



There is a \$90.00 Non-refundable application fee.

APPLICATION FOR ADMISSION.

Date of Application _____ Date of Enrollment _____ Last Day of Enrollment _____

Child's Name _____ Child's Date of Birth _____

Child's Address: _____ City _____ Zipcode _____

Mother's Name: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Home Telephone #:(_____) _____ Cell#:(_____) _____

Mother's Employer: _____ Work#:(_____) _____

Mother's Employer Address: _____ City: _____ Zipcode: _____

Father's Name: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Home Telephone #:(_____) _____ Cell#:(_____) _____

Father's Employer: _____ Work#:(_____) _____

Father's Employer Address: _____ City: _____ Zipcode: _____

Weekly Care Schedule: (please include the child's hours in care for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Provider's Name _____

My childcare provider has permission to transport my child, if necessary when my child is in care.

Physician's Name: _____

Address: _____

Phone #: _____

Persons to call in an Emergency or Release child to (if parent(s) cannot be reached)

1 .Name: _____

Address: _____

Phone #: _____ **Relationship** _____

2. Name: _____

Address: _____

Phone #: _____ **Relationship** _____

3. Name: _____

Address: _____

Phone #: _____ **Relationship** _____

4. Name: _____

Address: _____

Phone #: _____ **Relationship** _____

Medical Information

Known Allergies: _____ Last Tetanus: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____

Address _____ City: _____ Zip Code: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of (program's name) _____, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Parent Permission –Please Initial under Each

- 1. May we take your child on walks trips by auto, railroad or hired bus with proper supervision?

_____ **Initial**

- 2. May we take photographs/video of your child?

_____ **Initial** If yes, maybe use them for social media or publicity?

- 3. I give consent to authorize Kiddie Tech University to have a doctor, dentist or medical facility give my child emergency medical intensive care

_____ **Initial**

4. I give consent for my child to take part and field trips or excursion away from the facility under proper supervision I do understand that I will be informed of all chips away from the facility.

_____ Initial

5. I give consent to provide emergency medical care for my child in case of accidental injury. In the event of persons, designated or an emergency contact cannot be reached.

_____ Initial

6. I will keep KTU staff informed of changes in my home address and phone numbers, work telephone numbers and emergency family status or situations.

_____ Initial

7. I will notify center if my child is ill, especially with a communicable illness and will allow the centers rules for exclusion.

_____ Initial

8. I will notify the center in writing whenever I make changes to my child's pick up list. We will release the child(ren) only to persons whom the parent has designated (minors cannot be pick up children).

9. I understand that I am responsible for payment of fees on time and that a late fee will be added to bills not paid on the due date.

_____ Initial

10. I understand that I or other designated adult must walk into the building with my child to his or her assigned classroom each day, and make certain that the caregiver knows that he or she is there. I must sign my child in at the front desk. Also, I or other designated adult will walk into the building to pick-up my child and inform the teacher that we are leaving and sign my child out at the front desk.

_____ Initial

11. **The following are reasons for exclusion from child care and I agree to keep my child home with the following:**

- A fever over 101°F within 24 hours,
- Diarrhea or vomiting within 24 hours
- Any contagious illness (children too sick to participate in the pool program, including outdoor play need to be kept at home of children exhibit any of the above symptoms. Parents will be called to pick up their child(ren) immediately) .

_____ Initial

12. I will provide the following for my child:

One complete change of clothing. A sheet and blanket are also needed for naptime. I will label all of children's personal items. I will take home sheets and blankets Friday evening to be washed and return on Monday morning. I will bring clothes according to the four seasons.

_____ **Initial**

13. I understand I am expected to pick up my child before closing time (5:30 PM). I agree to one dollar (\$1) each minute after 5:30 PM. I will pay the late fee immediately at the front desk upon arrival to pick up my child.

_____ **Initial**

14. I agree to the payment contract I signed. Failure to pay will result in my child being withdrawn from the center and my deposit will be forfeited.

_____ **Initial**

15. I will inform the daycare center in writing of any changes in my child's medical condition/needs.

_____ **Initial**

16. I understand that I must bring in a doctor's note to the KTU after my child has missed more than three (3) days due to illness. The doctor's note must specify a clear diagnosis of what the child is returning back to school from (example, flu, ringworm, etc.). A note stating "child may return to school "is not acceptable.

_____ **Initial**

17. I understand that all incident accident reports must be signed by me or the person picking up my child from the daycare center prior to me receiving a copy.

_____ **Initial**

Sleeping and Napping.

