

Exclusive Kidz Zone

KIPP SOUL ACADEMY

STUDENT ENROLLMENT CHECKLIST!!!

Please return the following items:

_____ **Completed Application**

_____ **School Age Health Form (5yrs & above)**

_____ **Shot Records**

_____ **Signed Tuition Agreement**

_____ **ProCare Auto Pay Contract**

Please keep:

ProCare Letter

CHILDREN'S ENROLLMENT FORM

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Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____ Signature _____

Date: _____

Facility Administrator/Person-In-Charge _____ Signature _____

Date: _____

Exclusive Kidz Zone
Parent Contract and Policy

Parent Responsibilities:

- Parent/Guardian is responsible for paying Zone fees as stated on fee contract.
- If a child misses a day the full weekly fee is still due.
- Parent/Guardian must see that their child attends day care Monday – Friday.
- Anyone other than parent/guardian dropping off or picking up children must be 18 years or older and is listed on the drop off or pick up form.
- Additional fees will be charged for children left at the Zone past 6:30pm.
- Parent/Guardian understand that child(ren) will be required to stay home. Or be picked up from the zone if he/she has a fever, contagious illness; or diarrhea. Child cannot come back for at least 24 hours if they had a fever or diarrhea. If child has a contagious illness, they need a doctor's statement in order to return.
- If the person picking up the child is unfamiliar to the staff, the parent/guardian must call the Zone before the child is picked up. Parent/guardian should inform the person that they will need to show identification when they pick up the child and sign a release.
- Parents must fill out, sign, and date the necessary forms when enrolling their child.
- Parent must inform the zone, address change, phone number changes, and emergency contact changes.
- Parent agrees to notify the zone at least five days before child is withdrawn.
- Parent gives permission for child to take part in promotional campaigns that may involve picture taking or videotaping.

Zone Responsibilities:

1. The day care center provides childcare services five days a week with the exception of listed **holidays** listed in the Parent Handbook.
2. The Zone is open from 6:00am to 8:30am & 4:00pm to 6:30pm (Mon – Thurs)
3. The Zone will provide:
 - a. Developmentally appropriate activities and experience based on State License Regulations and our curriculum.
 - b. Emergency accident care while child is in the care of the day care staff
 - c. A healthy atmosphere
 - d. Breakfast, Afternoon Snack & Dinner
4. To provide a copy of Licensing Rules for Child Day Care Centers in MO, to provide staff trained in childcare.
5. To screen staff for child abuse and neglect and criminal record, accessible to parents upon request.
6. Continue to communicate with family regarding child's development by way of phone calls, conferences, email, daily reports, progress reports... etc.

I AGREE TO ENTER INTO THIS CONTRACT WITH DIAVE' DAYE CARE CENTER. MY FAILURE TO ABIDE BY THE TERMS OF THIS AGREEMENT WILL RESULT IN THE TERMINATION OF THE CHILD CARE SERVICES I RECEIVE.

I HAVE READ AND FULLY UNDERSTAND ALL THE TERMS OF THIS CONTRACT.

(PARENT/LEGAL GUARDIAN SIGNATURE)

(DATE)

(DAY CARE REPRESENTATIVE SIGNATURE)

(DATE)

Exclusive Kidz Zone AUTHORIZATION SLIP

In order to ensure the safety and well-being of your child we are asking you to initial all items in which you give your permission.

I understand that there will be times when the day care may have to take immediate action for the safety of my child(ren):

_____ I therefore grant permission to _____ to seek immediate medical attention from the nearest healthcare professional or emergent care facility.

_____ I therefore grant permission to said medical professionals to administer any necessary shots (anti-toxin, etc.) or other life stabilizing procedures or surgeries to be administered.

_____ I understand that part of the program of the day care is carried out through field trips, neighborhood walks, and any other field trips outside the daycare facility will require additional fieldtrip form.

It is very important that the form below is filled out so that we may release your child (ren) to the correct person. All the people listed below will need picture identification on file. Your child will only be released to persons with proper identification and a picture ID on file. The person taking your child home must be at least 18 years of age. If the person is not known by the day care staff they will need to provide identification. It is important to notify the day care of any changes in your authorization.

