

KIDDIE CITY LEARNING CENTER
201 W. Dundee Rd., Palatine, IL.60067

CHILD'S APPLICATION

Office use

Admission Date	Discharge Date
Days Attending M TU W TH F	Hours
Weekly fee	Security fee/Registration

CHILD INFORMATION

Name of Child (last, first) _____

Age _____ Sex _____ Date of Birth _____

Nickname _____

Child's Home Address _____

Parents Marital Status Single Married Divorced Widowed

Primary Residence Mother Father Both

PARENTS CONTACT

Parent/Guardian (Mother) _____

Home Phone _____ Cell _____

Home Address _____

Driver's License # _____

Employer _____ Employer's Address _____

Work Phone _____ Work Hours _____

Email Address _____

Parent/Guardian (Father) _____

Home Phone _____ Cell _____

Home Address _____

Driver's License # _____

Employer _____ Employer's Address _____

Work Phone _____ Work Hours _____

Email Address _____

CHILD INFORMATION

What language is spoken in your home? _____

Previous preschool experience: _____

Any family situation we should be aware of? _____

Other children in the family? _____

With whom does your child reside (include any adults and children)? _____

Please describe your child`s personality: _____

What does your child like the most? _____

What are your child`s favorite toys? _____

How does your child express anger or react to frustration? _____

Does your child have any particular fears? _____

Does your child have tantrums? If yes, explain how you react? _____

What skills are you working on at home? _____

Does your child have any medical/physical needs? Explain _____

Does your child have any allergies? _____

Parent/ Guardian Signature _____ *Date* _____

Parent/ Guardian Signature _____ *Date* _____

Provider Signature _____ *Date* _____

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ENROLLMENT AGREEMENT

Please fill out this agreement, then sign and date the last page. Also, put your initials in each section when specified.

Child's Name _____

Date of Birth (mm/dd/yy) _____

Mother's Name _____

Father's Day _____

Section I EMERGENCY CONTACT AND RELEASE PERSON (do not include parents)
(this form must be updated every 6 months)

Name#1 _____

Relationship to Child _____

Home Phone _____ Cell _____

Home Address _____

Driver's License _____

Employer _____ Employer's Address _____

Work Phone _____ Work Hours _____

Name#2 _____

Relationship to Child _____

Home Phone _____ Cell _____

Home Address _____

Driver's License # _____

Employer _____ Employer's Address _____ -

Work Phone _____ Work Hours _____

Name#3 _____

Relationship to Child _____

Home Phone _____ Cell _____

Home Address _____

Driver's License # _____

Employer _____ Employer's Address _____

Work Phone _____ Work Hours _____

EMERGENCY CONTACT AND RELEASE PERSON

_____ Parent must notify Kiddie City Learning Center if an emergency person will pick up your child on a specific day. Each person must be 18 years old or older. Proper identification must be shown. We will copy and attach it to a child's file. Kiddie City nor its employees are responsible once the person identified on this list exit the building.

_____ The emergency person(s) listed are authorized to pick up my child if there is medical or other emergency and I can't be reached.

_____ If the person who will pick up your child is not identified on this contact list, you must notify the center staff in advance and ask for an alternative pick-up form. In other emergencies, if you call the Center to notify us about a new person to pick up your child on a given day we must verify you on the phone, and we must receive all necessary information about the specific person that will pick up your child.

Is there anyone who may not pick up your child? _____

Reasons _____

Parent/ Guardian Signature

Date

Section II DAILY PROCEDURES

The Center is open from 6:00am to 6:00pm from Monday to Friday.

_____ If do not pick up my child at 6:00 pm a late fee will be applied. There is \$5.00 for every 15 minutes late. Chronic lateness at closing time may lead to termination of service.

_____ If I or other emergency person fail to pick up a child within 45 minutes after closing, Kiddie City may release children to the custody of child protective services or local agencies.

_____ In case of emergency closing due to the weather or other condition, information will be posted and it will be announced on radio station _____ .

_____ If the Center must close early, it will be my responsibility to arrange for my child's early pick up. There will be no tuition credit for any time the Center is closed.

_____ Withdrawal from program: I understand that I must provide a two weeks written notice to withdraw my child from Kiddie City. If this notice is not provided, I agree to pay all tuition and fees for two weeks, and my registration fee will not be return (whether and not my child attends).