My children sleeping and napping arrangements at Kiddie Tech University

1. Child will sleep on cot provided by Kiddie Tech University.
2. Parents are to provide blankets, No pillows are allowed in KTU.

Please initial each section listed below, then sign the last page.

Tuition and Fees

_____ **Registration Fee.** I understand that an annual nonrefundable registration fee of \$90 shall be paid in advance to enroll my child. I understand that I may guarantee my child enrollment for fall by paying this fee no later than August of each year and in instances of agency reimbursement the registration fees to be paid according to the applicable contract.

_____ **Payment of tuition.** I understand that tuition is due and payable on the first day of attendance each week. Appropriate alternative tuition fees must be paid during school breaks.

_____ **Late or Unpaid Tuition.** If payment in full is not received when due, I agree to pay a late fee payment of \$25 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. KTU cannot guarantee a child spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **Agency reimbursement.** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for properly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement, resulting from my failure to properly communicating status changes. If I fail to properly enter or swipe attendance for any day, my child is in attendance, I understand that I am solely responsible for the payment of tuition.

_____ **Charges and procedure for late pick up.** Kiddie Tech University is open from 7:30 AM to 5:30 PM Monday through Friday all year except for holidays. I understand that if I fail to pick up my child by the scheduled closing time I will be charged a late fee of one (\$1) dollar per minute per child until the child is picked up.

_____ **Discounts.** I understand that if I have more than one child enrolled and attending KTU from my immediate family, KTU will provide a discount from the usual tuition fee that is offered to me, and it is applied to the children with the lowest tuition rate. These discounts are only available to those accounts when tuition is paid in advance.

_____ **Return checks.** I understand that a processing fee of \$30 will be charged to my account for all checks which are returned for any reason and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any nonsufficient funds check will be automatically be submitted electronically up to three times, I further understand that once a check has been processed electronically the check is no longer negotiable, and will not be returned. If more than two checks are returned within six months. I will be required to pay by an alternative method of payment.

Section 2 Daily Procedures

_____ **Daily sign- in and sign-out.** I agree to sign my child in and out every day using the school attendance procedure. If I neglect to do so I may be charged a maximum of five (\$5) dollars per miss signed in/ sign out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to their classroom and staff member each day.

_____ **Illness.** I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly or make arrangements for an authorized emergency contact person to pick up my child upon such a notification. If my child is exposed to a contagious disease, I agree to notify the school.

_____ **Model release.** The company, it's agents, affiliates and licenses May or May not use photographs, reproduction, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

_____ **Photographs videos, and audio tapes.** I understand that and agree that in consideration for being allowed to photograph, video tape or audio record my child on company property, I shall only use such recording for lawful private home use and will not publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of other children and KTU are staff.

_____ **Withdrawal from program.** I understand that I must provide a two(2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for readmission based upon space, availability, and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new enrollment agreement at the current rate of pay and a new registration fee at the current rate. If there is an

outstanding balance, including tuition and fees on my child was withdrawn I will be required to bring my account current prior to completing a re-enrollment application. I understand all tuition, registration or activity fees are nonrefundable.

Section 3. Holidays, Absences and Closings.

_____ **Holidays.** I understand that KTU is closed on the following holidays: New Year's, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, Day after Christmas as well as Martin Luther King Jr., Presidents week, as well as one week in the summer and for in-service training dates that will be announced. I agree that I will not receive a refund credit or any other allowance for these holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **Absences and vacations.** I agree to inform KTU immediately, if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up they shall be made for occasional absence of a sickness. A reservation Fee of 50% of my regular week tuition will be due for each absence of one full week of school Monday through Friday with advance notice to the Director if possible. I agree to pay the reservation fee _____\$ per week to guarantee my child space when my child is not attendance for an entire school week Monday through Friday. My regularly contracted tuition is due for all weeks when my child attends part of the week and there is no credit given for single days. I also understand that if I withdraw my child for vacation I will be required to pay a new non-refundable registration fee upon return.

_____ **Emergency, closing and inclement weather information.** I understand that it is KTU's intention to be open and provide childcare services every day of the year, excluding holidays but that inclement weather, natural or national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during intimate weather/ natural disaster. I agree that in the event that KTU is closed for an extended period of time I will continue to be responsible for my tuition payment for up to three business days. Emergency closings and inclement weather information will also be found on Wfsb (channel 3), Channel 8 news and Fox 61.

We do not discriminate based on disability in the admission/ enrollment or access to our programs or services. Information concerning the provisions of the Americans with disabilities act (ADA), including the rights provided there under is available from the Director.

Parent /guardian signature

Parent /guardian Name(s)-Print

Date

Director signature

Date