_____ Only the following people are authorized to pick up my child from the center.

_____ I will call the zone the day of change if someone different than the individuals listed below will be picking up my child(ren).

Authorized to take my child home

Relationship

Phone Number

1. _____
2. _____
3. _____
4. _____

Parent/Legal Guardian's Signature: _____

Date: _____

Exclusive Kidz Zone HEALTH CARE POLICIES

The State of Georgia requires (9CSR 30-62.192) your child **MUST** have a health exam yearly and immunizations must be kept up to date.

If your child shows signs of general discomfort or seems unwell, the temperature will be taken.

There will be **NO EXCLUSION** for children who exhibit the following symptoms. They will be sent home without exception.

1. Fever over one hundred degrees (100 F) by mouth or ninety degrees (99) under the arm.
2. Diarrhea – more than one (1) abnormally loose stool
3. Severe coughing – high pitched croupy sound, whooping sounds
4. Yellowish skin or eyes
5. Pinkeye – tears, redness of eyelid lining, swelling, drainage, pus
6. An infected skin patch(es) – crusty, bright yellow, dry or gummy areas of the skin
7. Vomiting more than once
8. Headache or stiff neck
9. Severe itching of body or scalp
10. Any type communicable disease

The child must be picked up immediately once notified.

The ill child will be kept isolated from the other children until the parent(s) arrives. Be assured that our staff will be attentive to him/her.

When a child goes home with a communicable disease such as: pink eye, lice, rashes, colds with discolored mucus, yellow discoloration in eyes or skin, impetigo, and ringworm, he/she must have a doctor's statement to return.

Parent's Signature

Date

Child's Name

Exclusive Kidz Zone Tuition Agreement

Verified for payment to Exclusive Kidz Zone for childcare services through the Family Support Division of the State of Georgia.

Beginning: _____

Ending: _____

The tuition for your child will be \$_____ per week plus the payment from the Family Support Division of the State of Georgia.

Parent is to assure that child will be in the care of Exclusive Kidz Zone 90% of the time. Failure to comply with the 90% or perfect attendance monthly may result in one or more of the following:

1. 90 day probation
2. Assessment of the fees
3. Removal from the program

_____ Initials required.

Fee Schedule:

- Before or Aftercare = \$30.00 weekly
- Siblings – Before or Aftercare - \$40.00 weekly
- Before & Aftercare =\$90.00 Weekly
- Before & Aftercare (Sibling Discount) = \$20

Tuition verified payment for this child is \$_____

Tuition registration \$_____

Amount due before child's first day \$_____ (registration & first week's tuition)

I have read and understand that all fees are due prior to my child's enrollment. My child's tuition is to be paid a week or 2 weeks ahead based on the payment arrangement I choose. I understand that late fees will be assessed, and I agree to pay:

\$ _____ weekly

\$ _____ bi-weekly

Parent/Guardian Signature

Date:

Director's Signature

AUTHORIZATION FOR MEDICATION

Child's Full Name: _____

Name of Medication: _____

Prescription Number: _____

Time Medication is to be given: _____
(Medication will not be given on an "As Needed" basis, specifics must be provided)

Amount of Medication to be given: _____

Dates to be given: _____
(Not to exceed two weeks without a physician's statement)

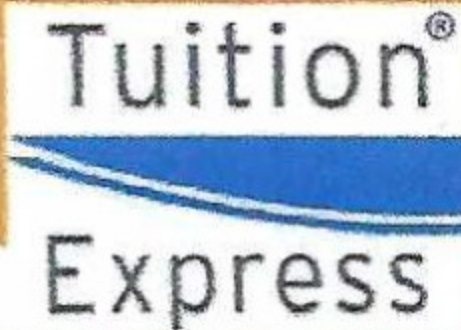
PARENT'S SIGNATURE _____
DATE

FOR CENTER USE (Reminder: document the reasons why medications are not given as parent requested i.e., child absent, medication not sent, child sleeping etc...)

