

PEARLAND-WEST

PLEASE GET INITIALS in BLANKS at the END of the LINES BELOW where indicated. Thank You!

# ENROLLMENT AGREEMENT

New Customer     Revised Agreement (fill out NEW Agreement) (Date: \_\_\_\_\_)     Withdrawal (Date: \_\_\_\_\_)

Child's Full Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

(1) Parent/Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State/Zip

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

(2) Parent/Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State/Zip

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Child will attend the academy on the following days (please check): M  T  W  Th  F  START DATE: \_\_\_\_\_

- Academy hours of operation: 6.00 a.m. to 6.30 p.m. Includes at a minimum 2 snacks, breakfast and lunch. Initial: \_\_\_\_\_
- The academy will be closed on the following holidays: New Year's Day; President's Day; Good Friday; Memorial Day; Independence Day; Labor Day; Thanksgiving Day; day-after Thanksgiving; Christmas Day. The academy will also observe up to 5 early release days per calendar year. Initial: \_\_\_\_\_  
 No discounts are provided; Full tuition is due and payable for each of these holidays. Initial: \_\_\_\_\_  
 All tuition payments will be due should the academy close due to severe weather conditions or other reasons beyond Kiddie Academy's control. Initial: \_\_\_\_\_
- Once enrolled for 3 months at Kiddie Academy, we offers a Reservation Discount Program providing for 50 % off regular tuition for a limit of TWO weeks per calendar year if your child is absent for an entire week (Monday through Friday) from the academy. No discounts will be given for absences of less than a full week. Initial: \_\_\_\_\_
- A non-refundable REGISTRATION FEE of \$150.00 per child/ \$250 per family is payable upon the signing of this Enrollment Agreement.
- A non-refundable YEARLY RE-REGISTRATION FEE is due every year on Sept 1<sup>st</sup>. Yearly Supply Fees \$150 per child is due by 1<sup>st</sup> Jan YEARLY. In addition, a SECURITY DEPOSIT of \$200 per child is required which will later be applied towards the last tuition payment. Initial: \_\_\_\_\_
- You must provide WRITTEN NOTICE at least 4 week(s) prior to your child's last day of attendance. Failure to provide the required NOTICE will result in additional tuition obligations for the notice period. If after termination of your child's enrollment you re-enroll your child less than 30 days later, tuition will be due as if child care services had been provided on a continuous basis during the enrollment absence. Initial: \_\_\_\_\_
- Current MONTHLY TUITION for your child is \$\_\_\_\_\_ and is due IN ADVANCE on the 1<sup>st</sup> (monthly payment) OR 1<sup>st</sup> & 15<sup>th</sup> (bi-monthly payment) of the month. Additional tuition payments will be due for any days your child attends the academy in addition to those days circled above and for any additional hours your child attends the academy if your child is enrolled in a non-full day program. Initial: \_\_\_\_\_
- A LATE FEE of \$30.00 will be added if your child's tuition is not paid by the close of business on the 4<sup>th</sup> / 18<sup>th</sup> of the month for any unpaid balance. Initial: \_\_\_\_\_
- A LATE PICK-UP FEE of \$5.00 will be added to your child's tuition charges for each 5 minute(s) after the academy closes that your child is NOT picked up. If your child is not picked up from the academy within 1 hour of closing, Kiddie Academy may contact the proper authorities. Initial: \_\_\_\_\_
- A SERVICE CHARGE of \$30 will be added to tuition charges for each returned check. Payments in CASH/ Money Order may be required thereafter. Should TUITION payments and other FEES NOT be paid as agreed upon herein, child care services may be terminated. Initial: \_\_\_\_\_
- Changes to your child's schedule (hours or days) require 2 week(s) written notice and the change must last at least 2 week(s). Initial: \_\_\_\_\_
- No one, other than the owners of the academy, may change, alter or modify this Agreement or the policies of the academy. All policy changes will be made in writing. Two weeks' notice will be provided for all written modifications, by which the undersigned parents/guardians agree to abide. Initial: \_\_\_\_\_
- The owner/operator of this Kiddie Academy® location is an independent contractor and a franchisee of Kiddie Academy Domestic Franchising, LLC ("Franchisor"). The undersigned agree to indemnify and hold Franchisor harmless against any and all claims directly or indirectly arising from or related to the operation of the franchised business and/or the academy. Initial: \_\_\_\_\_
- The parties have read and understand this Enrollment Agreement, including all information on the second page. ALL INFORMATION CONTAINED ON THE SECOND PAGE OF THIS AGREEMENT CONSTITUTES A MATERIAL PART HEREOF; THE SIGNATURES BELOW CONSTITUTE AGREEMENT WITH ALL SUCH PROVISIONS. PLEASE READ SECOND PAGE! Initial: \_\_\_\_\_
- The two pages of this Agreement constitute the entire Agreement (along with applicable provisions of the Parent Handbook) between the parties. Initial: \_\_\_\_\_

