**PRE-REGISTRATION POLICIES/PARENT HANDBOOK**

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| --- | --- |
| **PARENT/GUARDIAN NAMES:** |  |
| **PARENT PHONE NUMBERS:** |  |
| **CHILD’S NAME:** |  |
| **DATE OF BIRTH:** |  |
| **START DATE:** |  |
| **SCHEDULED DAYS AND TIMES TO ATTEND:** | Mon. Tues. Wed. Thurs. Fri.  Drop Off Time : \_\_\_\_\_\_\_\_\_\_ Pick Up Time: \_\_\_\_\_\_\_\_\_\_ |
| **FORM OF PAYMENT:** | PRIVATE PAY DSHS |
| **PACKET COMPLETE?** |  |

Hello and welcome to our KidZone family! Thank you for your interest in our child care program. Your trust in our program is never taken for granted. We are committed to provide your child with a safe, positive learning environment so that he/she may receive the physical activity and emotional stability they need to maintain a healthy mind and body. After all, how children are nurtured, spoken to, played with, responded to, allowed to explore, and encouraged to express themselves is formative for developmental growth and character.

Of course every parent will be a child’s first teacher. We are simply here to support you by giving your child access to high quality care and learning. It is important for our teacher to work in collaboration with each family, and to establish a positive and open relationship to ensure our program fits the needs of you and your child for a successful outcome.

Nayda Amadeo (President)

Dawn Goins (Executive Director)

**PLEASE NOTE: ALL INFORMATION IN THIS ENROLLMENT PACKET NEEDS TO BE FILLED OUT COMPLETELY BEFORE YOUR CHILD MAY ATTEND. THIS INCLUDES SHOT RECORDS AS WELL.**

If your child needs updates on his/her immunizations, please let your Director know when those appointments are scheduled. Please note that if your child is not up to date on immunizations, they must be brought current within two weeks of enrollment.

**We are currently following the Washington Health Department’s Covid-19 regulations which may change certain policies withing this packet. Please sign both this packet and our amended Covid-19 parent handbook upon enrolling.**

We pride ourselves on creating a comfortable and nurturing environment for every child in our care, as well as to their families. In order to do this, each KidZone site is run by a Site Director. This person is here to cover the day to day duties of running the facility, and to ensure their site is always in compliance with the state of Washington Licensing WAC codes, as well as handling financial accounts, Fire and Health Department inspections, CPS, DSHS, parent communication, and teacher mentoring. They are in charge of enrolling children into our care, and, if necessary, the termination of children from our care. They wear many different hats to make sure their centers are running smoothly and they are each very good at what they do.

Upon completion of this packet, children will be placed on a probationary period for the first 60 days of enrollment. Children will be considered part of our permanent enrollment after this time frame. During this time, KidZone’s team of educators will have a chance to assess, observe, and confirm that KidZone is the best fit for your child. In the event that we determine otherwise, a list of resources will be provided to you in an attempt to help you find the perfect fit.

Our Executive Director is Dawn Goins. She provides support to each of our wonderful Site Directors. She is fully involved in each of our four locations, and also handles the USDA Food Program, DSHS audits, and is a resource for our Directors. She assists with CPS, licensing, parent concerns, staffing, accounts, and anything else necessary in order to provide excellent service for our clients, and to the overall well-being of each site. She is able to make any executive decisions deemed necessary.

If there is ever a concern over anything, please speak with your child’s primary teacher, or your center’s Site Director. If you feel that a concern is not being met, please feel free to ask to speak with Ms. Dawn.

We understand that there may be instances when frustrations may arise and KidZone is always willing to address those concerns in a calm and respectful manner, but speaking rudely to, name-calling, or yelling or swearing at any KidZone staff will result in immediate termination.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION:**

DOES YOUR CHILD HAVE ANY ALLERGIES TO ANY FOODS: YES NO

IF YES, WHAT IS YOUR CHILD ALLERGIC TO? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR CHILD’S REACTION? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT KIND OF MEDICAL TREATMENT IS REQUIRED IF EXPOSED TO THIS ALLERGY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **I HEREBY GRANT PERMISSION TO KIDZONE TO SEEK MEDICAL ATTENTION FOR MY CHILD, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, IN THE EVENT SUCH A TREATMENT IS DEEMED NECESSARY AND I AM UNABLE TO BE CONTACTED.**  **PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**EMERGENCY MEDICAL CARE MAY INCLUDE:**

