Kids Co. at TOPS - ENROLLMENT FORM

Fill in all blanks. Indicate N/A if not applicable. Please type or print all information clearly.

Child's Name:_____ Birthdate (mm/dd/yy): _____

Nickname or Preferred Name:_____ Gender: ❑ Female ❑ Male Entering Grade: _____

SPONSOR'S INFORMATION:

Name: _____ Relationship to Child: _____

Birthdate (mm/dd/yy): _____ SSN: _____ - _____ - _____(opt)

☐ Married ☐ Partner ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Address: _____ Home Phone: (_____)_____
Street Address, Apt. #

_____ Work Phone: (_____)_____
City, State, Zip Code

Employer: _____ Cellular Phone: (_____)_____
Name

Position / Title: _____ Pager #: (_____)_____

_____ Email: _____
Address

_____
City, State, Zip Code

CO-SPONSOR'S INFORMATION:

Name: _____ Relationship to Child: _____

Birthdate (mm/dd/yy): _____ SSN: _____ - _____ - _____(opt)

☐ Married ☐ Partner ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Address: _____ Home Phone: (_____)_____
Street Address, Apt. #

_____ Work Phone: (_____)_____
City, State, Zip Code

Employer: _____ Cellular Phone: (_____)_____
Name

Position / Title: _____ Pager #: (_____)_____

_____ Email: _____
Address

_____
City, State, Zip Code

If parents are not at the same address, to which parent should correspondence be addressed? _____
Does person(s) responsible for the tuition agreement receive child care subsidy of any kind?
☐ No ☐ Yes If yes, check all that apply and fill in any applicable information.

I receive subsidy from:

☐ **HSD** (City of Seattle Child Care Subsidy) Contract Number:_____

☐ **DSHS** (Washington State Child Care Subsidy) Contract Number:_____

☐ **Other**:_____

Child reside(s) with: *check all that apply*

❑ Mother	❑ Father	❑ Both Parents together	❑ Foster Parents
❑ Mother/Stepfather	❑ Father/Stepmother	❑ Grandparent(s)	❑ Parent's Significant Other
❑ Mother/Mother	❑ Father/Father	❑ Other: _____	❑ Other: _____

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Has your child attended any other Kids Co. programs? ❑ Yes ❑No

If yes, which one? _____

Name of School Attending this Year:_____ Grade: _____

School Phone No:_____ Teacher's Name & Room #:_____

Will your child be using school transportation to or from child care? ☐ Yes ☐ No

If YES, please fill out the following: Route #:_____

Pick up location:_____ Time:_____

Drop off location:_____ Time:_____

Days and times my child will be attending Kids Co.:

Any change of programs or schedule must be turned in on the first of the month and will be effective on the first of the following month. (i.e. Changes for October must be submitted by September 1st, etc.) Schedule change forms are available from the director. **CHANGE OF DAYS OR TIMES CANNOT BE GUARANTEED BUT WILL BE MADE ON A SPACE AVAILABLE BASIS.**

School-Age children enrolled on a regular monthly basis at Kids Co. will be billed by time slot (as detailed on the tuition rate sheet) for any hours of care beyond your regular schedule **as approved by the director.**

This schedule is effective for the duration of my child's enrollment in Kids Co. Changes to my child's schedule or complete withdrawal are subject to the policies outlined in the **Parent Handbook** and the **Tuition Agreement**.

My child will attend during the following time slots and on the following days: (indicate with an X)

BEFORE:	7:00 AM – 9:00 AM	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
AFTER:	3:00 PM – 6:00 PM	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____

Part-time Options: We make every attempt to meet part-time schedule requests. However, in an effort to balance daily attendance of students we may have to discuss options to requests we cannot accommodate (i.e., M-W instead of W-F or M & T instead of Th & F, etc.)

