

**Creative Kids
Learning Academy
And
Day Care Center**



**Enrollment Forms
Infant**

Birth to age 1

Enrollment Agreement

Our (my) contracted days and hours for our (my) child(ren) beginning on _____ are as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
To:					
From:					

We (I), agree to pay \$_____ per week for my child _____.

Payments will be made weekly, bi-weekly, monthly (circle one). If made weekly the payment is due on Monday for that week's tuition. If bi-weekly the tuition is due on Monday for the next two weeks tuition and if monthly payment is selected then the tuition payment is due the first Monday of the month for that month's tuition. X_____ (initial here)

This contract is a legal document obligating Creative Kids Learning Academy and Day Care Center to provide a service for you & obligating you to pay Creative Kids learning Academy and Day Care Center urges you to thoroughly read the contract and parent handbook & recognize that it is legal & you will be held liable for each item in this contract. A minimum of two-week notice of changes in day/hours of care or termination of this contract is required by the parent(s). Lack of enforcement of any policy at any time by the Provider does not indicate that the particular policy is no longer in effect. By signing the contract, you are accepting it in all its terms. X_____ (initial here)

Creative Kids Learning Academy and Day Care Center has the right to terminate a contract without notice in the case of harm to other children and/or staff, or a dangerous situation due to action that the child has caused intentionally or otherwise.

* The fee quoted above applies to the current fiscal year only. It may be necessary to raise fees at the beginning of each new fiscal year (July 1) to cover the cost of staff salary increases and Center supply needs, or at any other time in extreme emergencies.

Parent/Guardian's Signature

Date

Director's Signature

Date

We (I) understand that all contracts will be for full-time children. Part-time openings & rates will be available only if enrollment allows. Since we do not have a registration fee the first week of enrollment fees are due upon completion of enrollment forms. This will secure your place on our enrollment list.

X_____ (initial here)

We (I) understand that all payments are due by 6:00 P.M. Monday evening for current week's/month's tuition as set up in this contract. After 6:00 P.M., a late fee of \$10.00 per day will be assessed. If payment is not made within 3 days at drop-off, our (my) child will not be accepted into care until payment, including all late fees, is made. If a period of 1 week passes without payment received, the contract will be terminated, the position filled, and the collection process begun. We (I) understand that we (I) will be responsible for any costs related to collection of the childcare fees. These costs will include late fees, collection cost fees, & childcare fees. Cash or check is accepted & a receipt will be given upon request.

X_____ (initial here)

A year-end statement will be made available by January 31st of the New Year. A fee of \$25.00 will be charged for any returned checks. Future payments must be made in cash until such a time as the Daycare Director informs otherwise. Childcare fees are due regardless of whether or not our (my) child(ren) attends. We (I) understand that we are paying for a position as well as a service. No refunds are given for late arrivals or early departures.

X_____ (initial here)

Information Sheet

CHILD INFORMATION

Child's _____ Full _____ Name:

Name _____ child _____ goes _____ by:

Date of Birth: _____ Gender:

Child's _____ Home _____ Address:

City: _____

Zip: _____

Child's _____ Home _____ Phone _____ Number:

PARENT/GUARDIAN INFORMATION

Mother's _____ Name:

Mother's _____ Address:

City: _____

Zip: _____

Mother's _____ Home _____ Phone _____ Number:

Cell _____ Phone:

Mother's _____ Place _____ of _____ Employment:

Employer _____ Address:

City: _____

_____ Zip

Phone: _____

----- Ext: -----

Mother's Work Schedule: (Days)

(Hours) -----

Does the child live with mother? YES / NO

Email address: -----

Father's Name: -----

Father's Address: -----

City: -----

Zip: -----

Father's Home Phone Number: -----

Cell Phone: -----

Father's Place of Employment: -----

Employer Address: -----

City: -----

Zip -----

Phone: -----

----- Ext: -----

Father's Work Schedule: (Days)

(Hours) -----

Does the child live with father? YES / NO

Email address: -----

AUTHORIZED PICK UP LIST/EMERGENCY CONTACTS

Please list at least three.