* ATTEMPT TO CONTACT PARENT/GUARDIAN
* ATTEMPT TO CONTACT EMERGENCY CONTACTS LISTED ON CHILD’S EMERGENCY CARD
* ATTEMPT TO CONTACT CHILD’S PHYSICIAN
* CALLING EMERGENCY SERVICES IF NECESSARY TO HAVE CHILD ASSESSED AND/OR TAKEN TO DESIGNATED HOSPITAL

|  |
| --- |
| ALLERGIES TO MEDICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IN THE EVENT OF AN EMERGENCY, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOPITAL:  **KZ 1 & II, IV: & V (1, 2, 4, 5) GOOD SAMARITAN.** PHONE NUMBER: **(253) 697-4000.**  ADDRESS: **407 14TH AVE SE PUYALLUP 98372**  **KZ III: ST. CLARE.** PHONE NUMBER: **(253) 985-1711.** ADDRESS: **11315 BRIDGEPORT WAY SW 98498** |

I understand that if my child is required to keep medication, asthma treatment, or an Epi Pen at the center, it is required to provide training to the administrative staff and Director for proper dispensing procedures of the medication or treatments.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCIPLINE POLICY**

We provide an environment that consists of safety and security for all children in our care. Children whose behavior endangers others will be supervised away from other children, spoken to, reasoned with, and will remain separated until he/she can rejoin the group. This behavior will also be documented and signed by the parent/guardian. Discipline procedures by staff will always be positive, productive and immediate when behavior is inappropriate. No child will be humiliated, shamed, frightened, or subjected to verbal or physical abuse by staff or parents on the premises.

If behavioral issues continue to occur, and your child is showing aggressive behavior or being consistently disruptive, you may be asked to pick your child up early. If this occurs, there will be no credit given. The Site Director may deem it necessary to create a Behavior Plan geared specifically for your child as an attempt to correct any aggressive behavior, and to attempt to correct any aggressive behavior, and to attempt to prevent suspension or termination, which may require a meeting over the phone or in person.

Please note: Some situations may call for suspension immediately for behavior that may cause harm to self or others.

If your child is frequently becoming overstimulated, overwhelmed, or experiencing discomfort for any reason, we will attempt to make as many accommodations as possible to meet your child’s needs. If a Behavior Plan is set in place but is neither helpful nor effective, the center Director will supply you with a list of resources and information for other centers in the area. It is our goal to creative a comfortable, safe, and positive atmosphere for every child in our care. If a Behavior Plan is made and resources are not helpful or effective, KidZone may determine that it is in the best interest for the child and center to terminate childcare.

By law, we are required to report and document any suspected physical and emotional child abuse or child neglect, endangerment or child exploitation to Child Protective Services.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEVELOPMENTAL SCREENINGS**

Each child will be given a developmental screening within 30 days of enrollment. Each child will receive a screening up to 4 times per year. The teacher will contact you to make arrangements for a conference, which can be done by phone or in person, at your convenience. If your child’s teacher has any concerns about certain areas of your child’s development, resources will be given along with a recommendation for a professional screening.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOILET TRAINING POLICY**

We need to work as a team to insure your child’s success. Communication between us on your child’s readiness is key to a happy, successful training. All participants must be 100% committed. Potty training will begin no earlier than at age 2 (this does not mean that at age 2 each child is ready)

The signs of readiness to toilet train at home are often different than in a group setting. In a group the child face challenges that can delay their readiness; such as: fear of missing out on something.  This can cause a child to wait until the last second.

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| --- | --- | --- | --- | --- |
| **Is Your Child Ready to Start Potty Training:** | | | | |
| Yes | No | Is your child able to tell an adult they need to go potty before they have to go? They must be able to say the words “I have to go potty” before they have to go. | | |
| Yes | No | Can your child use the potty unassisted? | | |
| Yes | No | Get on and off the potty by him/herself |
| Yes | No | Undress him/herself (pull pants up and down) |
| Yes | No | Is able to wipe themselves after using the toilet |
| Yes | No | Is able to wash and dry hands |
| Yes | No | Is able to go directly back to the room without directions |
| Yes | No | Does your child show interest in going to the bathroom? (do they follow you in and want to sit on the potty or toilet?) | | |
| Yes | No | Does your child understand what the toilet is for? | | |
| Yes | No | Does your child ask to be changed when he/she is wet or dirty? | | |
| Yes | No | Does your child seem to recognize at least a few seconds ahead of time that he/she has to go, can tell you before it happens? | | |
| Yes | No | Is your child going through or about to go through within the next 3 months a major transition, a new baby arriving? Schedule change? Moving? Etc.? (major transition can delay or degrees training) | | |
| Yes | No | Is your child able to postpone going if they must wait for someone who is in the bathroom, or is outside and away from bathroom | | |