I agree to start my child on this date : _____

Program Director's Notes:

_____

Program Director's Signature Date

For Office Use Only:

Monthly Rate: _____ - Discount (if applicable): _____ = Total Charges: _____

Data Entry: ☐ ProCare _____ ☐ ER _____ ☐ RP _____
Initials Initials Initials

Emergency Contact and Authorized Pick-up Information:

Person(s) to be contacted in case of an emergency/authorized pick up **other than parent(s) or legal guardian(s):**

Name: _____ Relationship with child: _____

Cellular Phone: (_____)_____ Home Phone: (_____)_____

Work Phone: (_____)_____ Email: _____

Address:_____ City, State, Zip: _____

Name: _____ Relationship with child: _____

Cellular Phone: (_____)_____ Home Phone: (_____)_____

Work Phone: (_____)_____ Email: _____

Address:_____ City, State, Zip: _____

Name: _____ Relationship with child: _____

Cellular Phone: (_____)_____ Home Phone: (_____)_____

Work Phone: (_____)_____ Email: _____

Address:_____ City, State, Zip: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

☐ Yes ☐ No If YES, please list his/her name and *attach the required documentation*.

Name:_____ Relationship to child:_____

Any custody or visiting arrangements we need to be aware of?_____

Out-of-state (or area) Disaster Preparedness Emergency Contact:

Person(s) to be contacted in case of an emergency **other than parent(s) or legal guardian(s):**

Name:_____	Name:_____
Relationship with child: _____	Relationship with child: _____
Home Phone: (_____)_____	Home Phone: (_____)_____
Work Phone: (_____)_____	Work Phone: (_____)_____
Cellular Phone: (_____)_____	Cellular Phone: (_____)_____

Health Information:
Our first commitment is to the children enrolled in our programs. Our ability to serve your child in the best possible manner is dependent upon you providing us with accurate health and development information on your child. Please be thoughtful and thorough when completing this section.

Date of last physical: _____ dental exam: _____ vision exam: _____

Child's Physician:_____ Phone:_____

Address:_____ Insurance:_____

Child's Dentist: _____ Phone:_____

Address:_____ Insurance:_____

Does your child have Allergies? (foods, medicines, etc.) If yes, please complete a Food Allergy Intolerance Statement Form. Please describe the allergy: _____

_____

A. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING (Please check any that apply): ☐ NONE		
☐ Frequent Colds	☐ Frequent Sore Throats	☐ Frequent Ear Infections
☐ Skin Disorders (i.e. rashes)	☐ Heart Trouble	☐ Convulsions
☐ Fainting Spells	☐ Diabetes	☐ Asthma
☐ Stomach Upsets	☐ Urinary Difficulties	☐ Frequent Diarrhea
☐ Frequent Constipation	☐ Febrile Seizures	☐ Other_____

Please provide details on any items marked in box **A**:_____

_____

_____

_____

B. HAS YOUR CHILD HAD ANY OF THE FOLLOWING: ☐ NONE			
☐ Bronchitis	Date(s) _____	☐ Measles (hard)	Date(s) _____
☐ Hepatitis (A or B)	Date(s) _____	☐ German Measles	Date(s) _____
☐ Chicken Pox	Date(s) _____	☐ Mumps	Date(s) _____
☐ Scarlet Fever	Date(s) _____	☐ Whooping Cough	Date(s) _____

Please provide details on any items marked in box **B**:_____

_____

_____

_____

C. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (Please check any that apply): ☐ NONE		
☐ Language Delay	☐ ADD/ADHD	☐ Development Delays
☐ Autism or Related Disorder	☐ Hearing Impairment	☐ Vision Impairment
☐ Learning Disabilities	☐ Mental Illness	☐ Behavior Issues
☐ Other: _____		

Please provide details on any items marked in box **C**:_____

_____

_____

_____

If your child sees any specialists (i.e., therapist, counselor, hearing/speech, etc.), please list them with their name and contact information: _____

_____

_____

Describe your child's overall health: _____

_____

_____

_____

Present health problems (disabilities, medications, etc.):_____

_____

Has your child ever been hospitalized? Please explain: _____

_____

Has your child had injuries with fractures or loss of consciousness? Please explain:_____

_____

Additional Important Information:
Just as health and development information is important to us in order to provide the best care for your child, relationship and other life experience information helps us get to know your child better from the time s/he starts. Please be thoughtful and thorough when completing this section.

Is this her/his first child care experience? ☐ Yes ☐ No

If NO, please list the previous provider's names, phone numbers and child's length of stay. There may be instances where communication with the previous caregiver might be helpful in working with your child.

Child Care Provider Name:	Area Code & Phone Number:	Length of Stay:

If YES, please describe your child's previous group play experiences? _____

_____

_____

What do you hope your child will gain from her/his experience at Kids Co. ?_____

_____

_____

Is your child adopted? ☐ Yes ☐ No If YES, does s/he know (any other details important to your child's situation)?