PARENT/GUARDIAN:

(1) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Driver's License # \_\_\_\_\_

Signature (Kiddie Academy® Director/Owner) \_\_\_\_\_ Date \_\_\_\_\_

(2) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Driver's License # \_\_\_\_\_

## ***The following items form a material part of this Agreement***

The parents/guardians whose names appear on the first page of this Agreement hereby agree to permit Kiddie Academy to administer first aid and/or obtain medical treatment for the child whose name appears on the first page of this Agreement in the event of any injury to the child. The parents/guardians whose names appear on the first page of this Agreement also agree to pay all expenses incurred for such first aid and/or medical treatment and to indemnify Kiddie Academy and hold Kiddie Academy harmless against any liability arising from or related to such first aid and/or medical treatment.

Kiddie Academy may terminate this Agreement at any time upon written notice. Kiddie Academy reserves the right to terminate the enrollment of any child who is unable to adjust to the academy's program.

Kiddie Academy does not discriminate on the basis of race, color, national origin, cultural heritage, sex, marital status, disability, religion, political belief, or sexual orientation.

The parents/guardians whose names appear on the first page of this Agreement acknowledge and understand that Kiddie Academy MUST receive proper authorization IN WRITING to release a child to individuals NOT listed on the first page of this Agreement.

The parents/guardians whose names appear on the first page of this Agreement acknowledge and agree that they shall be liable for any and all costs incurred by Kiddie Academy arising from or relating to the collection of Tuition, Late Fees and/or Service Charges which are not paid as specified in this Agreement, including any and all attorney's fees and court costs. Kiddie Academy also has the right to collect interest, charged at the legal rate, for all outstanding balances.

Periodically, Kiddie Academy may institute increases in Tuition and/or other fees. Such increases shall not affect the other terms contained in this Agreement. All other terms shall remain in full force and effect.

All parents/guardians agree that should their child(ren) be the subject of an executed, court approved custody, separation or other form of legally enforceable agreement determining the custodial status of such child(ren), they shall provide copies of all such agreements to Kiddie Academy and shall provide to Kiddie Academy any and all changes, amendments and updates to such agreements in a timely manner.

From time to time, we may provide additional Optional Services from an outside vendor. (i.e. dance, gym, art classes, etc.) If you choose to have your child participate, you will be responsible for any additional cost, which will be paid directly to the vendor.

Care provided at Kiddie Academy meets or exceeds state and local child care requirements. You will periodically receive reports about your child's growth and development in relation to the services provided.

**Please refer to the academy's *Parent Essentials Handbook and Addendum* for further information regarding Kiddie Academy's policies. Any failure to comply with the terms of the Parent Handbook or this Agreement could result in the termination of your child's enrollment.**

**FOR CALIFORNIA FAMILIES ONLY:** Notwithstanding any other provision contained in this Agreement:

1. A one-time charge of \$17.97 per child will be collected for the purchase of an emergency earthquake kit (three day survival supply).
2. Modifications to the Agreement, including, but not limited to, changes in any basic rate change, must be provided to a child's parent or guardian at least thirty (30) calendar days prior to such modification becoming enforceable. Agreements involving children whose care is funded at government prescribed rates may specify that the effective date of a government mandated rate change shall be considered the effective date for basic service rate modifications and that no prior notice is necessary.
3. The State of California's Community Care Licensing Division has the authority to interview children and staff without prior consent, and to inspect or audit the child care records stored in the academy without prior written consent.
4. I understand that Kiddie Academy may be using webcams for parent online viewing only; no public viewing is available or permitted. The webcams show partial views of classrooms and playgrounds only. Video recordings may be used for training and/or security purposes. I hereby authorize my child to be shown and recorded via the webcams.