If your child meets at least 5 of these criteria then your child may be ready to try training.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOILET TRAINING POLICY CONTINUED**

If there are any major transitions in your child’s life now or within the next 3 months, wait until your child can adjust. Some fully trained children have been known to regress back into diapers when under stress.

If your child meets 6 or less of the previous criteria, please wait a month or two and reevaluate.

Please keep in mind that every child develops at their own rate. Please do not push “***your readiness***” on your child; it can do more harm than good.

Please make sure that you let your child’s teacher know when you are going to start toilet training at home and keep the teacher up to date on the progress.

Toilet training should begin at home over a long weekend or holiday.

Once your child has been training successfully at home for at least 1 week, your child may begin wearing **pull-ups** here at daycare. Children will not be trained in underwear.

 Please send your child in clothing that is comfortable and easy for your child to remove independently. (No overalls, belts or multiple buttons etc.) Please send them wearing elastic band type shorts or pants (depending on the weather)

It’s important to remain in close contact with your child’s teacher so that you are updated on your child’s progress. If, after a month, your child is not making progress, you may be asked to put the toilet training on hold until a later date.

Your child’s teacher will use praise and words of encouragement while toilet training your child and will not shame him/her for accidents.

During Potty Training Please Provide:

-At least 2 complete changes of your child’s clothing (this includes socks)

-One extra pair of shoes

-Several pull-ups

-Wipes

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIAPER/PULL-UP POLICY**

Parents are responsible for supplying their child with diapers/pull-ups and wipes. When your supply is running low, the teacher will leave you a note letting you know that you’ll need to bring in more. If you have been given a note, and do not bring in more supplies before your child runs out, you will not be able to drop your child off until supplies are refilled.

Please bring your child into the center wearing a fresh diaper. If it is soiled, you will be asked to change him/her before you leave. It is the staff’s responsibility to send your child home in an unsoiled diaper. If you notice upon pick-up that your child needs to be changed, please let a staff know so that they can do so.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SICK POLICY**

Washington State Licensing requires staff to check all children for signs of illness when they arrive at the center and throughout the day. This program does not provide care for sick or ill children. To avoid spreading illnesses to other children, please do not bring your child into the center if he/she is showing any of the following symptoms:

* Diarrhea (2 or more times within 24 hours)
* Vomiting (2 or more times within 24 hours)
* Lice or Nits (dead or alive)
* Earaches
* Headaches
* Sore Throat or Strep Throat
* Chicken Pox or Unexplained Rashes
* Excessive fatigue that prevents the child from participating in activities
* Fever of 100 degree or higher (given under arm and adding 1 degree)
* Open, oozing sores (unless properly covered)

For communicable skin infections such as impetigo, scabies or pink eye, the child may return after 24 hours of antibiotic treatment. KidZone will administer antibiotics while your child is in our care if a medication form has been filled out properly with your authorization. Reminder, prescription medications must be in the original prescription bottle. If KidZone sends your child home with any of the above symptoms, he/she must remain home the following day as well and you may be asked to return with a doctor’s note if your child is still presenting symptoms.

Please understand that if we are unable to reach you, we will call the contact numbers on your emergency card. Please be sure to keep all phone numbers up to date. It is a good idea to have a back-up plan for your child if he/she needs to be picked up from the center due to illness or any other reason in case you cannot make it in a timely manner

There is no credit given for sick days. If your child is absent, your full tuition payment is still required.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUTDOOR POLICY**

Children are usually taken outdoors for a half hour in the morning and another half hour in the afternoon. Please dress your child appropriately for the weather and make sure an extra change of clothing is kept in your child’s cubby in case of getting wet. This includes socks. If you feel that your child is not healthy enough to participate in outdoor activities then he/she will need to be kept home until able to do so, unless a doctor’s note is given to the director with instructions to keep your child inside.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BITING POLICY**

When young children come together in a group setting they may, from time to time, bite their friends, or attempt to bite. Biting incidents occur for many different reasons, but mainly children use biting as a way to communicate or as a defense mechanism. They sometimes see biting (as well as hitting, kicking, etc.) as a way to get their point across and to get what they want.

