enrollment	\$60.00	
Returned Check Fee Due Any Time Kids World Receives an NSF Notice on Your Behalf	\$25.00	

**Late Payment Fees and Penalties Owed by The Parent/Guardian to Kids World****Initial**

Self-pay parents need to pay on MONDAY MORNING when child arrives, and CYFD parents MUST pay no later than the 5<sup>th</sup> of the month

Late fees will be added to your account the amount of \$25.00

If payment is not received by the 6<sup>th</sup> day of the month from CYFD parents or by TUESDAY from Self pay parents, attendance privileges for the child listed herein will be suspended until full payment, including any late fee, is received

**Late Pick Up Fee Owen By the Parent/Guardian to Kids World****Initial**

Will be assessed at \$1.00 for each minute the child listed herein is in attendance beyond 6 pm

Will be assessed on the same day the child listed herein is picked up beyond 6 pm and are due upon pick up, or before the child can return for his/her next agreement day

**Weather Closures****Initial**

Kids World go by the APS schedule

**Kids World Will Be Closed for the Following Holidays****Initial**

New Year's Day	Martin Luther King Day	Memorial Day
July 4th	Labor Day	Thanksgiving Day
The Day After Thanksgiving	Christmas Eve	Christmas Day

**Expectation for Child's Vacation, Sick Leave, and Other Absences****Initial**

In the event the child listed herein is absent for any reason when Kids World is open, the Parent/Guardian is still required to pay Kids World his/her full co-pay amount

**Agreement Termination****Initial**

Kids World may terminate this agreement at any time, for any reason.

The Parent/Guardian is required to give a two-week notice, in writing, to Kids World prior to termination of the agreement.

If the Parent/Guardian terminates this agreement with less than a two-week notice, he/she agrees to pay Kids World the full co-payment amount for two weeks if covered by a Child Care Placement Agreement, or the current tuition rates if not covered by a Child Care Placement

**Parent/Guardian Signatures**

By signing below, you agree to the terms and conditions of this agreement, which may change at any

Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	



# Permission and Acknowledgements

Child's Name: \_\_\_\_\_

Parent/Guardian's Written Name: \_\_\_\_\_

## ***Photograph Permission***

I give permission to Kid's World Learning Center to photograph my child. Photos may be used in classrooms and throughout the center.

SIGNATURE: \_\_\_\_\_

## ***Handbook Acknowledgment***

I have read and understand the Parent Handbook

SIGNATURE: \_\_\_\_\_

## ***Labeling Personal Items***

I understand it is my responsibility to label all of my child's personal items that I bring to the center

SIGNATURE: \_\_\_\_\_

## ***Sunscreen Protection***

I give permission to Kid's World Learning Center to apply sunscreen on my child. I will provide sunscreen that is appropriate for my child's age that is not expired.

SIGNATURE: \_\_\_\_\_

## ***Toys and Food from Home***

Aside from a comfort item used for napping, I will not allow my child to bring toys from home. Aside from doctor documented dietary restrictions or food allergies, I understand that health department regulation prohibits bringing food from home.

SIGNATURE: \_\_\_\_\_

## ***Appropriate Attire***

The center does not allow children to wear flip flops or sandals without a strap in the back. I understand clothing may get dirty in the course of the day. I will assure my child always has a spare change of clothing.

SIGNATURE: \_\_\_\_\_

## ***Bedding***

I understand it is my responsibility to provide a fitted crib sheet for my child. I also understand I must launder and return my child's crib sheet weekly.

SIGNATURE: \_\_\_\_\_