

# Admissions

Families must complete a pre-admission visit prior to the enrolling of their child. This visit will include observing the classroom, meeting the teacher(s) and reviewing the centers policies and procedures. This should take around an hour and is free of charge. Kidz At Hart does not discriminate against race, gender, special needs or religion. Kidz At Hart is an equal opportunity employer.

In order for your child to start you must have all documents turned in. Documents will include signed contract, lunch form, notarized emergency form, video release form and any other form applicable for your child. Upon enrollment you will need a copy of your child's immunization records and health assessment signed by your child's medical doctor. Immunization records must be updated every two year for children over 2 and every six months for children under 2.

Full time enrollment requires your child to be at the center 15-20 days a month part time is 14 or less. ***Part time children are not guaranteed a spot in our day care if a full time child becomes available.***

There must be on file all legal documents pertaining to the custody of your child. Parents must sign a consent form before the center may disclose information about a child, or allow a child to be photographed or recorded by video or audio. **All information in your child's file and discussions concerning your family are confidential. Staff will not discuss matters that occur at the center with anyone outside of the center and are discouraged inside the center unless there is a mutual concern.** If you find a problem about something going on in the center please let the directors know so that she can address the problem. A parent complaint form will need to be filed out and then will be reviewed by the director and possibly the advisory board.

If you plan to remove your child from the center, a two week notice is required; and your account must be paid in full. (MountianHeart requires you to have a zero account balance when you transfer to another daycare and will not pay anyone else to care for your child until you do.) Kidz @ Hart reserves the right to share delinquent child care bills with other area day care centers and family child care providers.

## Days and Hours of operation

Kidz at Hart Quality Child Care will be open Monday thru Friday from 5:30am to 9:30pm. In the event of severe weather and if no one can make it to the center the late schedule or closings will be announced on WVVA channel 6 and local radio stations. If severe weather occurs during operating hours, we will follow the established emergency plan (page 4).



# Meals and Snacks

Meals and Snacks will be served at....

Breakfast

8:00am

Lunch

11:30pm

Snack

2:00pm

Supper

5:00pm

Snack

8:45-9:00pm

We participate in the WV Department of Education's Adult and Child Food Program and all meals meet or exceed the states guidelines. All parents are asked to fill out the free/ reduced lunch form in order for this program to partially compensate us for some food expenses. If your income exceeds the guidelines simply mark **do not qualify for free/ reduced lunch**. Filling out the lunch form will help us to maintain our current childcare daily rates. If your child is on a special diet or has food allergies, a physician must complete a written diet plan. We will do everything possible to accommodate your child's dietary needs. Snacks and special treats are always welcome and may be brought for the entire group or class. When ever your child will be arriving earlier than scheduled and during a mealtime, please call ahead so enough food can be prepared. **Please make sure your child has eaten if they will be entering daycare later than a scheduled meal time.** Meals are only served at the times indicated above.

## Behavior Management

We expect the children to refrain from hurting each other, to take turns and share, and to learn to cooperate and respect their teacher. **Time-out is our only form of disciplined used in our center.** (Any child under the age of 3 will be redirected if behavior problems exist) Time-out shall not last more than 1 minute for each year of the child's age (example: a child 4 years old will sit no longer than 4 minutes). Time-out will be in a designated area away from the other children but still in clear sight of the teacher. **Corporal punishment is prohibited by anyone; teacher or parent on Kidz at Hart premises or during off-site center activities.** Children are never subjected to physical punishment, psychological punishment, and/or threats in association with food, rest, or toilet training. Verbal discipline by a teacher shall not be threatening or intimidating to a child.

When a problem occurs the teacher will try to redirect the child, encourage self control, explain appropriate behavior and/or use time-out. Reoccurring patterns of unacceptable behavior will be discussed in private with a director and the parent. The director, teacher and parent will work together to make a plan to get the problem under control. A copy of the plan and progress reports will be kept in the child's folder. If the problem can not be solved in a timely manner than the center reserves the right to terminate daycare for the child, immediately!