Operation Name <b>Kiddie Academy of Pearland-West</b>		Director's Name <b>Joann Johnson</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- consent for my child to be transported and supervised by the operation's employees:	
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
<b>2. <input type="checkbox"/> FIELD TRIPS:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in Field Trips:	
Parent's Comments:					
<b>3. <input type="checkbox"/> WATER ACTIVITIES:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		- my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b>					
<input type="checkbox"/> None		<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack
		<input type="checkbox"/> Supper	<input type="checkbox"/> Evening Snack		
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
<input type="checkbox"/> Saturdays	from:		to:		
<input type="checkbox"/> Sundays	from:		to:		

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_ Name of School and Address \_\_\_\_\_ School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ Health Care Professional's Signature \_\_\_\_\_ Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_ Signature - Parent or Legal Guardian \_\_\_\_\_ Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

Signature – Parent or Legal Guardian

Date

# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_

Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

" statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine. "

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at  
[www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

\_\_\_\_\_  
Signature – Parent or Legal Guardian \_\_\_\_\_  
Date

# Child Assessment Form

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) – Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

\* If applicable.

## 1. Health

Does your child have any allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?			
How should we respond if he/she has an allergic reaction?			
Does your child have an existing illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?			
Is the medication prescribed for continuous use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Toileting:

Does your child need assistance with toileting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?			
What are your ideas about toilet training?			
How can we best help?			

## 3. Behavior:

Does your child have any special fears?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			

# Child Assessment Form

What position is most comfortable for your child when he/she is napping?	
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#### 4. Eating Preferences:

What are your child's favorite foods?	
Does your child use utensils, eat with fingers, feed self?	
Does your child choke easily while eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

#### 6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
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I verify that the above assessment was discussed with the parent(s) of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Director Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

\_\_\_\_\_  
Signature of Parent Date Signed

#### Additional Comments:

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**PARENT'S STATEMENT - PLEASE SIGN AND DATE BELOW**

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE SECTION B OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH AND EDUCATIONAL NEEDS AT KIDDIE ACADEMY.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**ONLY COMPLETE FOR SCHOOL AGE CHILD:**

I give my permission to \_\_\_\_\_ School to release \_\_\_\_\_'s  
Name of School Name of Child  
health information to Kiddie Academy® of \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Section B: To be completed by a HEALTH PRACTITIONER / PARENT:**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

1. Date of this child's most recent tuberculin test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Result: \_\_\_\_\_ Positive \_\_\_\_\_ Negative.
2. Date of this child's last tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. This child has the following which may significantly affect his/her child care or educational experience:

**COMMENTS**

- |   |  |       |
|---|--|-------|
| a. Vision problem                         | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| b. Hearing problem                        | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| c. Speech or language problem             | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| d. Other physical illness or impairment   | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| e. Mental, emotional or behavior problems | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| f. Developmental delays                   | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| g. Allergies                              | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |

Significant physical findings, comments and recommendations: \_\_\_\_\_

4. This child has a health condition which may require care or emergency action while at child care/school. \_\_\_\_ YES \_\_\_\_ NO  
Please specify (e.g., seizures, bee sting allergy, diabetes, etc.): \_\_\_\_\_  
Recommendations: \_\_\_\_\_
5. This child has or is a known carrier of a communicable disease which should prevent his/her admission to a child care facility or school. \_\_\_\_ YES \_\_\_\_ NO If YES, please specify: \_\_\_\_\_
6. This child requires a modified diet and/or special feeding procedures. \_\_\_\_ YES \_\_\_\_ NO  
If YES, please specify: \_\_\_\_\_
7. Does this child have any limitations that would effect full participation at the academy? \_\_\_\_ YES \_\_\_\_ NO  
If YES, please specify: \_\_\_\_\_
8. Does the child's physical activity need to be restricted? \_\_\_\_ YES \_\_\_\_ NO  
If YES, please specify: \_\_\_\_\_
9. Does this child require any specialized treatment? \_\_\_\_ YES \_\_\_\_ NO  
If YES, please specify: \_\_\_\_\_
10. Does this child require any adaptive equipment (e.g., braces, crutches, etc.)? \_\_\_\_ YES \_\_\_\_ NO  
If YES, please specify what type: \_\_\_\_\_  
Special instructions for use: \_\_\_\_\_
11. Additional comments: \_\_\_\_\_

