

Kids Time Academy



ENROLLMENT APPLICATION

Enrollment Date: _____ Start Date: _____ Withdrawal Date: _____

Child Information

Child's Name: _____ Nickname: _____

Sex: _____ Age: _____ Birthdate: _____ Gender: _____ SS# _____

Address: _____

Home phone: _____ Has child been in care before: _____

Parent/ Guardian Information

STATUS OF PARENTS (circle one)

MARRIED SEPARATED DIVORCED OTHER (explain) _____

With whom does the child live with? _____

Are there any limitations on either parent's right to pick up or visit the child at school? _____ NO _____ YES

If YES, please attach a copy of the court order to retain on file at Kids Time Academy.

Are there any social or family circumstances of which Kids Time Academy should be aware? ___NO ___YES

If Yes, please explain _____

Parent/Guardian: _____ Parent/Guardian _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Employer's Address: _____ Employer's Address: _____

Work Phone: _____ Work Phone: _____

Email Address _____ Email Address _____

Days and Hours Desired

Please indicate your child's tentative schedule. This information will be used to ensure adequate staff is available to care for your child.

DAYS	HOURS OF ATTENDANCE		MEALS REQUESTED
Monday	am/ pm to	am/ pm	Breakfast/ Lunch
Tuesday	am/ pm to	am/ pm	Breakfast/ Lunch
Wednesday	am/ pm to	am/ pm	Breakfast/ Lunch
Thursday	am/ pm to	am/ pm	Breakfast/ Lunch
Friday	am/ pm to	am/ pm	Breakfast/ Lunch

For After/ Before School, name of public or private school child attends: _____

Authorized Release and Emergency Contacts

Please list the names of individuals authorized to pick up your child. Your child will only be released to the guardians listed above and authorized individuals listed below. If the person listed below is also an emergency contact, please indicate by underlining "Emergency Contact". Please do not list guardians or parents listed in the section above. Changes to authorized release list must be communicated with the front office in writing.

Name #1 _____ Phone # _____
 Relationship to child _____ Relationship to parent _____
 Home address _____ Emergency Contact _____

Name #2 _____ Phone # _____
 Relationship to child _____ Relationship to parent _____
 Home address _____ Emergency Contact _____

Name #3 _____ Phone # _____
 Relationship to child _____ Relationship to parent _____
 Home address _____ Emergency Contact _____

Medical Information

Primary care physician _____ Name of practice _____
 Address _____ Phone _____

Dentist name _____ Name of practice _____
 Address _____ Phone _____

Hospital preference, in case of emergency _____
 Hospital address _____

- Allergies or food restrictions. Please list _____
- Prescribed medicines. Please list _____

Please list any known pre-existing illness or health concerns:

_____ Asthma _____ Diabetic _____ Epilepsy _____ Cerebral Palsy _____ Other _____

My child has the following special need(s) _____

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

Permissions

Please initial after each section you give permission for.

Transportation: I give permission to KTA for my child to be transported to and from school, as applicable. _____

Photographs: I give permission to KTA to use photographs and/ or videos of my child for advertising, communication with families and internal business communications. _____

Medical Authorizations: In the event that I cannot be reached to make arrangements for emergency medical care, I give consent to KTA to secure emergency medical care for my child, including transportation to emergency care. I release KTA and its employees and agents from liability incurred for any act they perform on behalf of my child. _____

Water Activities: I give consent for my child to participate in supervised water activities. Water activities vary by child's age and may include sprinkler play, water slide and water table play. I will be given a separate permission slip for all off-site water activities. _____

Field Trips: I give permission for my child to participate in field trips. I will be notified in advance of any off-premises activities, including date, time, location, etc. and a signed permission slip will be required before my child may attend a trip. _____

Discipline Policy: I understand KTA does not allow corporal punishment such as spanking, slapping, biting, pinching and jerking. These behaviors are not allowed on the KTA premises at any time or by any individual. _____

How did you hear about us?

Please select: Drive by/ Sign Friend Website Print ad Direct mail Other

Please fill this out completely and enclose a check for the non-refundable registration fee.