No child will be allowed to bully, hurt, improperly touch or threaten another child. And absolutely no bad language will be permitted on day care premises.



# Health and Medication

**Medication will not be administered by any employees at child care, Parents are welcome to come or send someone else to administer any medications their child may need while attending child care.**

If your child becomes ill while at daycare, he/she will then be moved to a quiet area away from the other children until you can make arrangements to have the child picked up. If the child has a fever of 100.9 degrees or more, diarrhea, vomiting, lice, rashes or other contagious illness, he/she may not attend daycare until symptoms have been absent for 24 hours, he/she has been on antibiotics for 24 hours, or a physician has noted that your child may return. We stand firmly on our sick policy, and expect parents to comply with our policy for everyone's benefit.

The center must report the presence of certain communicable diseases to the local health department and will inform all parents whenever it is discovered.

Each teacher is trained in CPR and first aid and will treat minor injuries. If your child becomes seriously injured or complains of pain you will be contacted for permission to seek medical attention. A teacher will accompany the child to the hospital indicated on your medical emergency form and stay with your child until a family member can make it there. **If you refuse to grant permission for Kidz at Hart to transport your child to the hospital in an emergency situation, than we will not be able to care for your child.** Any physical accidents will be immediately reported and a written report will be given to the parent with a copy filed in the child's folder.

**Remember: If your child is too ill to attend public school, then they are also too ill to attend daycare!**

## Grievance Policy

Each step in the dispute policy is important. Every effort should be made to resolve the issue at each stage. The matter only progresses when it cannot be resolved at the previous stage.

1. Disagreements should be discussed between employee/parent/guardian and the concerned staff member within 2 days of issues.
2. If a solution cannot be reached, the employee/parent/guardian may present the matter within 2 days to the director, whom shall respond within 5 days.
3. If the matter fails to be resolved, the matter will be presented in writing to the advisory board. The board will meet with the involved parties at the next scheduled meeting or call an emergency meeting. The board shall submit a written decision within 15 working days. The board's decision is final. A copy of the decision will be maintained in the child's file.

**Parents have a right to report to the Secretary, or designee, of the Department of Health and Human resources any complaints related to the compliance with Child Care Center licensing regulations.**



## Harassment

Kidz at Hart will not tolerate harassment in anyway, and shall be reported to the director immediately.

## Mandates

- Staff is required by law to report any suspicions of child abuse or neglect to child protective services. Evidence of abuse must be documented and witnessed. Child abuse and neglect is defined by the WV Department of Health and Human Resources as a physical injury, mental or emotional injury, sexual abuse, sexual exploitation, the sale or the attempted sale, or negligent treatment or maltreatment of a child by a parent, guardian or custodian responsible for the child's welfare.
- There is to be no use of any tobacco, alcohol or illegal substance products on the premises of Kids at Hart at any time. No child should see any adult with any of these products while in the day care center.
- Firearms are prohibited unless carried by regulatory or law enforcement professionals in the line of duty. Firearms include projectile weapons, pellet or BB guns, darts, bows and arrows, and paintball guns.
- No child shall be released to anyone under the influence of drugs or alcohol.

## Emergency Plan

- Severe Storms---- In cases of severe storms, the children will be moved to a safe location away from windows. During power failures the children will be moved together in an area that will accommodate all the children present (most likely the school age children's room beside the baby room.
- Impending Danger---- In cases of impending danger such as fire or bomb threat, the children will evacuate. Parents and the proper authorities will be notified. A sign will be posted on the door listing the evacuation locations and phone numbers to contact.
- Kidz at Hart Quality Child Care at 200 Mercer Street  
Evacuation Locations---  
Salvation Army Child Care Center 425-2971  
Rescare 425-5888  
IBEW 425-9020



# Communication

Teachers want to form a partnership with your family. One way to do this is through daily written communications in your child's folder. Formal parent/teacher conferences can be scheduled throughout the year when a parent or teacher feels it is needed. At least once a year the teacher will try to schedule a conference just to talk about what your child has accomplished in the last year. **You are invited to visit the center any time your child is present. Parent involvement is encouraged and appreciated.**

## Technology in Childcare

We are trying to incorporate a little technology in our center by.....