**HEALTH HISTORY:**

**Section A: To be completed by parent/guardian**

**YES NO**

1. Are you concerned about your child's general health (eating, sleeping habits, posture, teeth, skin, weight, bowel/bladder, etc.)? If Yes, please explain: \_\_\_\_\_  
 YES  NO
  
2. Does your child have any eye problems (difficulty seeing, crossed eyes, frequently reddened or watery eyes)? If Yes, please explain: \_\_\_\_\_  
 Date of last eye examination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Doctor's Name: \_\_\_\_\_  
 Results: \_\_\_\_\_  
 Does your child wear glasses or contact lenses? \_\_\_\_\_  
 YES  NO
  
3. Does your child have any ear or hearing problems (frequent earaches, difficulty hearing, etc.)? If Yes, please explain: \_\_\_\_\_  
 Date of last hearing evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Doctor's Name: \_\_\_\_\_  
 Results: \_\_\_\_\_  
 Does your child use a hearing aid? \_\_\_\_\_  
 YES  NO
  
4. Does your child have any speech problems (difficulty having speech understood, stammering, delayed speech development, etc.)? If Yes, please explain: \_\_\_\_\_  
 YES  NO
  
5. Does your child have any allergies (food or medical)? If Yes, please list: \_\_\_\_\_  
 YES  NO
  
6. Does your child have any other specific illness, disability or other limiting condition(s)?  
 (a) Does this condition require any special health care in the child care facility or school? If Yes, please explain: \_\_\_\_\_  
 YES  NO  
 (b) Has your child been evaluated in such a way that it could help the child care provider or teacher meet his/her health or education needs? If Yes, please explain: \_\_\_\_\_  
 YES  NO
  
7. Do you have any concerns about your child's behavior or emotional well-being which the child care provider or school should know about? If Yes, what are your concerns? \_\_\_\_\_  
 YES  NO
  
8. Has your child had any of the following? \_\_\_\_Chicken Pox \_\_\_\_Whooping Cough  
 \_\_\_\_ Other: \_\_\_\_\_  
 YES  NO
  
9. Has he/she ever had any serious illnesses or hospitalization? If Yes, please explain: \_\_\_\_\_  
 YES  NO
  
10. Does your child have any physical disabilities? If Yes, please explain: \_\_\_\_\_  
 YES  NO

What arrangements can you make for care during illness? \_\_\_\_\_

How many colds has your child had this past year? \_\_\_\_\_

How does your child react to an elevated temperature? \_\_\_\_\_

Please give us any special instructions if the child becomes ill? \_\_\_\_\_

Is your child on any medications, regularly? If yes, please list medication and reason(s): \_\_\_\_\_

## PARENT AUTHORIZATION AND CONSENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

I hereby acknowledge that I have received a copy of the *Parent Essentials Handbook*. I have reviewed and understand all of the Kiddie Academy policies and regulations.

\_\_\_\_\_  
(Printed Name) (Signature) (Date)

Please place a check (✓) next to each item ( <i>authorized or not authorized</i> )	<u>Authorized</u>	<u>Not Authorized</u>
1. My child may use a cot, blanket and pillow during rest time.	_____	_____
2. Staff may apply the following products to my child.	_____	_____
Diaper Ointment	_____	_____
Diaper Wipes	_____	_____
Diaper Powder	_____	_____
Baby Lotion	_____	_____
Sun Block	_____	_____
Lip Balm	_____	_____
Other: _____	_____	_____
I understand that I must provide and clearly label/date these products.		
3. My child <u>may</u> be photographed during activities and field trips and his/her likeness used in marketing materials.	_____	_____
4. My child <u>may</u> participate in nature walks in the neighborhood.	_____	_____
5. My child <u>may</u> participate in outdoor water play activities.	_____	_____

I hereby authorize Kiddie Academy® to release my child to the following persons (other than parents):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Kiddie Academy® to provide for transportation of my child to \_\_\_\_\_ (Name of Hospital) (or the nearest hospital) and to secure for my child all necessary medical treatment. I understand that the teachers in the child care center are trained in the basics of first aid and I authorize them to provide my child with first aid when appropriate.