_____ I understand that my child may be dismissed by Kiddie City without prior notice if: repeated willfully destruction of school property, overly disruptive behavior to the benefit of the other kids in the group, my refusal to comply with school policies, and Kiddie City is not able to meet the special needs or circumstances of my child or family.

_____ I understand that when my child is withdrawn, I must fill out the new agreement and application. I will pay the new rate if applicable, and re-admission is based on space availability

_____ I understand that if there are outstanding fees, I must pay the fee before re-admission.

_____ I understand that if there are any information changes on behalf of my child in this agreement, I will promptly update such information.

_____ I understand that babysitting by staff members is discouraged. If such arrangement is made, Kiddie City is not liable for any reason.

_____ I understand that Kiddie City can make changes to its policies or program at any time.

_____ I consent to Kiddie City communicating with me by telephone, e-mail, written notices or other means.

_____ I must notify the Center when my child is absent or my child's school is closed on given day. No credits, refunds or make up days shall be made for occasional absences, illnesses, emergency closing or vacation.

_____ I understand to pay the full week's tuition if my child attends any part of the week.

_____ I understand that after one year of attendance, I may be eligible for the one week tuition waver. The Center requires two weeks' notice of the intended vacation.

_____ Holidays: I understand that the school is closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving and Christmas Day. If the holiday falls on a weekend, the Center will observe the holiday either Friday or the following Monday.

Section III TUITION AND FEE

_____ I understand that my weekly tuition is \$ _____. Rates are subject to change with a reasonable notice.

My registration fee is \$ _____. The registration fee is nonrefundable.

_____ 15% fee discount is applied for each additional child from my immediate family that will attend the Center for 3 or more days. This discount is applied toward lowest tuition rate.

_____ I agree to pay full weekly tuition even if my child is absent one or more days. The only exception is if my child is absent due to illness for one week or more. I will pay half tuition for the time absent as long as I provide a doctor's note stating my child was under treatment and can return to school. I must call and report my child absent each day to qualify for half price tuition.

_____ I understand that tuition is due on the first day of attendance each week. If the payment is not paid in full or received late there is a \$10 late fee assessed per day. If the payment is not received for more than a week I may be asked to withdraw my child from Kiddie City Learning Center. Any unpaid fees may be sent to a third party collection agency. In the event an account is sent to collection. I will be responsible for the balance of my account and any reasonable collection and attorney fees and cost associated with the collection on the account.

_____ For any of my returned checks; the processing fee, bank charges and late fee of \$30 will be applied. I understand that those checks may be deposited up to three times. Accounts containing returned checks are subject to immediate termination.

_____ I understand that if I receive reimbursement from the third agency. Any unpaid balance is my responsibility. I also understand that it is my responsibility to communicate with that agency in order to keep my status active.

Section IV MEDICAL INFORMATION

Child's Name _____

Date of Birth _____

Distinguishing Marks _____

Special medical conditions _____

Special dietary needs _____

History of serious illness _____

Is your child free on any infectious or communicable diseases? _____

Are your child's immunizations completed and up to date? _____

Can your child effectively communicate his/her needs? _____

Any physical restrictions? _____

Allergies:

Medication _____ Reaction _____

Food _____ Reaction _____

Other _____ Reaction _____

Please have your child finish all food and drinks before entering the classroom.

We are a nut free Center.

Are any of the allergies sever _____

_____ I must provide the Center with medical and immunization form provided from state child care licensing.

_____ If there are any new conditions, illness or allergies I must inform Kiddie City immediate.

_____ If my child has contagious disease, he/she can only return with physician note indicating that my child is no longer contagious.

_____ I will call any report my child absent before 8:00am on day of absence. I must inform Kiddie City of illness if my child is home sick.

_____ If my child falls ill I must pick up my child as soon as possible and no longer that one hour after being contacted.

_____ Any mandatory form regarding administration of prescription or non-prescription must be completed and sign.

_____ I will provide the medication in its original container and the prescription medication non-prescription medication label dosage instruction must be followed.

_____ If I wish to request a religious or personal exemptions to Kiddie City practices of securing, any emergency medical treatment, state child care licensing must be consulted to determine if such exemption may be granted.