When children bite, we maintain close observation to try and guard against any further biting incidents. All employees are made aware of the child who may attempt to bite so that they are able to closely observe that child’s behavior. We show empathy towards the child who had been bitten and tell the biter that biting hurts and offer the child different alternatives to biting. If a child continues to bite or attempts to bite, staff will attempt to prevent it from happening to the best of their ability. We will ask for your help to give your child daily reminders. If a child continually bites, we may have no other option but to refer you to another center with perhaps a smaller setting until the biting stops.

By signing below you are stating that you understand this policy and understand that in the event your child is biting or attempting to bite and the behavior cannot be changed, you will be asked to find another child care provider.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH AND NUTRITION POLICY**

We will provide meals in accordance with the USDA Food Program. We provide breakfast daily until 8:30 am. If your child is coming in after this time, please have him/her eat before arrival. Lunch is served as well as two snacks in the afternoon. All breakfast, lunch and snacks served are posted on our menu board. To ensure variety, no breakfast, lunch or snack is repeated within a two-week period. Foods that are served provide one serving of vitamin C daily and three servings of Vitamin A weekly.

Lunch time is a great time to support children’s development of positive eating and nutritional habits. We encourage staff to sit, eat, and have casual conversations with children during this time.

If your child has a food allergy or special menu requirement due to a health condition, we must have written instructions from the child’s health care provider nutritional supplements. Parents may be required to supply food for supplements and special diets. We post each child’s allergy in each classroom and by the menu board as well as notify each staff member of the allergy and reaction that the child may have. Due to severe allergies, KidZone is a peanut free zone. Please do not have your child bring anything into the center containing nuts.

KidZone is responsible for providing lunches that meet the nutrition requirements of the Health Department, consisting of the following items:

* One serving of a dairy product (milk, cheese, yogurt, etc.)
* One source of protein (meat, poultry, fish, peanut butter, etc.)
* One grain product (bread, cereal, bagel, rice, etc.)
* Two fruits or vegetables (100% juice counts as one component)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRATION POLICIES**

Anyone who comes into the center to pick up your child must be listed on the emergency card, be 18 years of age or older, and present a valid picture ID. Please let your center Director know in advance if this person has not been in before.

Our drop-off time is **9:00 AM.** If your child needs to be brought in later than this time, you must call **before** 9:00 to let us know, otherwise you may be turned away. If your child will be absent for the day, please call us before 9:00 to let us know. There is no credit given for days of absence.

KidZone opens at **6:00 am** and closes at **6:00 pm**. If your child has not been picked up by closing time, you will be charged $1.00 per minute per child. The infant classroom at site 5 is open from 6:30 am to 5:30 pm Monday through Friday.

We require a one week written notice for schedule changes or for withdrawing your child from KidZone. Without written notice of withdrawal, you will be charged one full week at the full tuition rate. You are entitled to 1 week of vacation after 90 days of enrollment. It must be taken in a one week increment (Monday through Friday).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEN HOUR LIMIT**

We provide care for up to 10 hours per day. If you exceed the 10 hour limit, there will be an extra charge of $10.00 per child per hour. If you are on DSHS and exceed this limit, you will need to have extended care added onto your childcare so that it is covered. Any care of more than 10 hours per day needs to be approved by the Director and a waiver needs to be placed in your child’s file, in advance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO PERMISSION POLICY**

We love to document and share photos of your child with you. There are several ways we are able to do this, however, we must first have permission to do so.

KidZone staff will take photos of the children for Early Achiever purposes, special projects, classroom environment and assessments. These pictures will proudly be displayed in our facility.

* **YES** I give permission for KidZone to take pictures of my child for the facility
* **NO** I do not give permission for KidZone to take pictures of my child for the facility

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO PERMISSION POLICY (CONT’D)**

KidZone has wonderful private access to social media sites such as our KidZone Center Business Facebook page and individual teacher/classroom Facebook page where you may check on your child’s learning progress through pictures as well as videos capturing some of their cool projects or play time during the day. **These are set to private so that only KidZone staff and parents have access to them.** These sites are also awesome for up and coming events, center reminders, weather restrictions, and other informational parent resources to help you with.

