



**CHILD ENROLLMENT FORM**

**Admission Information 6:00am to 6:00 pm**

DHS only pay for **9 hours** that includes traveling time.

**Application Fee: \$100** (One-time fee due before the start of care)

**Late fee** is \$3 per minute after your scheduled hours when pick up!

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Child's Nickname** \_\_\_\_\_ **Age at Entry** \_\_\_\_\_

**Any allergies?**  Yes  No **If yes, please complete an allergy care plan.**

**Any chronic health issues?**  Yes  No **If yes, please complete a written care plan. Current medications?** \_\_\_\_\_

Are there legal custody papers for this child?  Yes  No **If yes, a copy must be left in child's file**

Is anyone in your family currently in the military or national guard?  Yes  No

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Employer & Work Hours** \_\_\_\_\_ **Wk. Phone** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Employer & Work Hours** \_\_\_\_\_ **Wk. Phone** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

**Required Emergency Contacts (other than parent/guardian)**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Non-Emergency Contacts - additional people authorized to pick up child**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**In an emergency,** Amazing Kidz Academy Childcare has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.

Has your child previously been in child care?  Yes  No

If yes, what type of care and for how long? \_\_\_\_\_

My child can participate in music class, offered by a contracted service provider.  Yes  No

### Parent/Guardian Authorizations

My child may be taken on neighborhood walks.  Yes  No

A signed permission slip is required for all field trips out of the neighborhood.

My child may use sunscreen.  Yes  No

My child may apply their own sunscreen under adult supervision.  Yes  No

My child may play in water and/or at the splash pad.  Yes  No

My child may ride in a wagon or stroller.  Yes  No

My child may be photographed and/or recorded for publicity or news purposes.  Yes  No

This applies to:  On-site  Off-site photography and video.

My child may participate in special occasions/celebrations including when food is served as part of the celebration.  Yes  No

I have reviewed a copy of this child care facilities current license certificate.  Yes  No

I have received a written copy of the program's child care policies.  Yes  No

### Child General Information

Is your child potty trained?  Yes  No

General likes and dislikes: \_\_\_\_\_

Eating habits and schedule: \_\_\_\_\_

Sleeping habits and schedule: \_\_\_\_\_

Developmental & health history that could affect the child's participation in child care:

\_\_\_\_\_

Interactions with other children: \_\_\_\_\_

How does your child like to be comforted: \_\_\_\_\_

Are there family cultural backgrounds, traditions, beliefs or interests that you would like to share with us?

Does your child have any special needs (IFSP, IEP, etc.)?  Yes  No

If yes, when did services begin? \_\_\_\_\_

A copy of the child's IFSP or IEP must be given to the child care program during enrollment

### Other Children in the Home

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**Field Trips:**

I hereby give  do not give - my consent for my child to participate in Field Trips

**Water Activities:**

I hereby give  do not give - my consent for my child to participate in water activities

**Receipt of written operational policies:**

I acknowledge receipt of facility's operational policies including those for discipline and guidance.

***I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD IN CARE:***

None  Breakfast  AM Snack  PM Snack  Parents provide Lunch

**MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**

- Monday from: to:
- Tuesday from: to:
- Wednesday from: to:
- Thursday from: to:
- Friday from: to:
- Saturday. from: to:

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

## CHILDREN'S EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care made be unnecessarily delayed. To protect your child, lease a completed EMERGENCY CONSENT FORM with your childcare program.

In the event of a medical emergency, the form should accompany your child to the hospital.

I hereby authorize Amazing Kidz Academy Childcare to give consent for all medical and/or surgical treatment that may be required for our child during our absence

from (date) \_\_\_\_\_ until (date) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_

Child's medical providers or emergency care facility \_\_\_\_\_

Phone \_\_\_\_\_

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

Home address of parent/guardian: \_\_\_\_\_

Telephone of parent/guardian: \_\_\_\_\_

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

Health Insurance Co: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

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

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

## GENERAL MEDICATION PERMISSION

I hereby give Amazing Kidz Academy Childcare permission to give my child \_\_\_\_\_ the following medications as needed throughout the childcare day. I also understand that Amazing Kidz Academy Childcare will not be liable for any accident or injury if an allergic reaction occurs.

Please check those medications your child has permission to be given:

Sunscreen (if 6 months or older)

If consent for sunscreen is not given, you will be required to provide UV protective clothing for your child to wear outside.