_____

Brothers and Sisters of child:

Name:_____ Age:_____ Date of Birth:_____/_____/_____

Name:_____ Age:_____ Date of Birth:_____/_____/_____

Name:_____ Age:_____ Date of Birth:_____/_____/_____

Other members of the household:_____

What time does your child go to bed? _____ Awaken? _____

How does your child let you know when s/he needs to go to the restroom? _____

Does your child need toileting reminders? ☐ Yes ☐ No If YES, how often? _____

Please describe any current problems, difficulties or issues you are having with your child regarding toileting: _____

_____

What breakfast/snack foods do you serve at home?_____

_____

What foods does your child dislike?_____

Favorite Activities:_____

What would you like to see at our center that would create a feeling of home for your child? _____

_____

How does your child express anger and frustration?_____

_____

How do you guide your child's behavior at home?_____

_____

Does your child have any special fears?_____

_____

What words describe your child's personality? _____

Any other information about your child you want us to be aware of? _____

_____

_____

_____

How did you hear about Kids Co.? Please be specific:_____

_____

Signature:_____ Date:_____

Optional/Confidential: For fund raising purposes we are requesting information regarding the ethnic background of the children we serve. Some funders ask specifically for this information. Please mark with an X the ethnicity that best describes your child.

☐ African American	☐ Alaskan	☐ Caucasian/Euro. Am.
☐ Chinese	☐ Filipino	☐ Indochinese
☐ Japanese	☐ Korean	☐ Latino
☐ Multiracial	☐ Native American	☐ Other _____
☐ Other Asian	☐ Pacific Islander	☐ Unknown

OCCASIONAL WALKING FIELD TRIP PERMISSION

Throughout the year, we take occasional walking trips to local parks, beaches, or public places. All trips will be adequately staffed to provide the utmost safety for your child while enjoying an enriching visit to a nearby place. Parents will be notified of the trip in advance with the time of departure and arrival back to the center. This information will be posted on the door of the center. Parents will be allowed to pick up their child from a local walking trip location provided they have picked up their child before (staff will recognize you) and sign out their child at the center in the sign-in/out book prior to pick up.

I give my permission for my child to attend occasional walking field trips with Kids Co. throughout the year.

Signature:_____ Date: _____

Date a copy of this agreement was given to Parent/Guardian:_____ Initials:_____

PARENT AGREEMENT

You may not cross out, change or otherwise alter this agreement. This is a legal document.

Parents are expected to follow all Kids Co. policies and procedures outlined in the Parent Handbook which I received and read.

Enrollment is on a continuous basis from one school year to the next until my child is withdrawn from the program. There are separate enrollment forms for summer. Changes to your child's schedule or complete withdrawal are subject to the policies outlined in the **Parent Handbook** and the **Tuition Agreement.**

Kids Co. reserves the right to discontinue a child's enrollment. Reasons for termination include but are not limited to the following:

1. If a child reaches STEP THREE of the BEHAVIOR MANAGEMENT POLICY as stated in the Parent Handbook.
2. Non-payment of tuition fees by due dates. (If this happens future enrollment will not be allowed.)
3. Physical or emotional problems, which require supervision beyond our normal teacher/child ratio. Five days' notice will be given parents or guardians before a child is dropped from our program except in extreme circumstances. (Parents must specify on the enrollment form any physical or emotional problems or special needs that their child may have.)
4. A child may temporarily be suspended from the center as a result of behavior problems. If a child is suspended from their regular school attendance, Kids Co. is unable to accept that child during the days of suspension.
5. Failure by the parent or child to comply with the policies and procedures established by Kids Co. to ensure fair enrollment and billing practices.
6. Failure to notify the center, in advance, of non-scheduled absences.
7. False information or not fully disclosing important information regarding your child (i.e. health issues, developmental issues, etc.).

I grant permission to Kids Co. to contact any individuals listed in this form (i.e., previous caregivers, physician, therapist, etc.) for additional relevant information regarding my child. I understand that I will be notified, in advance, of anyone being contacted regarding my child. In an effort to support the healthy development and academic achievement of my child, I grant permission to Kids Co. to openly communicate with the appropriate individuals (i.e. teacher, counselor, principal, etc.) at my child's school.