1. We have security cameras though out the center, they are there for your child's safety as well as our staff's. We are on the web so parents will be able to log on and see their child anytime they would like. You must get your password from the director.
2. Computers with the internet (child safety locked to prevent going on sites that are not appropriate). This will help children with their home work, projects, and help advance their computer skills. The preschool class will begin to work on the computers mostly to get them used to them. Our goal is to make the transition from daycare to school easier on children by teaching computer skills, learning skills, and social skills.
3. Kidz at Hart web site, which has important day care information displayed along with pictures of the children and staff.



## Parent Responsibility

- Each child must be brought inside the building and signed in. Children are not to be dropped off outside the door. Bringing your child inside allows you to meet the teacher, pick up notes and see artwork displays. There will be an in and out form at the front desk where you will sign them in and out. (Use your full name not nicknames). During the preadmissions you will be taught how to sign in your child. All signatures must be readable.
- Please check your child's cubbie for notes, memos, bills and receipts.
- Your account must be paid in full every week unless you have made other arrangements. Past due accounts are subject to a \$5.00 fee per day until paid in full. After 2 weeks of being late you will temporarily lose your child care until you can pay your bill. Your child's spot may be filled during your child's absence. Kidz @ Hart reserves the right to share delinquent bills with other area child care centers and family child care providers.
- Please leave all unnecessary items (toys and electronic games) at home. We cannot be responsible for lost or broken belongings. Children have a hard time sharing their own personal belonging than day care things, so in order to help keep feelings from getting hurt please don't let your child bring any unnecessary items to day care.
- **Every child both day and evening shift** needs to have a change of clothes appropriate for the season and a small blanket and small pillow for naptime or bedtime (which will be sent home weekly to be laundered) Please label each item with their name.
- **Each child 5 and under** will have their own space where they will keep their coat, clothes, ect. Check this daily. **Children 6 and over** will have a hook and shelf to put their things on.
- **Infants-** check supplies often. You must provide diapers, wipes, bottles, formula. We have sippy cups. Please label each item with your child's name. If at any time your child does not have diapers, wipes or formula, you will be notified by phone then we will use have to use center supplies and the parent will be billed for \$1.00 a diaper , \$1.00 per bottle.
- Remember to call ahead if you will be early and will be arriving during a meal time or if you are going to be late so we can accommodate for your child for that meal. See section on Meals and Snacks.
- You must give a two week notice if you will be leaving the program. You would expect that much from your employer. See section on Admissions.
- Please participate in annual fundraiser. All proceeds will go directly to the children's programs. Your support and participation is greatly needed.
- Children staying after 9:00pm will need to bring pajamas or something comfortable to sleep in. Bedtime is around 9:00pm
- A Permission slip must be signed before your child can participate on a field trip, special activity or water activities. Notices will be posted in advance.
- Parents are invited to help assist with program activities, share in educational activities or special events and/or be on the parent advisory board.



# Private Pay CHILD CARE FEES

Daily and week rates for private pay day care .....