I hereby indemnify and hold harmless Kiddie Academy® of \_\_\_\_\_ and its owners, agents and employees against any and all liability for any and all injuries to my child arising from or related to the items listed on this form for which I have provided my authorization.

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>BI-ANNUAL UPDATES:</b>
_____

## ***BEHAVIOR MANAGEMENT POLICY***

The Kiddie Academy® System has developed a detailed set of policies regarding children's behavior management and discipline. Every member of our staff is required to follow each policy when handling behavior issues. The goal of our program is to emphasize respect for self, respect for others and their work, and respect for materials located in our academy.

Using appropriate methods of discipline that incorporate behavior management enables the young child to learn self-control and gain an understanding of the types of conduct that are acceptable. Children become more independent and self-sufficient when they take responsibility for their own behaviors. Self-discipline, learned during the early childhood years, is necessary in order to become a productive member of our society.

Every Kiddie Academy operates under the following policies:

1. Injurious treatment of children is not tolerated under any circumstances.
2. No corporal punishment, including spanking, will ever be used.
3. No child shall be subjected to cruel or severe punishment or verbal abuse, including those that are shaming, frightening or humiliating.
4. No child shall be denied food, toileting or rest privileges as punishments.
5. No harsh or profane language or implied threats promising physical punishment shall be used.
6. No child shall be punished for soiling or wetting him/herself or not using the toilet.

We recognize and praise appropriate and positive behaviors. A teacher's response to inappropriate or negative behaviors may include redirecting the child's activity, reasonably discussing the problem or using planned ignoring. The child may be directed to an area of the classroom to participate in an activity that is calming. This approach gives the child an opportunity to reflect on his/her actions.

In the event that inappropriate behavior continues despite utilizing the above-stated techniques, the director will observe the child in the classroom, set up a meeting with the child's parents and the classroom staff, and develop a specific program that is agreeable to all parties. The specific program is to be implemented within the classroom's daily programming.

\* \* \* \* \*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

**PUBLICITY RELEASE AGREEMENT**

Date: \_\_\_\_\_

I hereby consent to the use of my name, photograph or other likeness by Kiddie Academy Domestic Franchising, LLC and/or its corporate affiliates ("Kiddie Academy"), their respective employees, agents, licensees, franchisees, and assigns in all marketing and advertising materials, publications, word of mouth programs, Web sites, social media and/or in media interviews without restriction as to manner, frequency or duration of usage.

I further agree that my name and/or photograph or other likeness may be used with whatever visuals, copy or other elements for Kiddie Academy's online newsletters, Web sites, social media sites or in electronic/print media and I agree that all such materials produced hereunder are and will remain the sole and exclusive property of Kiddie Academy and will not have to be reviewed with me prior to their use.

I further consent to the use of statements, comments, or opinions I have made, whether oral or written, referring or relating to Kiddie Academy, its business, the Kiddie Academy system and its programs, and/or my own franchised business.

I hereby warrant and represent that the statements attributable to me, accurately reflect my true and honest belief and my actual experience with Kiddie Academy, which I testify to and recommend. I agree to execute whatever documents Kiddie Academy requires confirming this warranty and representation.

I represent that I am over the age required by law in this state to enter into binding agreements and that I have no conflicting contractual obligations that would interfere with my performing services hereunder or my granting the rights herein granted. If I am under age, the signature of my parent/guardian below shall constitute the parent/guardian's consent on my behalf to the terms and conditions of the Release Agreement. This consent is irrevocable and is given on the express understanding and condition that no reward or compensation is or shall be due to me or to the undersigned parent/guardian for the giving of this consent or for the grants and licenses provided herein.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\* For Minors under 18 yrs of age:**

Signature of Parent/ Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**FIRST DAY CHECKLIST**

**Child Name:** \_\_\_\_\_

To ensure that we have all the items from home your child will need on a daily basis at Kiddie Academy®, please drop off the following items before the first day of enrollment. Please label all personal belongings. Some items will need to be taken home daily (to be washed and reused the next day) or weekly (to be laundered and brought back with you the following week):

**Infants and Toddlers:**

- \_\_\_\_\_ Diapers
- \_\_\_\_\_ Wipes
- \_\_\_\_\_ Powders, ointment, sun screens, etc\*
- \_\_\_\_\_ Family photo

- \_\_\_\_\_ Formula, bottles, food (Must be individual serving portion Labeled with child's first and last name and date)
- \_\_\_\_\_ Change of Clothes
- \_\_\_\_\_ Required Forms

**Preschool and School Ages:**

- \_\_\_\_\_ Blanket
- \_\_\_\_\_ Change of Clothes
- \_\_\_\_\_ Water Bottle

- \_\_\_\_\_ Sunscreen\* (No Spray)
- \_\_\_\_\_ Diapers, and Wipes if applicable
- \_\_\_\_\_ Family photo

(\* require parent signature)

**Forms:**

Please reference parent essentials for explanation of each form that is required to be returned prior to your child's first day.