In order to support Kids Co. efforts in obtaining government funds from the USDA Food Program I will complete a Confidential Income Survey and return it to the center promptly.

Information provided in these forms may be used for fundraising purposes.

In the interest of making sure my child is picked up only by authorized individuals and you have accurate emergency contact information, I have provided the name and phone number of at least one other person whom I have authorized to pick up my child or be contacted in case of an emergency.

In the interest of making sure my child is accounted for, I will call the center, in advance, in the event that my child will not be in attendance.

Children are discouraged from bringing any toys from home. In the event they do, I understand that Kids Co. cannot accept responsibility for those items. Toy weapons of any kind are prohibited.

Kids Co., its staff and board make no warranty and can accept no responsibility or liability for the actions of any of its employees, agents or other related individuals outside of the regular hours of operation of the centers or when, in the case of employees or agents, they are not actively and exclusively working for Kids Co.

I grant permission to Kids Co. to provide care for my child.

I grant permission for my child to use all of the play equipment and participate in all of the activities of the center.

I grant permission for my child to be included in evaluations and pictures connected with the child care program.

The center will not be responsible for anything that may happen as a result of a lack of and/or false information given by parent(s) or guardian(s) at the time of enrollment. All of the information I have provided is true and correct to the best of my knowledge.

Signature:_____ Date:_____

Date a copy of this agreement was given to Parent/Guardian:_____ **Initials:**_____

TUITION AGREEMENT

You may not cross out, change or otherwise alter this agreement. This is a legal document.

Please Initial

Tuition is due on the 1st of each month**.** Regular monthly tuition does not include extra hours of care given to children beyond their contracted hours. Extra hours of care will be billed by time slot as detailed on the tuition rate sheet. **NO CREDIT will be given for extra hours signed up for but not used.** _____

Payments are recorded on the date the check is **received**. Post-dated checks are not acceptable. If fees are not received by the 1st of the month, a **$25.00 late fee** will be charged to my account. If fees are not paid in full by the 10th of the month my child's enrollment will be suspended beginning the 15th and my child will not be permitted to attend. If the balance is not paid in full by the end of the month, enrollment may be terminated. All families that have difficulty keeping their account current will be required to pay their bill via Electronic Funds Transfer (EFT). Finance charges of **1% per month, 12% per annum** will be applied to past due balances. _____

There is a **$25.00 NSF Check Fee.** _____

All tuition payments are to be made to **Kids Co.** and given to the director, assistant director or placed in the tuition box in the sign-in area. Statements will be mailed to my home each month. If I do not receive my monthly statement it is my responsibility to call or ask my center director or the billing office for the correct amount due. _____

If a child is dropped off earlier than the time his/her program is scheduled to begin, there is a **$1.00 per minute early drop-off fee**. If a child is picked up after the time his/her program is scheduled to end, the late pick-up fee is **$15 for the first 1-15 minutes and $1.00 per minute for every minute thereafter**. This payment must be made at the time of pick-up or it will be added to my child care account. Failure to pay these charges may result in termination of enrollment. _____

In the event I fail to notify Kids Co. that my child will not be attending on any scheduled day, a **$10 fee** for failing to notify Kids Co. will be charged to my account. In order to avoid this fee, I will need to contact the center at least **1 hour before your child is expected to arrive**. Excessive failure to notify may result in suspension or termination of enrollment in Kids Co. _____

A minimum of **30 days' written notification** must be given for withdrawal from the program. Tuition will accrue for 30 days from the date written notice is received. If 30 days written notice is given then my deposit will be applied to the balance due on tuition for 30 days. If **less than 30 days' written notice** is given, tuition will accrue for 30 days after my child's last date of attendance and my deposit on file will be forfeited. _____

Any change of programs or schedule requires written notice on the 1st of the month with changes effective on the 1st of the following month. _____

In the event there is an overdue balance on my account and it has been sent to a collection agency, all court costs, collection fees, interest fees and filing fees will be paid by the parent or legal guardian. _____

I understand and accept that there is **no credit** for absences and days that the center is closed; the registration fee is non-refundable and is charged annually; and the deposit is refundable only if I comply with the withdrawal policy as stated. _____

All fees and polices are subject to change without notice. Whenever possible, 30 days written notice will be given. _____