**Infants** 25.00 a day (same fee for 1 hour as 9 hours)  
27.00 a day ( for anything above 9 hours)

<b>Toddlers</b>	<b>Preschool</b>	<b>School age</b> (after school)
\$16.00 a day	\$16.00 a day	\$16.00 a full day/ \$8.00 after school
\$75.00 weekly	\$75.00 weekly	75.00 weekly \$35.00 weekly

**Weekend rates will be an additional \$2.00 per child!**

Your school and work schedules are required as soon as you get them. Any changes made to your schedule should be made in advance of 24 hours. Some people get called into work on a daily basis, they would need to call and make sure there is an available spot for their child on that day. If you are not scheduled to work and just show up without calling, there will be an additional \$5.00 fee charged, due to staff availability and meals it is very important to let us know when your child requires day care. If you forgot to give us your schedule and show up to go to work it will still be an additional \$5.00 fee. Weekly rates and daily rates are decided upon enrollment (see weekly rate fee chart). Your child must be in day care 5 days a week in order for your child to receive the weekly rate. If you give me your schedule and it says you work 8 to 5 we will be expecting your child no earlier than 7:30 and expecting you to pick your child up no later than 5:30. (Travel time to and from work is rarely longer than 30 minutes but can be changed do to your personal travel time.) If you show up over 30 minutes earlier or later there will be a charge of \$1.00 for every 30 minutes. **It is very important to drop off and pick up your child a the designated time, due to other children that will be coming or going and our staff/child ratio that we are required by law to keep at all times.** Just let us know any changes in schedule, we know there are doctor appointments, shopping, cleaning and other stops so just let us know in advance to avoid extra fees.

● **Late Fees are \$1.00 for every minute past closing time!** **To eliminate extra day care fees just make sure the center has your schedule and try to be on time!**



# MountainHeart Child Care Fees and daily rates

Daily fees are due on your pay day or at least by the day after. MountainHeart gives you an allotted amount of hours of day care and that's all they pay for. Any hours over the hours MountainHeart allots you is considered private pay and you personally will be responsible for the child care rates. For example if MountainHeart knows you work 8 hours 5 day a week they will give you 9 hours a day for only 5 day a week which includes travel time, so any hours over 9 are your responsibility and any days over 5 will be also. Rates will be \$1.00 per child for every half hour during normal operating hours. MountainHeart only pays for days you are working or going to school so if you don't go to work and MountainHeart finds out (which they will) you will then be responsible for the day care bill for that day. Your work or school schedules are required as soon as you get them. This allows us to make our staffs schedule to insure our staff/child ratio. Any changes must be made in advance, without prior knowledge of your child coming we could be understaffed or not have enough meals prepared. Continued problems in reporting schedules will resort in the termination of your child care services.

- It is very important to drop off and pick up your child a the designated time, due to other children that will be coming or going and our staff/child ratio that we are required by law to keep at all times.
- You must have at all times a current MountainHeart Certificate on file in order to keep your childcare. MountainHeart mails them to the parent and you sign it and turn it in to the director. This certificate is the only thing that secures the center that they will get paid for the child care.
- Hours of operation are for Kidz at Hart Quality Child Care are Monday thru Saturday 5:30am-930pm, every minute after is \$1.00 per child, due at the time of pick-up paid to the workers that have to stay late to wait on you.

## • Item's all children will need

**Day shift---** change of clothes, small blanket, small pillow, tooth brush and a large Ziplock bag to store pillow and blanket properly.

**Evening shift---** fire resistant pajamas or something comfortable to sleep in.

**Evening** children that need a bath or shower will need to bring a bar of soap, shampoo, towel and something to put clothing in to take home. Only children who go to school and parents work 2<sup>nd</sup> shift who have no chance to take a bath at home will be bathing at the center.





# KIDZ AT HART QUALITY CHILDCARE

## HEALTH REPORT

Name of Child:	DOB:	Age:	Sex:
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Child's health history and current health problems:

\_\_\_\_\_

Any special medical conditions, including chronic health problems:

\_\_\_\_\_

Any special medications and/or restrictions:

\_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_

If not, what is needed? \_\_\_\_\_

Has your child had any of the following common childhood illnesses?	Yes/No	Is your child prone to:	Yes/No
Chicken pox	(Y)(N)	Ear infections	(Y)(N)
German Measles	(Y)(N)	Stomach upsets	(Y)(N)
Scarlet Fever	(Y)(N)	Diabetes	(Y)(N)
Measles	(Y)(N)	Headaches	(Y)(N)
Mumps	(Y)(N)	Colds	(Y)(N)
German Measles	(Y)(N)	URI	(Y)(N)
Whooping Cough	(Y)(N)	Sore throats	(Y)(N)
Rubella	(Y)(N)	Heart disease	(Y)(N)
Rheumatic Fever	(Y)(N)	Other:	(Y)(N)

Does your child have any speech, hearing, or visual problems?