- \_\_\_\_\_ Enrollment Agreement
- \_\_\_\_\_ Admission Information (Form 2935)
- \_\_\_\_\_ Child Assessment Form (Form 7293)
- \_\_\_\_\_ Emergency Information
- \_\_\_\_\_ Health Addendum
- \_\_\_\_\_ Parent Authorization and Consent
- \_\_\_\_\_ Behavior Management Policy
- \_\_\_\_\_ Publicity Release Agreement
- \_\_\_\_\_ Parent Essentials Receipt, First Day Checklist
- \_\_\_\_\_ (Under 18 months) Infant Safe Sleep Policy for Parents and Guardians
- \_\_\_\_\_ (Under 24 months) Infant/Toddler Schedule
- \_\_\_\_\_ (if applicable) Diet Restriction Letter
- \_\_\_\_\_ (if applicable) Transportation Plan
- \_\_\_\_\_ (if applicable) Authorization for Dispensing Medication (Form 7238)
- \_\_\_\_\_ (if applicable) Parental Custody Information

**All Enrollees:**

Once you have notified of acceptance for enrollment, please complete the admission process by taking the following steps:

1. Complete and submit all forms necessary for enrollment.
2. Submit your child's required proof of immunization and physical exam report form, completed and signed by a physician. Please note that, before your child can participate in any Kiddie Academy activities, immunization requirements must be met in full. This for the health and safety of all children at the Academy.

**parent essentials Receipt:**

I have received a copy of the *parent essentials* handbook and the *Handbook Addendum* on \_\_\_\_\_  
Date

I have reviewed and understand all of the Kiddie Academy policies and procedures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

## **INFANT SAFE SLEEP POLICY FOR PARENTS/GUARDIANS**

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy infant for whom no cause of death can be determined based on an autopsy, an investigation of the place where the infant died and a review of the infant's clinical history.

In the belief that proactive steps can be taken to lower the risk of SIDS in the child care setting and that parents and child care professionals can work together to keep infants safer while they sleep, all Kiddie Academy® Child Care Learning Centers practice the following safe sleep policy.

### Safe Sleep Practices and Environments:

1. All child care staff working in the infant room, or child care staff who may potentially work in the infant room, will receive training in our Infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep unless there is a signed sleep position medical waiver form on file. In that case, a notice will be posted on the infant's crib.
3. The American Academy of Pediatrics recommends that infants be placed on their backs to sleep; but when infants can easily turn over from the back to the stomach, they can be allowed to adopt whatever position in which they prefer to sleep.
4. All Kiddie Academy® staff should follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when their infants turn onto their stomachs or sides.
5. Sleeping infants must be in the direct line of sight by at least one staff member at all times. Staff members must be especially alert to monitor sleeping infants during the first several weeks they are in child care. (Infants under the age of 12 months must be visually checked every 5 minutes and their position must be documented every 15 minutes on the Infant Sleep Chart or in Academy Link.)
6. Steps will be taken to keep infants from becoming too warm or overheated, including regulating the room temperature and by not over-dressing the baby.
7. The temperature of the infant room will be kept between 68 and 72° F.
8. No loose bedding, pillows, comforters, bumper pads, etc. will be used in cribs.
9. Appropriately sized sleep sacks are recommended in place of sheets and blankets.
10. No toys or stuffed animals will be placed in cribs.
11. A safety-approved crib with a firm mattress and tight-fitted sheet will be used.
12. A crib is the only location in which children will be allowed to sleep. Any infant who falls asleep in another location will be immediately moved to his or her crib.
13. Infants will be placed (one) 1 foot from the bottom of the crib to sleep.
14. Only one infant will be in each crib at a time, unless the academy is being evacuated in an emergency.
15. No smoking is permitted in the infant room or on the premises.
16. A written copy of this Infant Safe Sleep Policy will be provided to infant room parents/guardians prior to enrollment.
17. A written note from the child's physician is required if it is necessary to deviate from this Safe Sleep Policy.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the Kiddie Academy® Infant Safe Sleep Policy and that the academy's Director/Owner/Operator (or other designated staff member) has discussed the Kiddie Academy® Infant Safe Sleep Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Kiddie Academy Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**One signed copy to be given to parent/guardian; one signed copy to be placed in the child's file.**