* **YES** I give permission for KidZone to take center/teacher photos
* **NO** I do not give permission for KidZone to take center/teacher photos

KidZone takes pride in our team of teachers. We proudly display some of our classroom ideas, learning tools and on occasion, a special event or project their class is doing. **We have a PRIVATE KidZone Strong Facebook Page that is only used between the teachers who work at the KidZone locations.** We use this page to build friendships and to shar ideas between the KidZone Staff.

* **YES** I give permission for KidZone to take pictures of my child for our KidZone Strong page
* **NO** I do not give permission for KidZone to take pictures of my child for the KidZone Strong page

KidZone is always hoping to create long lasting memories and relationships with our families. Our KidZone Learning Center web page

is a **PUBLIC advertising display of information on our program as well as photos of our awesome leadership team and children engaged in daily activities.** We like to update the page regularly with new photos.

* **YES** I give permission for KidZone to take pictures of my child for the public web page
* **NO** I do not give permission for KidZone to take pictures of my child for the public web page

KidZone participates in Brightwheel which is a new system for classroom management, communication, photos, videos, and much more. Brightwheel is the industry leader in early education, proven to save time for staff, allowing for measurably more time with students while also delivering a much better experience for parents. Brightwheel will give parents the opportunity to connect with their provider digitally to access information about their child’s day, to ensure better quality care.

Each child will have an individual profile that is accessible to the staff and parent/guardian for written communication. By signing below, you are agreeing that in addition to the written communication, you are also interested in receiving pictures and videos on Brightwheel.

* **YES** I give permission for KidZone to take pictures of my child for Brightwheel
* **NO** I do not give permission for KidZone to take pictures of my child for Brightwheel

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIVATE PAYMENT POLICIES**

Upon arrival, we ask that you sign your child in using your FULL LEGAL SIGNATURE and do the same thing when picking your child up. Signing by initialing will not be accepted.

Tuition payments are due no later than **Monday for the current week**. Any payments made after Monday for the current week will be charged a $20.00 late fee, unless your child does not attend on Mondays. Please let the Director know in advance if you will be paying late. There is a $35 NSF fee for any returned checks, and KidZone will no longer accept a check for payment after the second returned check.

If you discontinue care owing tuition to KidZone, your account will be referred to a collection agency for collection. In that event, the contingency fee assessed by the collection agency will be added to the principal and interest due. You will be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance you owe. If your child will be attending on an unscheduled day, please speak with the Director in advance.

If paying with cash, please give it directly to the Director or Assistant Direcor make sure to receive a receipt for the correct amount. Please provide the exact amount. KidZone is unable to provide change. Any extra amount paid will be credited to your account.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DSHS REQUIREMENTS**

As a recipient of Washington State Child Care Subsidy, it is mandatory to sign your child in and out both in the Electronic Attendance System, and on your child’s sign in sheet, using your full legal signature.

Our DSHS sign-in sheets are frequently audited and a missed signature will result in the center being charged an overpayment fee, which will in turn be charged to your case at the current drop in rate. If there are any issues with the tablet, please bring it to the immediate attention of your center director.

DSHS copayments are due by the 5th of each month in order to avoid a $20 late fee. If you dis-enroll from KidZone with an outstanding balance, it will be reported to DSHS. This will prevent you from receiving any further child care assistance until the debt is paid in full. There is a $35 NSF fee for any returned checks, and KidZone will no longer accept a check for payment after the second returned check.

If you discontinue care owing tuition to KidZone, your account will be referred to a collection agency for collection. In that event, the contingency fee assessed by the collection agency will be added to the principal and interest due. You will be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance you owe. It is your responsibility to renew your subsidy before it expires. In the event that this does not happen, you will be required to pay out of pocket for each day your child attends, at the full tuition rate.

If paying with cash, please give it directly to the Director or Assistant Director and make sure to receive a receipt for the correct amount. Please provide the exact amount. KidZone is unable to provide change. Any extra amount paid will be credited to your account.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOLIDAYS**

The center is closed for the following days. There is no credit given.