Signature (Parent/Guardian) _____ **Date** _____

Signature (Director/Center Staff) _____ **Date** _____

*Kids Time Academy also referred to as KTA is an equal opportunity provider. We accept applications for enrollment without regard to race, gender, national origin, color, creed, physical or mental disability or any other protected status. Completion of enrollment does not guarantee enrollment.



Statement of Understanding

We at Kids Time Academy (“KTA”) believe that your child should be given the chance to receive the best childcare service possible, in the short term and long-term. We at KTA are committed to doing everything possible to ensure that your child is provided with childcare from workers/teachers that are interested in only one thing, making your child’s experience at KTA a pleasant memory. In order to accomplish this, we have developed a stress-free environment both for the childcare providers, the parents and especially the children. Much time, effort and funds are directed to training the workers/teachers and ensuring that your children are their #1 priority.

In order to achieve that stress-free environment, management of KTA believe that parents need to avoid certain contacts with childcare workers/teachers that might take their thoughts off their current job or cause them in some way to compromise their standards of care. Therefore, we have instituted a policy which will limit parents from contacting childcare workers at KTA with respect to any outside full-time employment or even part time employment (including baby-sitting). Effective immediately, please do not contact any of the childcare workers/teachers at KTA to see if they can render full-time or part time services for you or your family.

Our workers/teachers have been told as part of their employment process that they can no longer accept any employment from a parent with a child enrolled at KTA. An employee who is found violating these rules will be subject to sanctions by KTA. Please do your part and refrain from involving the workers/teachers in these extra work assignments. We all want our workers/teachers to focus on their current jobs and the children at the school

Mutually Agreed to by:

Name:

Curriculum Director

Printed Name of The parent

Signature-Director KTA

Signature-Parent

Dated this ____ day of _____, 202 __



PARENT AGREEMENT

The center will be open year-round, Monday to Friday, from 6:00AM – 7:00PM, for children six weeks to twelve years old. The center accepts children without regards to race, religion, national origin, or sex.

There is an initial registration fee, upon enrollment of 1-week tuition.

This center agrees to provide a pre-school program for _____
Child's name

(Please circle days for service) M T W TH F from _____ a.m. to _____ p.m.

The weekly fee for the program is \$ _____. This is a weekly fee, payable in advance. Weekly tuition is due on the Friday, preceding the week of care and is considered late Tuesday morning. Late payments will be assessed in the amount of \$30.00. There will be **NO EXCEPTIONS.**

Outstanding accounts will lead to disenrollment of the child from the program.

The child's account will be charged each week for the price agreed above. It is the parent's responsibility to notify the program of any changes in the child's attendance schedule and to arrange for the new rate to be entered on a new parent agreement.

The parent agrees to provide Kids Time Academy with a two week notice of withdrawal. Even if the child is no longer enrolled, any outstanding balances that have accrued are still due and payable. It is understood and agreed that if it becomes necessary to enforce collection of a balance due or any part thereof; the parent or legal guardian agrees to pay all attorney's fees and the cost of collection. If the center were to close permanently, for any reason, we reserve the right to allow parents a one-month (30 day) notice.

Any returned check will be assessed a \$30.00 fee. The center reserves the right to require the parent or guardian to make all future payments with a money order. Outstanding balances on returned checks may also result in disenrollment of the child until the balance is paid in full.

A late charge fee of \$15.00 per child for every 15 minutes will be assessed after pick up time of 7:00 pm. If your child is not picked within a reasonable period of time, the Paulding County Sheriff's department will be called to pick up your child.

No child is allowed to leave the center without being escorted by a parent or authorized guardian. The child must be escorted in and out of the building, signed in and out on a daily basis. For car rider drop offs, child must be handed over to teacher and signed in.

Parents are required to pay 50% of their monthly tuition for any full month that their child(ren) are absent or on vacation. There are no discounts for absences, holidays or closings.

It is against the policy of the center for a parent to hire or use any of the teachers or other members of staff, for any babysitting services outside the program. Violations will result in suspension/dismissal of the staff and the child will be expelled from the program.

