

Intake Agreement

Child(ren)'s Name _____

Start Date _____

Tuition _____ (subject to annual increase)

Registration _____

Late Payment Fee _____ (for payments after Tuesday)

Supply Fee _____ due in August and February

Hours of Operation: 6:30 a.m. – 7:00 p.m.

Late pick up charges: \$1 per child per minute after 7:00 p.m. Must be paid next business day.

Vacation Policy: Parents will receive one free vacation week after six months of enrollment. Another vacation week will be given every six months thereafter. Vacation week may be used for sick time, but not for holidays.

Weekly tuition does not change if your child does not attend for any reason, illness, vacation, etc. unless you are using your vacation time.

All parents must give a 2 week written notice to withdraw from Kidscape or you will be obligated to pay for the two weeks whether your child attends Kidscape or not.

By signing below I accept these financial policies and agree to pay by these terms. I will also be responsible for any costs of collection involved in enforcing this agreement.

Parent Signature _____

Child Information Sheet

Date of Admission _____

Child's Name _____ Nickname _____

DOB _____ Present Age _____ Gender _____

Parent / Guardian 1 Name _____ Social Security # _____

Street Address _____ Zip _____

Home Phone _____ Work Phone and Hours _____

Employer's Name _____ Cell / Beeper _____

Parent / Guardian 2 Name _____ Social Security # _____

Street Address _____ Zip _____

Home Phone _____ Work Phone and Hours _____

Employer's Name _____ Cell / Beeper _____

Family Physician and Phone Number _____

Preferred Hospital _____ Dentist Phone _____

Insurance Company and Policy # _____

I agree, and by my signature give consent, that in case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. I hereby authorize the physician on duty in Emergency Room and whomever he designates as his assistants to administer any necessary treatments or care. _____

Person(s) authorized to leave the child care center with your child

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Responsible Person(s) we may contact in case of emergency or illness if you are unreachable:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Getting to Know Your Child

Name _____ DOB _____

Nickname _____

Family (or others living in home)

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Favorite Things

Food _____ Character _____

Games _____ Show _____

Drink _____ Toys _____

Sleeping Habits

Bed Time _____ Does child nap? _____

Still have accidents? _____ Words they use for potty _____

Extras

Any fears we should know about? _____

Any other information we should know in order to help us know your child better:

Items your child will need for enrollment:

- 1. Birth Certificate**
- 2. Physical**
- 3. Immunization Record**
- 4. Child Information Sheet**
- 5. Intake Agreement**
- 6. Emergency Contact Information**

Items your child will need to bring to Kidscape:

Infants

- 1. Diapers and Wipes in original, unopened containers**
- 2. Change of clothes**
- 3. Formula**

Toddlers

- 1. Diapers and Wipes in original, unopened containers**
- 2. Change of Clothes**
- 3. Compact size blanket and pillow**

Older Children

- 1. Change of Clothes**
- 2. Compact size pillow and blanket**