**INFANT CARE INFORMATION**  
(Updated every 30 days)



Today's Date: \_\_\_\_\_ Date to be Updated: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Child's Age (in months): \_\_\_\_\_ Arrival time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

**Parents: Please provide general information about your child's routine.**  
**Eating Times:** \_\_\_\_\_

Food Provided	Amount Given	Notes

Bottles / Food heated or given cold: \_\_\_\_\_ I don't like to eat: \_\_\_\_\_  
 I'd like to try these new foods: \_\_\_\_\_  
 Known Allergies / Dietary Restrictions: \_\_\_\_\_  
 Feeding recommendations from pediatrician: \_\_\_\_\_

**Sleeping Times:** \_\_\_\_\_ Routine (rocked, pacifier): \_\_\_\_\_  
**Elimination:** Color: \_\_\_\_\_ Consistency: \_\_\_\_\_ Powder / Creams: \_\_\_\_\_  
 Recommended times of changes: \_\_\_\_\_

**Additional Information:**  
 Languages spoken in the home: \_\_\_\_\_  
 At home I like to: \_\_\_\_\_  
 At home I don't like to: \_\_\_\_\_  
 Recent changes in family routine or environment that may affect my child: \_\_\_\_\_

Are there any indications of developmental, vision, hearing or speech delays? Please specify: \_\_\_\_\_  
 Is there any information that will help us take better care of your child? \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL AGE TRANSPORTATION PLAN

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_  
 Elementary School: \_\_\_\_\_ Name of Parent: \_\_\_\_\_  
 School Phone Number: \_\_\_\_\_ Parent's Home Number: \_\_\_\_\_  
 Teacher's Name: \_\_\_\_\_ Parent's Cell Phone Number: \_\_\_\_\_  
 Room Number/Grade: \_\_\_\_\_ Parent's Work Number: \_\_\_\_\_

**From Kiddie Academy® to School:**

Time school begins: \_\_\_\_\_ Time of departure from academy: \_\_\_\_\_  
 Indicate means of travel from academy to school: (circle one) School Bus **OR** Kiddie Academy Vehicle  
 If child travels by school bus:  
 Name of company: \_\_\_\_\_ (Phone #) \_\_\_\_\_  
 Bus number / driver's name: \_\_\_\_\_ / \_\_\_\_\_

**From School to Kiddie Academy:**

Time of dismissal from school: \_\_\_\_\_ Time of return to academy: \_\_\_\_\_  
 Indicate means of travel from school to academy: (circle one) School Bus **OR** Kiddie Academy Vehicle  
 If the child travels by bus: (Please complete only if different from above):  
 Name of bus company: \_\_\_\_\_ (Phone #) \_\_\_\_\_  
 Bus number / driver's name: \_\_\_\_\_ / \_\_\_\_\_

If the child walks to the academy, indicate route the child takes each day:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If traveling via public School Bus:**

My child is to be released/received by Kiddie Academy according to the plan outlined above. I understand that the academy and its employees are not liable or responsible for my child en route from the school to the academy.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**If traveling via Kiddie Academy Vehicle:** I, \_\_\_\_\_ (Parent's Name) hereby provide the Kiddie Academy of \_\_\_\_\_ permission to transport my child to and from \_\_\_\_\_ (Name of School), Monday through Friday. In the event that a special activity takes place after school, the parent will notify the academy in writing regarding the activity and the revised time of pick up.

**This form must be updated annually; the parent is responsible for informing the academy in writing of any changes to this plan.**

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Updated    \_\_\_\_\_ Updated    \_\_\_\_\_ Updated    \_\_\_\_\_ Updated    \_\_\_\_\_ Updated    \_\_\_\_\_ Updated