	<u>DATE</u>	<u>TIME GIVEN</u>	<u>AMOUNT</u>	<u>ANY ADVERSE REACTIONS</u>	<u>ADMINISTERED BY</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken? Describe:

Attention to Person Requesting Medication Be Dispensed:
Form must be completed in it's entirety before the center can dispense any medication



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

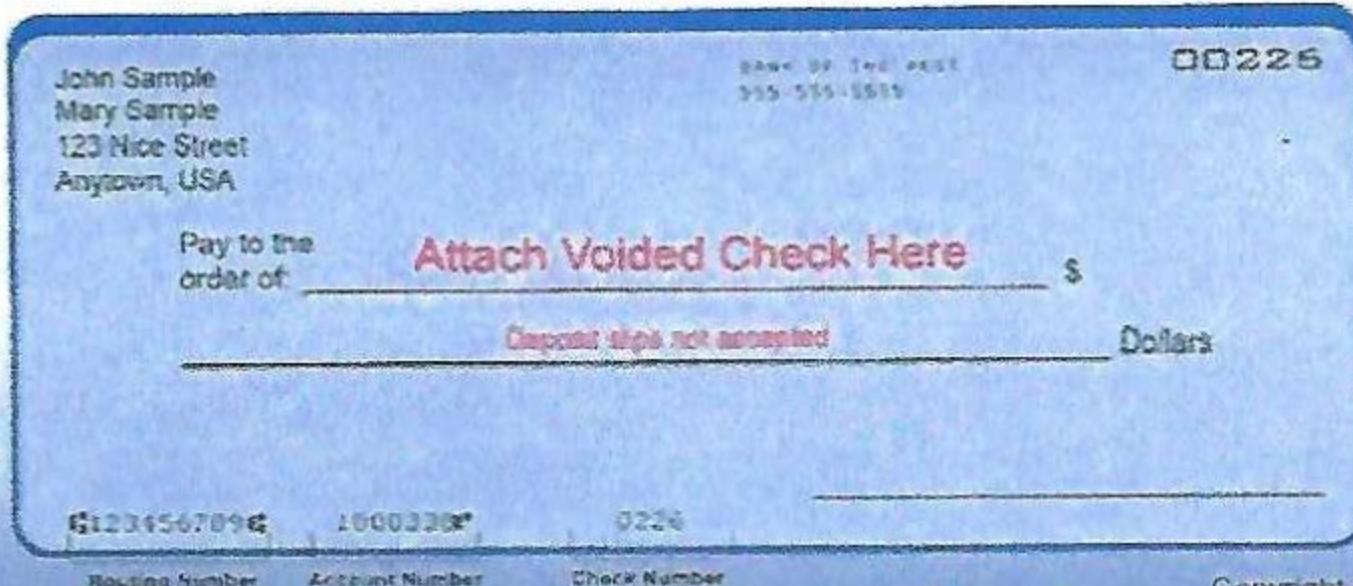
Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking/Savings checkboxes, Authorized Signature, Date.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



A service of



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myprocare[®]

Dear parent/guardian,

Exclusive Kids Zone

Diave' Daye Child Development Center is pleased to offer **MyProcare**, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcare.com.
2. Enter your email address (the email you have on file with Diave' Daye Child Development Center) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
 - a. View your child's schedule, time card, immunizations and more.
 - b. Use the **Pay** button to make a payment with your card.

Thank you!

Diave' Daye Child Development Center and MyProcare

EXCLUSIVE KIDZ ZONE

Engage Program Acknowledgement

To our parents,

We have implemented a new program to keep our communication on track. We like to keep you informed in an accurate and timely manner. To do so our staff has been trained on an app called ENGAGE to ensure that all teachers are communicating directly with their student's parents on issues, incidents, progress, behavior, and all your child's needs.

Parent Statement:

I acknowledge and accept ENGAGE as my form of communication concerning my child. My email address is _____.

Parent or Guardian Signature:

Thank you,

Ms. Tenesha Bady
Director