\_\_\_\_\_

Has your child ever been tested for any of the above? \_\_\_\_\_ Describe:

\_\_\_\_\_

Has your child ever had any surgeries? \_\_\_\_\_ Describe:

\_\_\_\_\_

Known medical problems:

\_\_\_\_\_

Child's Blood Type: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Contact with Tuberculosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

	Date	Results/Reaction
Last tetanus shot		
TB Test		
Chest x-ray		
Sickle Cell Test		

**Agreements:**

When my child is ill, I understand and agree that Kidz At Hart Quality Childcare will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and a communicable disease.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz At Hart Quality Childcare	Date

# Kidz At Hart Quality Childcare

## PERMISSION FOR OUTINGS

I do hereby authorize Kidz At Hart Quality Childcare to walk with the child/children listed below.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Special Event	Walk	Grant Permission	Grant Permission w/ Prior Notice	Deny Permission
Take to Park				
Take to library				
Take to Fred Gilbert Center				

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above events.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz At Hart Quality Childcare	Date

# ACTIVITY AUTHORIZATION FORM

I understand that toys, chairs, wading pools, sprinklers, sandboxes, and other toys are used on a regular basis (weather permitting).

I will not hold Kidz At Hart Quality Childcare responsible for injuries incurred while my child is using equipment at the center provided the children are supervised and the equipment is in good repair.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz At Hart Quality Childcare	Date

# Kidz At Hart Quality Childcare

## CHILDCARE AGREEMENT

This agreement summarizes the procedures of Kidz At Hart Quality Childcare center, the services to be provided, and the fees, which will be charged for these services. By signing this agreement the parent(s) indicates their understanding of, and agreement with Kidz At Hart's policies.

The following agreement is made between:

Parent's Name(s): \_\_\_\_\_

Child's Name(s): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ SS# \_\_\_\_\_

Provider: KIDZ AT HART QUALITY CHILDCARE CENTER

Address: 200 MERCER ST.

City: PRINCETON, WV 24740

Phone: 304-487-1222 \_\_\_\_\_

Childcare will be provided for the following days and hours:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Arrive	_____	_____	_____	_____	_____	_____	_____
Leave	_____	_____	_____	_____	_____	_____	_____
Session 2							
Arrive	_____	_____	_____	_____	_____	_____	_____
Leave	_____	_____	_____	_____	_____	_____	_____

Total Fees:

The fee for Childcare is \$\_\_\_\_\_per week for 5 days (full time) or \$\_\_\_\_\_ per day and payable on the day of your pay day. This is for a nine hour day, if more than nine hours on any given day additional fees apply. The full fee is due and payable whether the child attends care on the agreed day or not. (Due to illness for example.) Only exception that will apply is if you call the night before and let us know of any changes.

Other Charges:

Overtime fees will be charged at a rate of \$1.00 per minute, and are due and payable on arrival

~~on the day of overtime.~~

NSF Checks	\$35.00/item
Late payment	\$5.00/day after the 11 <sup>th</sup> of each month
Diapers	\$1.00/per diaper
Extra bottles of formula	\$1.00/per feeding

Receipts will be available on date of payment upon request. Year-end summary will be provided by January 15<sup>th</sup>.

By signing below I agree that this is a legal binding form, and I will pay all daycare fees accordingly for my child/children.