New Year’s Eve – Center Closes at 2:00

New Year’s Day

President’s Day

Memorial Day

Independence Day

Labor Day

Teacher In-Service Day (Scheduled 2 months in Advance)

Thanksgiving Day and the Friday after

Christmas Eve – Center Closes at 2:00

Christmas Day

If any of these holidays fall on a weekend, the center will be closed the previous Friday or the following Monday and will be posted in advance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KIDZONE REMINDERS**

* An extra change of clothes and a pair of shoes need to be kept at the center every day in case your child gets wet or has an accident. Please make sure it is labeled with your child’s name and placed in his/her cubby.
* Please have your child leave his/her toys at home.
* Please do not bring anything of value into the center, including expensive clothing, electronics, or jewelry. Children have a tendency to lose things and get dirty and KidZone is not responsible for replacing lost items or clothing.
* Please make sure your child is not bringing change into the center as it can be a choking hazard.
* Please label your child’s jacket to avoid any confusion if it is misplaced.
* Phone numbers and immunizations need to be kept up to date at all times.
* If your child is not fully potty trained, you may be asked to have him/her use pull-ups (in order to prevent the spread of germs) until he/she can be in underwear with a minimal amount of accidents.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEATHER POLICY**

It is the parent’s responsibility to make sure all information is kept updated on your child’s emergency card. Please make sure you have a back-up plan in the event that the center closes early due to weather conditions. Calls to the center if your child will not be in attendance are greatly appreciated.

If the school district your center is located in is closed or running on a 2 hours delay, we will extend our drop-off time until 10:00 for parents who call us before 9:00. We must receive a phone call if you will be coming in late or you will be turned away. There may be mornings when it is necessary to open the center one hour late. Please be sure to call the center if you are planning to bring your child in before 7:00 to verify it is open.

If road conditions continue to worsen after the center has opened, it may be deemed necessary to close the center early.

If the center were to lose power, and it is not scheduled to be turned back on for a period longer than two hours, we are mandated to close and will call you to come pick up your child within the two hour time frame.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISASTER PLAN**

Please remember to always have a back-up plan in case of any type of emergency and be sure to list them as emergency contacts, with their phone numbers kept current at all times. If phone lines are down, we will try to maintain communication as best as we can by using our personal cell phones. Moving off-site will be a solution only when the center is deemed unsafe and unsuitable for the children to stay in. Otherwise, they will remain on the premises until you or your emergency contact comes in to pick up. Our staff are fully trained and prepared in the event a natural disaster happens. We do monthly fire and earthquake drills so the children are just as prepared as the staff. KidZone’s Disaster Plan is posted in every classroom. Please read it and familiarize yourself with it, as per WAC 170-295-5030.

Please be sure to provide and keep us updated on the following information:

* Up to date immunization records
* Health Information (doctor’s name and phone number)
* Custodial paperwork or court paperwork (if relevant)
* The names, phone numbers, and addresses of three individuals who are authorized to pick up your child.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-DISCRIMINATION POLICY**

We provide care to any child regardless of race, creed, color, sex, national origin, religion, or physical, mental or sensory disability.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECURITY CAMERA POLICY**

There is nothing as important to us as the safety and security of every child in our care. Our wonderful, qualified teachers do an outstanding job of supervising your children throughout the day. With our security cameras, the entire environment can be monitored by the director as well as the owners on the surveillance DVR recorder. This is not an internet based system. We are proud of the care and learning that happens here and protecting all who attend and work in this facility is our very highest priority.

For the sake of privacy, the records are to be reviewed by authorized KidZone Directors only, and any authorities such as KidZone’s licensor, or CPS. Exceptions can be made in a case by case basis at the discretion of the Director.

Please sign below to show that you understand and give your permission for your child to be under our video surveillance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION POLICY**

I give permission for my child to be transported to and/or from school by KidZone employees. We currently place the children on the bus who attend the following schools:

KidZone I = Franklin Pierce Head Start

KidZone II = Fir Grove Head Start

KidZone III = Lake Louise Elementary

KidZone IV = Zeiger Elementary

If the center is able to, I give permission for my child to be transported to and/or from school by employees in the event he/she misses the bus while in the care of the center.

I give permission for my child to be transported to our disaster location in the event of a natural disaster.