I have read and accept the conditions outlined in the **Parent Handbook**, the **Enrollment Packet**, the **Parent Agreement** and the **Tuition Agreement**. _____

This contract is effective for the duration of my child's enrollment in Kids Co. Changes to my child's schedule or complete withdrawal from the program are subject to the policies outlined in the **Parent Handbook** and the **Tuition Agreement**. _____

Signature:_____ Date:_____

Date a copy of this agreement was given to Parent/Guardian:_____ **Initials**:_____

HEALTH & WELL-BEING AGREEMENT

Per State of Washington child care licensing and public health requirements, the following is available for parents to review at anytime. These documents are posted in the parent area (or other convenient location) at each center and copies are available. Please take the time to read and understand these documents and initial next to each item that you have reviewed them or understand they are available for review.

1. **Center Health Policy:** Center policy and procedures relating to staff and child health practices, communicable disease exposure and reporting, medication and first-aid management and other heath-related topics. _____
2. **Pesticide Policy:** Center policy adhering to public health standards and in partnership with the schools where each center is located. _____
3. **Disaster Preparedness Policy**: Center policy in partnership with the schools where each center is located. Covers policy for major natural disaster preparedness, staff responsibility and disaster supply management. _____
4. **Pet Policy:** Center policy and procedures for the caring of classroom pets. Covers types of pets that are allowed/not allowed and certain procedures for caring for some pets. _____

Signature:_____ Date:_____

SUNSCREEN PERMISSION

State licensing requirements permit child care facilities to apply sunscreen to children **only with the written consent from the parent.** Please fill out this form if you would like your child to use sunscreen this summer. We will provide Water Babies Sunscreen SPF 45 or generic (ingredients and directions listed below), if you would like your child to use a different brand, you must supply it yourself. We highly recommend that all children use a sunscreen of level 45, and that application is done before arriving at Kids Co. Please read the policy under **HEALTH and WELL BEING** in our Parent Handbook to be thoroughly familiar with the requirements.

Directions: Apply liberally to all exposed areas. For best results let dry 15 minutes before exposure to sun, and reapply after prolonged swimming, excessive perspiration, vigorous activity or toweling.

My child or a staff member may apply sunscreen according to the instructions above.

_____ _____
Parent/Guardian Signature Date

We recommend for water activities that T-shirts be worn over bathing suits. For all other outdoor activities, hats or visors and sunglasses are advisable.

Coppertone Water Babies SPF 45 Hypoallergenic. Water Babies is a gentle, non-irritating PABA-free formula, which is non-stinging. **Active Ingredients**: Ethylhexyl p-Methoxycinnamate, 2 Ethylhexyl Saclicylate, Oxybenzone, Homosalate. **Inactive Ingredients**: Water, Sorbitan Isostearate, Sorbitol, Polyglyceryl-3 Distearate, Octadecene/MA Copolymer, Triathanolamine, Stearic Acid, Barium Sulfate, Benzyl Alcohol, Fragrance, Dimethicone, Aloe Extract, Jojoba Oil, Methylparaben, Tocopherol (Vitamin E), Propylparaben, Carbomer, Disodium, EDTA, Imidazolidinyl Urea.

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CONSENT FOR EMERGENCY TREATMENT

As the parent or legal guardian, I hereby give consent to Kids Co. that my child, _____, may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Kids Co. or Medic 1. I also give permission for my child to be transported by an aid car, ambulance or staff car to the nearest medical treatment center or hospital if necessary.

In the event that I cannot be contacted, I further consent to the medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician (M.D.), dentist (D.D.S.), or hospital when deemed immediately necessary or advisable by the physician to safeguard the life, limb or well-being of my child.

It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken. The expense of this service will be accepted by me.

Child's Physician:_____ Telephone:_____

Address:_____
Street City State Zip Code

Preferred Hospital:_____ Telephone:_____

Address:_____
Street City State Zip Code

Insurance:_____ Policy #:_____

Allergies (drugs/others)/Reactions:_____

Parent's Name:_____ Wk #: _____

Hm #: _____ Cellular #: _____ Pgr: _____

Parent's Name:_____ Wk #:_____

Hm #: _____ Cellular #: _____ Pgr: _____

Guardians's Name: _____ Wk #: _____

Hm #: _____ Cellular #: _____ Pgr: _____

Parent/Guardian Signature:_____ Date:_____