Father/Guardian's signature

Date

\_\_\_\_\_  
Mother/Guardian's signature

Date

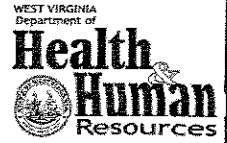
\_\_\_\_\_  
Kidz At Hart Quality Childcare

Date



West Virginia Department of Health and Human Resources

Emergency Information/Permission Form  
for Children in Child Care Settings



**A. Family Information**

Male

1. Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female

Home Address: \_\_\_\_\_

Child's School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital/ Clinic for Emergency Care: \_\_\_\_\_

2. Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Work/ School Phone: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

3. Father/ Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Work/ School Phone: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

**B. Emergency Contact:** Names and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Name	Address	Telephone Number
1.		
2.		
3.		

**C. List of people with permission to pick child up from care (anyone not listed cannot pick up child without written permission from parent):**

Name	Address	Telephone Number

**Special Instructions:** Biological/Custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other restrictions on child pick-up: \_\_\_\_\_

**D. List any allergies, illnesses, regular medications, special needs and concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Permission to Receive Medical Care:**

I, \_\_\_\_\_ give my permission for \_\_\_\_\_  
(Name of Parent/Guardian) (Child Care Provider Name)  
to consent for \_\_\_\_\_ to receive emergency medical, dental or surgical  
(Name of Child)  
treatment if I cannot be reached. I place the following restrictions on medical treatment : \_\_\_\_\_

**F. Permission to Transport:**

- I do not give the child care provider permission to transport my child for non-emergency reasons.
- I give the child care provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips, etc.
- In the event of an emergency, I prefer that the child care provider call an ambulance to transport my child.
- In the event of an emergency, I give permission for the child care provider to transport my child.

I place the following restrictions on transportation: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

<b>State of West Virginia</b>	<b>County of</b> _____
The foregoing instrument was acknowledged before me on this _____ day of _____, 20__.	
by: _____ Notary Public	My commission expires on _____.



**1. Names of ALL Children in School, Center, or Camp**

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

**2. SNAP/TANF NUMBER**

If any member of your household receives SNAP or TANF, indicate which program and provide the 10-digit case # (If any, SKIP TO PART 5)

SNAP  TANF

**3. HOMELESS, MIGRANT, RUNAWAY**

If the child you are applying for is homeless, migrant, or runaway, check the appropriate box and call your county contact at \_\_\_\_\_

Homeless  Migrant  Runaway

**4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH**

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
<b>Total Number of Persons in Household</b>					
	<b>Total Monthly Income Before Deductions \$</b>				

**5. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Today's Date \_\_\_\_\_

Last 4 Digits of Social Security Number \_\_\_\_\_

I do not have a Social Security Number

**6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)**

Mark one or more racial identities from this group:

\_\_\_ Asian \_\_\_ American Indian or Alaska Native \_\_\_ White

\_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

\_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

**7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)**

\_\_\_ Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

**Do not fill out this part. This is for sponsor's use only.** Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility:  -OR- Income Eligibility:

Free Meals \_\_\_\_\_ Temporary Free: Time Period \_\_\_\_\_

Reduced Meals \_\_\_\_\_ Temporary Reduced: Time Period \_\_\_\_\_

Denied: Reason: \_\_\_\_\_

Signature/Stamp of Approving Official \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Verification: Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

PERMISSION TO PHOTOGRAPH

I do hereby authorize Kidz At Heart

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

for the following purposes:

Type of use:	Grant Permission	
Security Cameras		
Still Photographs		
Use still photos in promotional materials		
Display picture on Web Site		
Videos:and Audio		

\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz At Hart Quality Childcare	Date

2nd

# PERMISSION TO PHOTOGRAPH

I do hereby authorize Kidz At Hart Quality Childcare to photograph the child/children listed below;

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

for the following purposes:

Type of use:	Grant Permission	
Security Cameras		
Still Photographs		
Use still photos in promotional materials		
Display picture on Web Site		
Videos:and Audio		

\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz At Hart Quality Childcare	Date

I \_\_\_\_\_ have read and agree to all rules and policies in the admission hand book. I understand all child care fees are my responsibility and agree to pay them promptly.