We will use proper car seats, booster seats, and seat belts, depending upon availability the age of the child. All employees will have a current driver’s license, CPR, first aid training, and any and all other training necessary to drive a vehicle.

I also give KidZone employees permission to walk my child to these locations if the need arises.

I give my permission to KidZone employees to transport my child in daycare vehicles, and/or employee vehicles which will be covered with proper auto insurance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENT HANDBOOK**  **SIGNATURE**  I have read, understand and am willing to comply with all policies stated in this Parent’s Handbook.  Furthermore, I have discussed any unclear matters with the director prior to signing.  Copies of KidZone’s policies are available upon request, or located on our website.   |  |  | | --- | --- | | Print Name: |  | | Signature: |  | | Child’s Name: |  | | Date: |  | |

**ENROLLMENT APPLICATION**

*All information is kept strictly confidential.*

|  |
| --- |
| Child’s Information  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First  Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female |

|  |
| --- |
| Health Information  Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Last Physical Exam: \_\_\_/\_\_\_/\_\_\_\_  Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Last Dental Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |

*Please circle & date any of the following your child has had:*

|  |  |
| --- | --- |
| Whooping Cough | Asthma |
| Rubella | Eye Infections |
| Chicken Pox | Ear Infections |
| Mumps | Strep Throat |
| Measles | Anemia |
| Diabetes | Tonsillectomy |
| Tubes in Ears | Dislocations |

Any previous injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication that is long term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

|  |
| --- |
| Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First M.I. Last  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Apt. # City Zip  Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SSN: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First M.I. Last  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Apt. # City Zip  Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SSN: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please circle child’s primary residence:

Mother Father Both Other/Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, are there limitations (i.e. only on certain days of the week, only if a car seat is provided, only if parent is being driven by someone with a valid driver’s license)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note, if there are any restrictions against a biological parent picking up your child, court documentation will need to be provided to be placed in the child’s file. Without this, we are unable to enforce any restrictions.

**Early Achievers: Parent/Guardian Consent for On-Site Evaluation**

KidZone is participating in an exciting new program called **Early Achievers.** We   
need your help to make this effort a success! Please read below for more information on how   
you can help us continue to provide high-quality care that helps children learn and grow.

**Early Achievers** is a voluntary program that:

* Provides families with information about the quality of care through a Level l through 5   
  rating system
* Offers child care programs resources like coaching and training so they can support   
  children's learning and development

**On-Site Evaluation:**

Child care programs that participate in Early Achievers receive **on-site evaluation** visits from the   
**University of Washington (UW).** The purpose of the evaluation visits is to observe and gather   
information about the program in order to create an **Early Achievers Rating.** KidZone has invited   
the UW evaluation team to visit a random selection of

its classrooms as part of the Early Achievers rating process. Your child's classroom may be   
chosen and observed to help the rating team measure the quality of care provided at

This process includes collecting information that will be used to create a program rating and   
can be used in the next phase of Early Achievers to improve the quality of care provided for   
your child, like:

Observing the child care environment to learn about the materials, activities and   
 experiences available to support children

* Observing interactions between teachers and children
* Audiotaping teachers' language to understand the amount and type of language your   
  child's teacher uses
* Observing children engaging in the classroom to understand how the environment   
  stimulates children's learning
* Interviewing teachers and directors about how they use their practice to support their   
  young children
* Interviewing interested families to learn about how the facility staff partner with families   
  to supports their child's learning and development

Reviewing program files and documentation to learn how program policies and procedures   
support quality practice

* Reviewing child files to see how the program supports each child's learning and development

**Please note:**

* Your child's care and education will not be interrupted or altered during this process.
* One Early Achievers rating will be assigned for each participating child care program.

Information about your facility's participation will be posted on the Department of Early   
Learning and Child Care Aware of Washington websites.

