

## 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:** 5:30 a.m. – 6:00 p.m.

**Late pick up charges:** \$1 per child per minute after 6:00 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:

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## **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**