



Kiddi Kollege Learning Center Inc. Enrollment Form

Name _____

Address _____
Last
First
Middle
Nickname

Age _____ Date of Birth _____ Sex _____

Father _____ Home Address _____ Phone _____

SS# _____ Employment _____ Bus. Address _____ Bus. Phone _____

Mother _____ Home Address _____ Phone _____

SS# _____ Employment _____ Bus. Address _____ Bus. Phone _____

Step Father _____ Home Address _____ Phone _____

SS# _____ Employment _____ Bus. Address _____ Bus. Phone _____

Step Mother _____ Home Address _____ Phone _____

SS# _____ Employment _____ Bus. Address _____ Bus. Phone _____

Persons authorized to pick up your child:

Name _____ Address _____ Home phone _____ Work phone _____

Name _____ Address _____ Home phone _____ Work phone _____

Name _____ Address _____ Home phone _____ Work phone _____

Name _____ Address _____ Home phone _____ Work phone _____

Relative or friend we can contact on an emergency, should parents be unavailable:

Name _____ Home phone _____ Work phone _____

Child's doctor _____ Address _____ Phone _____

Other children in family _____ Age _____ Social Security Number _____ afdc _____

Food Stamp # _____ Foster child _____ County you receive assistance from _____ Social worker's name _____

Does the child have any special fears and/or problems? _____

Does the child have any allergies? _____ If yes, be specific? _____

Does the child have any history of physical impairments (vision, hearing, speech, etc.) _____

Does the child have any information you feel would help Kiddi Kollege to better care for and understand your child? _____

LEGAL AUTHORIZATIONS

I hereby give my authorization for Kiddi Kollege Child Care Center to take my child to the below named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

Doctor _____ Address _____ Phone _____

Doctor _____ Address _____ Phone _____

I hereby give my authorization to any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

I hereby give my authorization for Kiddi Kollege Child Care Center to transport my child to and from school, on field trips, or other center sponsored activities.

I hereby represent that I am the legal guardian of the children enrolled and acknowledge that it is my responsibility to keep all information and authorization pertaining to my child current and up to date.

I hereby acknowledge that my child cannot be admitted to the center until all required forms are completed.

I have authorized the doctor at this time to accept any calls form the center for emergency care.

I hereby acknowledge that I have read and understand the fee arrangements and conditions.

I fully understand the educational program, discipline policies, and parent involvement. Kiddi Kollege Child Care Learning Center is mandated to report suspected child abuse.

Parent or Legal Guardian Signature _____ Date _____

Director Signature _____ Date _____

1. Fees and Payment

Payer Information

- a. Payer Method Check _____ Vision Card _____ MO _____ Other _____
- b. **Payer Frequency** **Weekly** _____ **Monthly** _____
- c. In consideration of the services rendered to child, the parent/guardian agrees to pay:
- i. a yearly registration fee of \$ _____ payable the 1st of October for each year
 - ii. **Tuition charge of \$ _____ for every Week/Month the child is enrolled.**
 - iii. **Weekly Payers:** Weekly payers are responsible for a payment every Monday in advance of care. A \$20.00 late fee will be charged at the end of Tuesday if payment is not received. Provider retains the right to terminate services after 2 weeks of non-payment.
 - iv. **Monthly Payers:** Monthly payers will pay for the entire month the 1st week of the month. A \$60.00 late fee will be charged after the first week if payment is not received. Provider retains the right to terminate services the 3rd week of non-payment.
All Fees are payable in advance and are not refundable regardless of attendance
- d. A copy of the guardian's Driver's License or State issued ID will be provided to Kiddi Kollege.
- e. Tuition rate will change upon classroom advancement. These changes result in a new tuition rate. Parent agrees that extra charges for additional hours of care for child, field trips, or other extracurricular activities, shall be determined from a daily fee schedule, or by the school's director.
- f. Returned checks will be assessed \$30.00 fee. Should returned checks persist more than twice, then payment must be cashier's check or money order for the next 12 months.
- g. Should parents account be referred to an attorney for collection, all legal fees plus a fee of 15% will be assessed for expenses.
- h. **Thirty days written notice is required to withdraw and cancel this contract.**
- i. Center retains the right to issue annual statements.
- Vacation Weeks:**
- j. Each child qualifies for two vacation weeks per year. No tuition is payable during these weeks.
 - k. A Minimum two weeks' notice is required to use a vacation week.
2. **Holiday.** Kiddi Kollege Child Care Center will observe the following six (6) holidays: New Years, Independence Day, Thanksgiving Day, Memorial Day, Labor Day, and Christmas Day
3. **Arrival of child at the center.** Child must be escorted into the Kiddi Kollege Child Care Center by parent. Parent agrees to remain with child until child is accepted and received by an authorized member of Kiddi Kollege staff.
4. **Departure of child from center.** Parent agrees to pick up child from Kiddi Kollege Child Care Center, or designate an authorized person to pick up child such authorized person shall be designated to the office of Kiddi Kollege prior to the time that child is to be picked up.
5. **Medication.** Parent agrees to furnish written authorization for any medicine to be administered to child. Such medicine must be provided in its original container, with child's name clearly imprinted on the label. Parent agrees to bring such medicine when child is brought to Kiddi Kollege Child Care Center, sign the daily permission form, and pick up the medicine at the end of the school day when pick up time arrives.
6. **Immunization.** State regulations require each child to have on file in the offices of Kiddi Kollege a medical form stating that the child is free from communicable and infectious diseases and that the child is able to participate in Kiddi Kollege programs. Immunization and dental records are required by state law. Parent agrees to furnish such documentation and records to Kiddi Kollege.
7. **Illness.** No sick child shall be admitted to Kiddi Kollege Child Care Center. If child becomes ill during the day, parents will be notified, and parent agrees to promptly pick up the child. Should the director of Kiddi Kollege determine that the child's illness is of such a type that a doctor's approval must be obtained before the child can return, parent agrees to secure such permission from doctor before the child is able to attend Kiddi Kollege Child Care Center.
8. **Personal belongings.** Kiddi Kollege will not be responsible for any of child's property brought to Kiddi Kollege Child Care Center. Parent agrees to label items clothing and shall notify Kiddi Kollege promptly of any lost or misplaced property. Property unclaimed for longer than a reasonable allowance of time shall be donated to charity.
9. **Behavior.** Every child must agree to follow the Kiddi Kollege behavior code. If the child fails to respect the behavior code, then Kiddi Kollege may terminate child care.
10. Kiddi Kollege agrees that no person or child shall, on the basis of race, ancestry, heredity, religious belief, national origin, sex or physical handicap be excluded from, or be denied the benefits of participation or be subject to any discrimination by Kiddi Kollege employees in any Kiddi Kollege Child Care Center program or activity.

The agreements, statements, and consents set out on the reverse side of this agreement are incorporated into this agreement and made a part hereof.

Enrollment Date

Parent or Guardian Signature

Drop Date