The parent acknowledged that it is his or her responsibility to keep the child's records current to

reflect any significant changes as they occur, e.g. telephone numbers, home and work address, emergency contacts, child's physician, child health status, infant feeding plans and immunization, records, etc.

There is a posted policy regarding illness. A sick child may not be brought to the center, and there will be no discount in tuition for an illness. For medication to be dispensed, the parent or guardian must fill out the medication dispensation permission form which must include the data, name and prescription number of the medicine, full name of the child, time to dispense, parent signature and data of signature.

Medication must be in the original container with the child's full name and the written authorization must be filled out correctly by the parent (otherwise medication will not be dispensed). All medicine must be taken home at the end of the week or it will be disposed of.

The center will be closed on the following holidays with no reduction in fees:

- | | | |
|----------------|-------------------------|--|
| New Year's Day | Memorial Day | Independence Day (July 4 th) |
| Labor Day | Thanksgiving Day | The Day After Thanksgiving |
| Christmas Day | The Day After Christmas | |

As well as 2 teacher-work days during the school year
The center will close at 2:00 p.m. on the Wednesdays before Thanksgiving, Christmas Eve and on New Year's Eve.
A full month's fee will be charged for weeks with holidays.

Should the management of the center determine that a child is not adjusting to the center or other problems that require disenrollment, the child will be withdrawn after one-week written notice to the parent. This agreement will also be terminated on that date. In the event that a child is determined to be of potential harm to himself or to other children, the child will be withdrawn without notice.

Kids Time Academy agrees to keep the parent informed of unusual incidents involving the child, including illness, adverse reactions to medications, or exposure to communicable diseases. The center also agrees to obtain written authorization from the parent before the child participates in routine transportation, field trip, or water related activities occurring in water that is more than two feet deep.

The parent or guardian agrees to allow permission for the program to take photographs, videos, or recordings for use in the program for security or evaluation purposes for center and classroom projects. These materials will not be used for any other purpose without the parent's permission.

I, _____ parent/guardian, have received, read and understand the parent agreement, center policies and procedures, and licensing regulations. I agree to abide by the center and state policies as stated in both.

Parent Signature _____ SS# _____

Parent Signature _____ SS# _____

Center Director _____ Date _____



Emergency Medical Authorization

Should, _____ suffer an injury
Child's Full Name DOB

or illness while in the care of Kids Time Academy and the facility is unable to contact me(us) immediately, it shall be authorized to secure such medical attention and care the child as may be necessary. I(we) agree to keep the facility informed of changes in telephone numbers, etc. for such purposes.

Home Phone # _____ Business Phone # _____

Cell Phone # _____

The facility agrees to keep me informed of any incident requiring professional medical attention.

Child's primary source of health care is:

Physician/ Clinic Name **Telephone Number**

Known Medical conditions (i.e. diabetic, asthma, drug allergies)

 Parent/Guardian Signature

 Date



Before/After School Transportation Agreement

This is to certify that I _____, give
Parent/Guardian Name
Kids Time Academy permission to transport my child,
_____, from KTA at 7:15AM to
Child's Name
_____ Elementary.

My Child will be transported from _____
Elementary at 2:30 PM to KTA, on the following days:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

KTA Staff is authorized to receive my child.

_____ Elementary is located approximately
_____ miles from KTA

In the event that my child is not to be transported as outlined above, I agree to notify KTA by 7:00 AM for the morning bus and 12PM for the afternoon bus.



Vehicle Emergency Medical Information

Child's Name _____ DOB _____

Address _____

Parent/Guardian Name:

Parent/Guardian Name:

Home Phone _____ Cell _____ Work _____

Person to notify in an emergency if parents cannot be reached:

Name _____

Home Phone _____ Cell _____ Work _____

Child's Physician _____ Phone _____

Medical facility used by KTA is Wellstar Paulding Hospital 2518 Jimmy Lee Smith Pkwy, Hiram, GA 30141

Child's Allergies:

Current Prescribed Medications:

Child's Special Needs/Conditions _____

In the event of an emergency involved my child, and if KTA cannot get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature

Witnessed by _____ Date _____