* Any information that is made publically available as part of Early Achievers will never include   
  information about your specific child.
* **No identifiable information about individual children will be collected**

**Please let us know if your child's files can be included during the evaluation visit.**

* **I allow my child's files to be reviewed as part of the facility evaluation as outlined   
  above**
* **I would like my child's files to be excluded during this process**

Reason

*(optional):*

**Child care facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom:**

**Child name: \_\_\_\_\_\_\_\_\_\_** \_

**Parent/Guardian name (printed): \_\_\_\_\_**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Optional:*** The UW Evaluation Team would like to hear what you think about how your child care   
program works with children and families. If you are interested in participating in an interview   
with the UW team, please indicate below:

* Yes, I am interested and willing to be contacted by UW for an interview   
  (Note: *not all families who check yes will be contacted)*
* Please contact me by phone

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Best time to reach me \_\_\_\_\_\_\_\_\_\_\_

* Please contact me by email so I can access a link to an online parent survey

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOCIAL RECORD**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Y N**

|  |  |  |
| --- | --- | --- |
| Has your child been in a child care center before? |  |  |
| Does your child have siblings? Ages: |  |  |
| Is your child potty trained? |  |  |
| Does your child communicate when he/she needs to use the restroom? |  |  |
| Can your child dress him/herself? |  |  |
| Can your child tie shoes? |  |  |
| Can your child snap buttons? |  |  |
| Can your child zip zippers? |  |  |

What makes your child angry or upset? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s favorite toys or hobbies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a nickname? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to have your child gain from our center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Here are some ideas to help support my child when he/she is frustrated or upset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Here are some ideas on how to keep my child healthy and safe in our care. (For example, are there

certain foods and/or activities that your child should avoid because of allergies or other physical concerns?)

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

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

If your child is exhibiting challenging or aggressive behavior, who is the best person to contact and how?

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

Has your child ever been terminated from a child care center before, and if so, for what reason/s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What academic achievements would you like your child to receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been screened for developmental delays or special needs? If so, please let us know how we can help:

Does your child have an IEP? Y or N If so, a copy will need to be provided prior to your child’s first day.

**KidZone Learning Centers**

* Preschool, breakfast, lunch and snacks are included in your tuition rates
* Registration fee: 1 child = $60.00, 2 or more = $80
* Annual Registration fee is due by January 31st every year
* These are weekly tuition rates. You may pay weekly, bi-weekly or monthly as long as it’s in advance.
* KidZone has made it easier to make your payment by using your Brightwheel app on your phone (small transaction fee required) We also take debit card payments on site.
* KidZone V’s infant classroom is open from 6:30 am to 5:30 pm.

|  |  |  |  |
| --- | --- | --- | --- |
| **Infant**  **(Only serving at Site V)** | **1 to 3 Years or in Diapers/Pull-Ups** | **Preschool** | **School Age** |
| **$295** | **$234** | **$210** | **$200**  (During summer & Remote Learning)  **$145**  (During school year) |

* The center closes at 6:00 pm. If your child is picked up late, there is a fee of $1.00 per minute beginning at 6:01. This must be paid in cash to the person closing by closing of the following business day.
* There is no credit given for days that your child is scheduled attend and is absent.
* Triple fees apply for late pick-up on days when the center closes early (such as on holidays and our Annual Staff Appreciation Day) You will be charged at the rate of $3 per minute per child. This will be due in cash upon your next drop-off.

The center will be closed for the following holidays. In order to provide our hard-working staff with holiday pay, there is no credit given for these days. If the holiday falls on a weekend, the center will be closed the previous Friday or the following Monday. Notice will be given ahead of time.

|  |
| --- |
| * President’s Day |
| * Memorial Day |
| * Independence Day |
| * Labor Day |
| * Thanksgiving and the following Friday |
| * Christmas Eve Closed at 2:00 pm, Closed Christmas Day |
| * New Year’s Eve Closed at 2:00 pm, Closed New Year’s Day |
| * Staff In-Service Day (Two Month’s Notice Given) |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infant Daily Schedule and Information Form**

**Serving Infants at KidZone Learning Center V only**

**9915 Canyon Rd, Puyallup WA 98373**

**Child’s name: Child’s birthday:**

Dear infant families,

To help ensure that your infant’s daily schedule, here in care, is mirrored to what occurs at home please help us know more about his/her feeding and sleeping patterns.

**Bottle Information**

Does your child drink formula/breastmilk?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do they want to drink from the bottle?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be in to nurse?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What brand of formula do you use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many ounces do they drink at one feeding?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Information**

Does your infant eat any of the following: (please specify types, amounts, and how often)

Baby food?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finger food?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table foods?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleeping information**

How often does your infant sleep?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long do they typically sleep for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special sleeping instructions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other info**

Please list any other needs, diapering information, allergies, or instructions you would like us to be aware of.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**