Diaper cream

Tylenol

Neosporin

Burn Free

Are there any medications your child should not have or that you are aware they are allergic too?

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

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

## TUITION CONTRACT

Child care tuition is based on monthly payments.

The following items are due back by: the day of the month

- Enrollment fee of \$100 (one-time fee and Non-Refundable)
- Transportation upon request fee is \$200 per seat per month for pick or Drop off Only
- Free transportation for Preschool For All enrollments (PFA)
- Tuition Deposit is half of tuition
- Signed tuition contract and parent handbook.

Tuition is due on the first of the month, Annual tuition can be paid in full for a tuition discount of 2% discount

Types of payment accepted: **cashier check, Zelle, ERDC and cash**

Late Pick-Up Fee: We give a 5-minute grace period for picking up your child. After that, you will be charged a **\$3 per minute** late fee for children picked up late or after hours from our program. Please be on time.

Late payment fees shall apply to payments received after the due date). A \$50 late fee will be charged for payments received after the 5th of the month A **\$100** fee will be charged for all returned checks. A 4% tuition discount is offered to families enrolling siblings.

Tuition is not subject to adjustment due to illness, absences, days the school is closed, or withdrawal from the program. The program does not offer make-up days or substitution days for missed days due to illness, absences, days the program is closed.

Applications are accepted on a 60-day trial basis. During this period, if it is determined that a family is incompatible with our policies, procedures, or philosophical approach to children's development, the Director reserves the right to terminate the contract. In such a case, the prorated monthly tuition including all administrative fees and materials fees will be withheld. Any balance will be refunded to the family within 30 business days.

Amazing Kidz Academy has a limited number of enrollment slots available and we try to fill every opening in our program. We will give priority to returning students and alumni families- whenever possible. Program availability may also be determined by budget and staffing. We anticipate once a family has enrolled, their schedule will not be reduced for the term of the contract, for any reason. Families are always welcome to add hours to schedules as the need arises, for an additional cost.

Tuition rates are increased on an annual basis in order to match federal rates of inflation and provide employee pay increases (usually 2.5 % annually). This rate increase is announced every 8/1 and will take effect on 9/1

Amazing Kidz Academy believes in supporting a community of diversity. Children and families of all races, religions, and nationalities as well as gender and sexual orientation are welcome at our school.

**TERMINATION OF ENROLLMENT**

The Program Director has the authority to terminate this enrollment agreement for the following reasons:

- Tuition is delinquent by more than 1 month.
- Behavior of the child enrolled brings harm to him/her or others on a continual basis and the child is not responsive to behavioral strategies implemented at home or in the program. This includes continued unsafe or aggressive behavior or upsetting behavior to the other children and staff members.

In the event a family withdraws from the program for any reason, a meeting must be set with the program owner along with written notice, submitted within 30 days prior to the withdrawal date. Early withdrawal of a child from the program will result in an automatic forfeit of any deposits or enrollment fees that were paid. Families will be responsible for 1month’s worth of tuition from the date of written withdrawal.

Parent's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

**Schedule:**

Please circle which days of the week you are requesting:

First preference of days: M T W TH F

Second preference of days: M T W TH F

Hours my child will attend: \_\_\_\_\_

I, (Parent print name) \_\_\_\_\_ understand and agree to the terms listed as conditions for my child's enrollment.

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

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

**FAMILY CONTRACT**

Please note that the policies and procedures in this handbook are subject to revision as deemed necessary by **AMAZING KIDZ ACADEMY LLC**

**"I HAVE READ AND I AGREE TO ABIDE BY THE RULES, REGULATIONS AND POLICIES OF AMAZING KIDZ ACADEMY LIC AS SPECIFIED IN THE PARENT HANDBOOK."**

Please sign below and return this form prior to enrollment.

