

Kids Kingdom

New Child Enrollment Checklist

Child's Name _____

Parent/Guardian Name/s _____

Email _____

Parent/Guardian Emergency Contact Numbers

Name _____ # _____

Name _____ # _____

Name _____ # _____

Child's DOB _____

Date of Enrollment _____

_____ Handbook Received by Parent

_____ Immunization Certificate

_____ Child Enrollment Pack

_____ Food Program Paperwork

Kids Kingdom

Family Information Form

You can help us plan for your child's needs, understand concerns and responses, and support and encourage your child by providing the following information. The information will remain confidential. Please notify us if there are changes or updates to be made to this form.

Child's Full Name _____

Name They Like to be Called _____

Mother's Name _____

Mother's Occupation _____

Workplace Location and Address _____

Home Address _____

Phone (cell) _____ (work) _____

Father's Name _____

Father's Occupation _____

Workplace Location and Address _____

Home Address _____

Phone (cell) _____ (work) _____

Marital Status of Parents: ___Married ___Separated ___Divorced

If separated or divorced, please describe custody and visitation agreement for the child:

Please give names and ages of sisters and/or brothers:

Name	Age

Please tell us about any other significant persons in your child's life. (Grandparents, step-siblings, babysitter etc.)_____

Please list any pets your child has (kind of pet and pet's name)_____

What opportunities does your child have to play /interact with other children?_____

What are your child's favorite play activities?_____

Describe your child's temperament._____

What methods of discipline do you use at home?_____

Has your child ever had chronic behavior problems or been dismissed from another facility?_____

Does your child have any fears, and how are they expressed?_____

What do you and your child enjoy doing together?_____

How much television does your child watch each day?_____

What are his/her favorite programs?_____

How much sleep does your child require each day?_____

Does your child take naps?_____ If yes, what time of day and how long? _____

What is your child's regular bedtime? _____ What time do they usually wake up? _____

Please list anything else that may be of interest or help us better understand your child _____

Child and Family Health Information

What communicable illness has your child had? Indicate date or age.

___ Chicken Pox _____

___ Mumps _____

___ Impetigo _____

___ Scarlet Fever _____

___ Measles _____

___ Conjunctivitis _____
(Pink Eye)

Does your child have frequent...

___ Colds _____

___ Coughs _____

___ Tonsillitis _____

___ Stomach Upset _____

___ Convulsions _____

___ Ear Infections _____

___ High Fever _____

___ Seizures _____

Has your child had serious illness, surgery, or hospital stay? _____

Does your child have an abnormality of the skin? _____ Glands? _____
Extremities? _____ Genitalia? _____ Nervous System? _____

If so, please describe. _____

Are bowel and bladder functions regular and under control? _____

Has your child had a vision test? _____ Results: _____

Has your child had a hearing test? _____ Results: _____

Has your child had regular dental check-ups? _____ Any dental problems? _____

If so, please describe: _____

Does your child have any allergies? _____ If so, to what substances? _____

How does your child react when exposed to these allergens? _____

What form of treatment do you use for the above allergies?_____

Does your child have any dietary restrictions?_____ If so, please describe:_____

Are the above named food restrictions due to allergies, medical or religious needs or family preference?_____

Describe your child's eating habits:_____

Describe your child's overall health:_____

Please give any additional information you think we should have to care for your child:

Kids Kingdom
ENROLLMENT CONTRACT

Date Enrolled: _____ Date of Exit: _____

Child's Name _____ Age _____ Date of Birth _____

Parent's Name _____ Address _____

Telephone(home) _____ (cell) _____ (work) _____

Tuition to be paid: \$ _____ Weekly _____ Monthly _____

REGISTRATION FEE IS NONREFUNDABLE

Registration fee paid \$ _____ receipt of which is hereby acknowledged.

I hereby apply for placement in Kids Kingdom Child Care and Preschool for my son/daughter. I understand that said enrollment shall continue until withdrawal notice is give as explained below. I have paid the above stated registration fee and agree to the stated tuition charge and further agree to pay said tuition fees **in advance**.