My Child`s Physician Name _____

Address _____

Phone Number _____

Dentist Name _____

Phone Number _____

Hospital Name _____

Hospital Address _____

Phone Number _____

Child insurance coverage information: In case of accidental injury, we will make every attempt to contact a parent or guardian, however, in the event I can't be reached I hereby authorized Kiddie City or its employees to act on my behalf. I also give consent for the emergency contact persons listed above to be contacted if necessary. As a parent I will be responsible for any and all medical charges including ambulance transportation.

Insurance Company _____

Group Number _____

Policy Number _____

Phone Number _____

_____ Kiddie City is not a medical facility. Its employees are not medically trained.

_____ I authorize Kiddie City to:

1. Consult the physician.
2. Administer CPR and or first aid by staff members.
3. Transport my child via ambulance to a local hospital.
4. Obtain any emergency treatment necessary by medical authorities.
5. Transport my child to a local emergency shelter in case of any emergency evacuation.

_____ Kiddie City is required to schedule nurse visitation. I consent for review of my child's records by nurse consultant during Center visits.

Section V GUIDANCE AND DISCIPLINE POLICY

Discipline starts by fostering an atmosphere where simple rules are clearly and consistently enforced so children know what behavior is appropriate and what is not allowed. Children are addressed in a positive and clear manner so they know what is expected of them.

Frequently, children are redirected to another activity. In case of more severe disruptive behavior, the child will be removed from the group for no more than one minute per age. At no time will there be use of corporal punishment.

Aggressive physical behavior toward staff or children is unacceptable, caregivers will intervene immediately if the child becomes physically aggressive to protect all children and encourage more acceptable behavior, to this end, the caregiver will show children positive alternatives rather than just telling “no”. The caregiver will use discipline that is consistent, clear, and understandable to the child, where the child understand words, discipline will be explained to the child before and at the time of any disciplinary action.

If a discipline arises that does not respond to the above mentioned techniques, we will hold a conference with a parent, together, we will try to find solution. Parent will be called to remove their child if his/her behavior prevents school from being able to properly care for the other children. If the problem continues, other arrangements for the care of the child will have to be made, for the safety and well being for all.

Our goal is to teach children responsibility, self-control, and respect for others and their surroundings. These traits help children develop into confident and well-rounded individuals. Likewise, children are taught to express their concerns and point of view in a positive manner. The most important reason for guidance and discipline is to ensure children will not hurt themselves, others, or the environment.

All parents/staff must abide by the disciplinary guidelines outline in Licensing Standards for Day Care Center, Section 407.270

When inappropriate behavior occurs, the staff will:

- talk with the child and offer proper guidance in correcting the problem and
- re-direct the child to acceptable play

In situations where a child shows repeated occurrences of unacceptable behavior, the staff will document the behavior and share it with the parent at the time of pick-up. A conference with the director, staff and the parent may be arranged to discuss possible solutions.

Severe Case: In the event the problem persists after all reasonable attempts have been made; the child intimidates or harms others; or conflicts with the program regulations and guidelines, the parent will be asked to make other child care arrangements that will best meet the child’s needs. Also, the center may ask parent to consult with a behavior specialist or discuss this matter with the child’s doctor.

Section VI PARENT CONSENT AND CERTIFICATION (please put yes or no)

_____ My child may participate in daily outdoor play or walks.

_____ My child may be photographed and or videotaped during our program for educational purposes, teaching training or school use. I understand that pictures and tape can be taken by staff members or by other parents. I will be notified if those photos/videos are to be used for public purposes.

_____ My child can use a blanket and pillow during rest time. Kiddie City Learning Center staff members may use the following products provided by me on my child:

_____ Diaper creams

_____ Diaper wipes

_____ Sunblock

_____ Lip balms

_____ Insect repellents

I hereby indemnify and hold harmless the Kiddie City its owners and employees against any and all injuries to my child arising from or related to the items on this form for which I have provided my authorization.

Parent/Guardian Signature _____ Date _____

I the parent of _____ have read, understand and accept all the terms and conditions in this agreement

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

I have read and understand Parent Handbook and Guidance and Discipline Policies

Parent/Guardian Signature _____ Date _____

For office use only

_____ *Application*

_____ *Enrollment*

_____ *Summary of Licensing Standard*

_____ *Birth Certificate*

_____ *Medical Form*

_____ *Parent Handbook*

Items to bring by parent

_____ *Clothing*

_____ *Diapers/ wipes/ diaper cream*

_____ *Sheet/blanket*

_____ *Inside shoes*

_____ *Birth Certificate*

_____ *Medical Form*