CHILD'S NAME(S): \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Mother or Legal Guardian)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Father or Legal Guardian)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Owner of AMAZING KIDZ ACADEMY LLC)

## ADMISSION FORM AGREEMENT

1. Facility Use - I agree that subject to terms in this Agreement, other documents I sign, Amazing Kidz Academy Childcare will provide child care for my child.
2. Future Visits - This Agreement, this Enrollment Form and the Contract Form will be kept on file at Amazing Kidz Academy Childcare and will continue to constitute binding obligations for any future visits my child may make to Amazing Kidz Academy Childcare. However, this Agreement does not obligate Amazing Kidz Academy Childcare to continue to provide service, and Happy Go Lucky Childcare reserves the right to refuse admission to any child for any reason without liability.
3. Payments - Payment for Amazing Kidz Academy Childcare services will be due no later than the first of the month. Amazing Kidz Academy Childcare may refuse to accept any payment by check, and may charge a fee in the amount prescribed at the time of visit for each returned check. Payment is due per payment policy and all late fees per policy apply. We shall be entitled to recover all such time spent for all costs incurred in the collection effort, with or without suit. The client shall, in addition, pay all fees that are incurred with other attorneys or collection agencies, with or without suit, for the collection of costs owed by the client.
4. Health Policies
  - A. Health - My child is in excellent health and physical condition and has no medical, psychological, physical or mental conditions which have not been disclosed to Amazing Kidz Academy Childcare on the attached Enrollment Forms. My child does not have any infectious, contagious, or communicable diseases. My child is current on all required immunizations.
  - B. Illness - In the event that my child becomes sick with a contagious illness after visiting Amazing Kidz Academy Childcare and the visit to Amazing Kidz Academy Childcare occurred during the gestation period of such illness, I agree to notify Amazing Kidz Academy Childcare as soon as possible to enable Amazing Kidz Academy Childcare, in its discretion, to notify each family of all the children who may have been exposed to such illness.
5. Medical Procedures
  - A. General Medical Guidelines/Discretions- Although Amazing Kidz Academy tries to provide a safe environment, it is possible that my child may be injured. In such an event, I authorize Amazing Kidz Academy Childcare to follow its internal procedures, including simple first aid as reasonably appropriate, however, I understand that Amazing Kidz Academy Childcare shall not be required to strictly follow these guidelines when in Amazing Kidz Academy Childcare judgment circumstances may require otherwise.
  - B. Medical Authorization - In the event that Amazing Kidz Academy Childcare determines that medical emergency medical attention is necessary for my child, I authorize Amazing Kidz Academy Childcare to act as an agent for me and to give permission for my child to be attended by a physician and be transported by ambulance in such circumstances as Amazing Kidz Academy Childcare deems necessary.
6. Safety/Indemnity - I agree that Amazing Kidz Academy Childcare may take action which it considers prudent to protect the safety of my child, and other children visiting Amazing Kidz Academy. I further agree to indemnify, defend, and hold Amazing Kidz Academy Childcare (and its employees) harmless from and against all actions, claims, or liability including attorney's fees and court costs, directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing the Enrollment Forms.
7. Additional Requirements
  - A. As a condition to my use of Amazing Kidz Academy Childcare, I have accurately completed and signed the Enrollment Forms. I understand that Amazing Kidz Academy Childcare will rely on this information when caring for my child. I agree to update any changes to the information I have provided as changes occur and will provide new forms every twelve months including the Medical Emergency Form to comply with Child Care Division regulations.
  - B. I agree to pay all costs and attorney's fees arising out of any action relating to this agreement for collection purposes or otherwise.

**I HAVE READ THE ABOVE CAREFULLY AND I FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.**

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

In any child care program, injuries may occur. In order for Amazing Kidz Academy Childcare to be able to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, Amazing Kidz Academy Childcare is requesting that you sign this Release.

I, on behalf of myself, my spouse, and each child designated on the Enrollment Form Agreement (my "child"), waive and release all rights, causes of action and claims against Amazing Kidz Academy Childcare and its employees, for any and all loss of or damage to property or injuries suffered by my child during the time my child is visiting Amazing Kidz Academy Childcare, including the possible negligence of Amazing Kidz Academy Childcare, but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this Release I engage Amazing Kidz Academy Childcare to provide day care for my child at my own risk.

I have been given the opportunity to ask any questions and obtain answers to my satisfaction regarding any and all aspects of Amazing Kidz Academy Childcare and this Release, including but not limited to future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Amazing Kidz Academy Childcare Care other than those contained in the written information supplied to me by Happy Go Lucky Childcare.

I understand that this Release will be kept on file at Amazing Kidz Academy Childcare and will continue to be in effect for this and any future visits my child may make to Amazing Kidz Academy Childcare.

**I HAVE READ THE ABOVE CAREFULLY AND I FULLY UNDERSTAND THE CONTENT AND CONSEQUENCES OF THIS RELEASE.**

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