Full Name: _____ Relationship: _____

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Work

Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Work

Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address:

City: ----- Zip:

Home Phone Number: ----- Cell Phone:

Employer:

Work

Phone: -----

May this person be used as an emergency contact? YES / NO

Full Name: ----- Relationship:

Home Address:

City: ----- Zip:

Home Phone Number: ----- Cell Phone:

Employer:

Work

Phone: -----

May this person be used as an emergency contact? YES / NO

Full Name: ----- Relationship:

Home Address:

City: ----- Zip:

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Work
Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Work
Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Work
Phone: _____

May this person be used as an emergency contact? YES / NO

Full Name: _____ Relationship: _____

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Employer: _____

Work

Phone: _____

May this person be used as an emergency contact? YES / NO

*** If the person picking up a child appears to be under the influence of alcohol or drugs, another authorized person will be called to pick-up both the child & adult.

PLEASE NOTE THAT CREATIVE KIDS LEARNING ACADEMY AND DAY CARE CENTER MUST HAVE A COPY OF RESTRAINING ORDERS OR CUSTODY PAPERS ON FILE TO RESTRICT A NON-CUSTODIAL PARENT/GUARDIAN FROM VISITING OR PICKING UP A CHILD.

GETTING TO KNOW YOU!!!
(The Child)

Child's Name: _____

My nickname is: _____

I have _____ brother(s) & _____ sister(s),
their names & ages
are: _____

Is your child breast fed? _____ Bottle fed?

Does he/she use a cup?

Does your baby have a good appetite?

Has your baby had any feeding problems?

My favorite food is:

My least favorite food is:

My favorite person is:

My favorite toy is:

My favorite activity is:

Do you go outdoors often?

I am afraid of:

How does your child react when frightened?

How does your child deal with anger?

Has your child been in daycare previous to CKLA? YES / NO (If yes, when?)

Please list previous caregivers/centers:

Has or does your child have any known health problems? YES /NO (Please

explain)

Is your Child Allergic to anything? (list reaction) _____

Please fill out an Allergy Action Plan with the office if your child has an allergy.

**Does your child need regular medication? YES / NO

CKLA staff will not administer any medications Over the Counter or Prescription to any child.

Has your child had any of the following communicable diseases: Chicken pox, measles, mumps, other?

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throat, nose bleeds other? _____

Are there any indications of hearing or vision problems? YES / NO (Please explain)

Any disorders/developmental issues (slow or advanced) diagnosed or suspected? YES / NO (Please explain YES)

Does your child have any physical or mental disabilities? YES / NO (Please

explain)

Is your child right or left handed? (Please circle which one.)

Right Left Both Unknown

Type of discipline used at home:

Does your child have a special diet? YES / NO (Please explain yes.)

Due to your child's tastes, allergies, reactions, are there any foods which should not be given to your child? YES /NO (Please list foods and why)

Please list any personal habits such as thumb/finger sucking, nail biting, etc. your child may have

What are your main expectations of this program?

How did you hear about us?

Additional information:

Baby's Daily Schedule

Please provide a detailed typical daily schedule for your Baby.

Feeding

<i>Feedings</i>	<i>Time</i>	<i>Amount</i>	<i>What</i>

Nap Time

<i>Nap</i>	<i>Time</i>	<i>How Long</i>

Activities

<i>Type of Activity</i>	<i>Time</i>	<i>How Long</i>

Health Information

How healthy is your child?

Has your child had any serious illnesses?

Has your child had any operations?