I understand that Kids Kingdom Child Care and Preschool reserves the right to dismiss a child, enrolled in the program, due to lack of payment or disciplines problems.

Two weeks written notice is required when withdrawing a child from the program.

Tuition is to be paid each Friday before the following week of care. Fees are subject to change upon four weeks' notice from Kids Kingdom management. There are no deductions for absences from the program except in cases of severe illness or hospitalization, at the sole discretion of the owner of Kids Kingdom.

No deductions or allowances will be made for days when the school is closed due to holidays or inclement weather.

After one year of enrollment in the program, families may select five consecutive days of vacation, any time during the year, without payment or loss of enrollment status.

I have carefully read both the foregoing agreement and the Parent's Handbook – receipt of copies of both are hereby acknowledged; and in consideration of the reservation of placement for my child at Kids Kingdom, I agree to comply with the terms herein expressed and to be bound by Kids Kingdom regulations and conditions and also agree that I shall be personally liable for payment of all fees and tuition.

PARENT'S SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

**Kids Kingdom
Child Care and Preschool**

PAYMENT AGREEMENT

Weekly Tuition:

I/We understand that the tuition payment of \$_____ is due on Friday, **prior** to the following week of attendance. I understand there is an additional \$ 15.00 late payment fee for payments made after this time.

Parent's Signature

Date

Witness

Date

**Kids Kingdom
Child Care and Preschool**

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Parent's Signature

Date

Witness

Date

Kids Kingdom

Authorization for Emergency Care

I hereby appoint Kids Kingdom, as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care for any illness and/or injury that may occur while in the care or custody of Kids Kingdom while I am not immediately available to give such consent.

Emergency Room Information

(Please Print)

Child's Name _____ Child's Birthdate _____

Pediatrician _____ Phone Number _____

Choice of Hospital for Emergency Care _____

Hospital Phone Number _____

Known Allergies _____

Current Medications _____

Medical Problems _____

Date of Last TB Shot _____

Parent or Guardian Name
(please print)

Date

Insurance Company

Policy Number

Parent or Guardian Signature _____

Witness Signature _____

Rights for children in child-care programs and their parents, custodians, or guardians.

199.898 Rights for children in child-care programs and their parents, custodians, or guardians -- Posting and distribution requirements. (1) All children receiving child-care services in a day-care center licensed pursuant to KRS 199.896, a family child-care home certified pursuant to KRS 199.8982, or from a provider or program receiving public funds shall have the following rights: (a) The right to be free from physical or mental abuse; (b) The right not to be subjected to abusive language or abusive punishment; and (c) The right to be in the care of adults who shall meet their health, safety, and developmental needs. (2) Parents, custodians, or guardians of children specified in subsection (1) of this section shall have the following rights: (a) The right to have access to their children at all times the child is in care and access to the provider caring for their children during normal hours of provider operation and whenever the children are in the care of the provider; (b) The right to be provided with information about child-care regulatory standards, if applicable; where to direct questions about regulatory standards; and how to file a complaint; (c) The right to file a complaint against a child-care provider without any retribution against the parent, custodian, guardian, or child; (d) The right to obtain information from the cabinet regarding any type of licensure denial, suspension, or revocation of an operator, and cabinet reports that have found abuse or neglect by any child-care provider or any employee of a child care provider. Identifying information regarding children and their families shall remain confidential; (e) The right to obtain information from the cabinet regarding the inspections and plans of correction of the day-care center, the family child-care home, or the provider or program receiving public funds within the past year; and (f) The right to review and discuss with the provider any state reports and deficiencies revealed by such reports. (3) The child-care provider who is licensed pursuant to KRS 199.896 or certified pursuant to KRS 199.8982 shall post these rights in a prominent place and shall provide a copy of these rights to the parent, custodian, or guardian of the child at the time of the child's enrollment in the program. Effective: July 15, 1998 History: Amended 1998 Ky. Acts ch. 524, sec. 3, effective July 15, 1998. -- Created 1992 Ky. Acts ch. 57, sec. 1, effective July 14, 1992.