Parent

Signature \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_

Date \_\_\_\_\_



# AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

My child's teacher working for Kidz At Hart Quality Childcare to obtain whatever treatment may be deemed necessary for:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Child (D.O.B)

## Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, Kidz At Hart Quality Childcare will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Kidz At Hart Quality Childcare will call 911 and the parent(s).

If the parent(s) cannot be reached, Kidz At Hart Quality Childcare will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the parent(s) and the authorized person(s) cannot be reached, Kidz At Hart Quality Childcare will call the child's doctor, identified below. If the child must be taken to a hospital, Kidz At Hart Quality Childcare will take the child to the child's hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, Kidz At Hart Quality Childcare will do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number
Address:	
Name of Hospital/Clinic:	Phone Number:

Address:	

I agree to promptly notify Kidz At Hart Quality Childcare of any changes of the above information.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of childcare services.

Father/Guardian's Signature:	Date:
Mother/Guardian's Signature:	Date:
Kidz At Hart Quality Child Care:	Date:

# EMERGENCY TRANSPORTATION AUTHORIZATION

Either Part 1 or Part Two need to be filled out. **DO NOT FILL OUT BOTH!**

## Part I. Permission to Transport Child

I give Kidz At Hart Quality Childcare my permission to transport my child \_\_\_\_\_

to \_\_\_\_\_ (Hospital, clinic) for emergency medical care or to \_\_\_\_\_ (dentist, dental clinic) for emergency dental care, or to the nearest available source of assistance.

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:
Kidz At Hart Quality Childcare	Date of Signature:

*Kidz at Hart will not care for your child if you sign below.....*

## Part II. Refusal to Grant Permission

I do not give permission to \_\_\_\_\_ to transport my child \_\_\_\_\_ for emergency medical or dental treatment. In the event of an illness or injury, I wish for the following measures to be taken:

Father/Guardian's Signature:	Date of Signature:
Mother/Guardian's Signature:	Date of Signature:
Kidz At Hart Quality Childcare	Date of Signature:



# KIDZ AT HART QUALITY CHILD CARE

## REGISTRATION INFORMATION

Child

Firstname \_\_\_\_\_ M \_\_\_\_\_ Lastname \_\_\_\_\_ Sex  M  F

Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Birthplace \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Hours in Care:  Full Day  Part-time  
 Admission Date: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Distinctive Marks: \_\_\_\_\_

School: address and number \_\_\_\_\_

Parents: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Email		
Home Address (If different from child address above)	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Employer		
Work Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Work Hours	From _____ To _____ on S M TU W TH F S	From _____ To _____ on S M TU W TH F S

If parents divorced, child lives with:  Both parents,  Mother,  Father,  Legal Parent/Guardian

Is divorce or legal guardian paperwork Decree on file? Yes,  No

If parents divorced, legal guardian is:  Mother,  Father,  Legal Guardian

If legal guardian is not parent please fill in the following:

Legal Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Child's Doctor (or clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	
Child's Dentist (or name of clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Emergency Contact Information Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact	Emergency Contact
Name		
Relationship to child		
Home street address		
City, State, Zip Code		
Home Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		

The following people HAVE permission to pick-up the child/children named below from Kidz at Hart Quality Child Care. It's up to you to notify me in writing of any changes.

	Person 1	Person 2
Name		
Relation		
Address		
Phone		
Car (Make, Model, Tag)		
Code Word		
	Person 1	Person 2
Name		
Relation		
Address		
Phone		
Car (Make, Model, Tag)		
Code Word		

The following people MAY NOT pick-up my child(ren) from Kidz at Hart Quality Child Care

	Person 1	Person 2
Name		
Relation		
Address		
Phone		
Car (Make, Model, Tag)		
Code Word		

Note: Any person unfamiliar to me will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz At Hart Quality Childcare	Date