**Please include a copy of your child's
immunization record.**

**It is the Parents/Guardian's responsibility to
updated whenever new immunization is
received!**

**You may have these emailed to our office at
daycare@cfbristol.com**

Photograph Policy

I, _____, give CKLA
 permission to photograph my child,
 _____ for the following purposes:

Type of Use:	Grant Permission	Decline Permission
Still Photographs:		
Display in providers personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or Bulletin Boards, shown to current and prospective clients		
Display still photos on facility's website*		
Facebook*		
Twitter*		
Use still photos in promotional materials		
Use for classroom projects		
Newspapers and TV Stations		

Type of Use:	Grant Permission	Decline Permission
Videos:		
Give video to current parents		
Use videos in promotional materials		
Newspapers and TV Stations		
Display still photos on facility's website*		
Facebook*		
Twitter*		

Informed Consent

I grant my informed consent for my child _____ to participate in the Creative Kids Learning Academy and Day Care Center Program.

Program:

It is my understanding that this program will consist of planned group and individual activities as well as opportunities for free play both indoors and on the playground. Pictures of the children may be taken and used in Center related activities. I understand that my child will occasionally go on short trips in the area to parks, stores, municipal buildings, etc., and that during these trips my child will be accompanied by sufficient adult supervision.

Staff:

I understand that a qualified staff person will be present at all times in ratios required by State and Federal regulations.

Meals:

I understand that my child will be provided snacks and a nutritionally balanced lunch daily while attending. We ask all parents to provide a lite lunch for your child while public school is in session. Nutritious lunches which meet the guidelines of the Federal Government Food Program are prepared by the Southwest Culinary and Hospitality College of Bristol, VA. The CHOP program provides breakfast (during summer months), lunch and snacks. These lunches will be served daily around 3pm. During summer months lunches will be served at noon. This program is FREE and is not included in tuition rates. Birthday, holiday, or other special treats are permitted. Please check with your child's Head Teacher so you know how much to bring and what is an acceptable treat.

Child's Dentist: ----- Phone Number: -----

Address: ----- Hospital: -----

AUTHORIZED ADULTS

In the event of an emergency, please indicate where you & another authorized person can be reached.

Father's Name: ----- Phone Number: -----

Mother's Name: ----- Phone Number: -----

Authorized Person: ----- Phone Number: -----

Authorized Person: ----- Phone Number: -----

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS & PRODUCTS

I hereby give CREATIVE KIDS LEARNING ACADEMY AND DAY CARE CENTER permission to administer the following nonprescription medications and products to my child, -----, according to the manufacturer's instruction or otherwise specified. All medications must be in its original container and the child's name written on it.

Please check all items that can be administered.

____ Vaseline

____ Antiseptic Wipes

____ Insect Repellent

____ Sun-block

____ Baby Powder

____ Baby Oil

____ Baby Lotion

____ First Aid Spray

____ Burn Cream/Spray

____ Rash Cream/Ointments

____ Others

appropriate for his/her weight, height and age. No more than six children will be transported in a vehicle without the presence of a second adult.

However, I do give permission for my child to participate in the following activities:

Participate in walking field trips around the area of CKLA

.....YES/NO

Visits to local Library

YES/NO

Parent/Guardian's Signature Date

Director's Signature Date

Creative Kids Learning Academy and Day Care Center

Checklist

These are a list of what your child should bring to keep at school. All items should be clearly marked with child's name.

- Filled bottles, for babies (Dirty bottles are to be taken home at the end of each day for cleaning).
- Two extra sets of clothes (shirt, pants, underwear, socks and shoes). Alternate weather clothes are needed also.
- Sun hat and sun screen in the summer.
- Bathing suit and towel in the summer for use in the wading pool.
- Diapers and wipes if necessary.
- Cornstarch, powder, lotion, etc. as desired
- Small Blanket and pillow if used for sleeping.
- Crib-sized sheet for children using sleeping mats.
- Sleeping toy if used.
- Picture of child and family to share.

Permission to Return to Group Care

Date _____

Your child, _____ is being sent home today with fever or a contagious illness. According to our health policy, he or she will be allowed to return to the Center when symptoms are gone without medication or when otherwise indicated by a medical professional. In the event that your child has been treated by a physician, and his or her diagnosis is that your child can return to group care at an earlier time, please have the doctor fill out and sign this form.

Illness

Date and time seen

Date and time child may return to group care

Notes _____

Physician's Signature