



INFANTS, PRESCHOOL & SCHOOL-AGE

Infant Center

Enrollment Packet

916-617-7248

[www.kiddyclubdaycare.com](http://www.kiddyclubdaycare.com)

[kiddyclubdaycare@gmail.com](mailto:kiddyclubdaycare@gmail.com)

## Kiddy Club Student File Checklist

Students \_\_\_\_\_ D.O.B \_\_\_\_\_

Days Enrolled: \_\_\_\_\_ FT/PT \_\_\_\_\_

Parent Email (Please Print) \_\_\_\_\_

Contract Start Date Enrolled: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Destroy Date: \_\_\_\_\_

\_\_\_ Emergency Identification (LIC 700)

\_\_\_ Pre-admission Health History Form (LIC 702)

\_\_\_ Immunization Record (Blue Card)

\_\_\_ Physicians Report/ TB Test (LIC 701)

\_\_\_ Medical Consent Form (LIC 627)

\_\_\_ Medication Consent Form (LIC 9221) With Medical Plan If Needed. See Attachment.

\_\_\_ Special Need/Special Case Information

\_\_\_ Parent's Rights (LIC 995)

\_\_\_ Personal Rights (LIC 613)

\_\_\_ Acknowledgment of Licensing Reports (LIC 9224)

\_\_\_ Photograph/ Video Authorization

\_\_\_ Parent Admission/Financial Agreement

\_\_\_ Handbook & Acknowledgment Contract

\_\_\_ Infant Feeding Plan Agreement (Infants Only Under Age 2)

\_\_\_ Private Pay    Child Action    County Payment

\_\_\_ First Months Rate: \$ \_\_\_\_\_

\_\_\_ Schedule Monthly Rate: FT/PT Fee Agreement \$ \_\_\_\_\_

\_\_\_ Registration Fee: \_\_\_\_\_ 1st Months Payment Receipt # \_\_\_\_\_ Cash, Debit, Money Order

UPDATED: \_\_\_\_\_

Director Signature: \_\_\_\_\_ I/We the parents/guardian of \_\_\_\_\_  
have completed the following and agree to cooperate with the policies, procedures and purposes at Kiddy Club  
Preschool & Daycare center.

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

### To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN  
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY  
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

# CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

**DEVELOPMENTAL HISTORY** *(\*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

**PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH**

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

**PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY**

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HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

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REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Kiddy Club TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE  
( )

\_\_\_\_\_  
WORK PHONE  
( )



## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing  
 Licensing Office Address: 2525 Natomas Park Dr 95833  
 Licensing Office Telephone #: 916-263-5744

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Kiddy Club  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

**Special Need/Special Case**

**Has your child every been involved with any of the following:**

**CPS/Special Case**

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**Special Needs(Iep, Disability, Special Diagnoses)**

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**Foster Parent/Grandparents Custody**

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**Custody Cases(Restraining Orders, People Who Are Not Allowed On Campus & Why)**

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**Receiving Counseling**

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**Any Other Information Needed More About The Student(Incarceration, Anger Management, Abuse, etc**

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All the information above is true and current. This form is confidential for director's Only!

Sign: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME Community Care Licensing		
ADDRESS 2525 Natomas Park DR		
CITY Sacramento	ZIP CODE 95833	AREA CODE/TELEPHONE NUMBER 916-263-5744

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:****PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) Kiddy Club	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

**ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS**

I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at Kiddy Club child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: \_\_\_\_\_

- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: \_\_\_\_\_

- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: \_\_\_\_\_

- As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED:

**Kiddy Club LLC**  
**Photo Release**  
**916-617-7248**

I hereby authorize Kiddy Club Preschool & Daycare Center to take photographs/video of my child:

**Full Name:**

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Photos will be used on our School FB Page, Photos sent to parents to know their progress at school and fun events, classrooms, school slide presentations, prints and or school advertisements.

**I understand that is I wish to revoke my authorization I will do so in writing to the Director.**

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Print Name

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Sign Name

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Today's Date

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Director's Signature



## Kiddy Club Infant, Preschool & School-Age Fees Policy/Admission/Financial Agreement

### Breakfast, Lunch & Dinner Options. We provide all snacks for Preschool age and up.

We will have microwaves to heat all meals if needed.

- Breakfast Provided By Parents(Working On A Food Program Now)
- Snacks are provided For Preschool & School-Age Students. 100% juice, Milk or Water is provided with all snacks.
- **Lunch & Dinner: All students must bring all meals.** Milk for lunch is provided.
- **Infants:** Please bring all prepared meal daily. Breakfast, Lunch, Snacks, Formula, Etc. Please **label** all items.

### Modification of Conditions:

The child's parent(s) or authorized representative will be given a thirty-calendar day written notice if the terms of this policy change.

### Kiddy Club Daycare Termination Conditions:

Parents/Guardians are required to give a two-week written notice to withdraw a child / children from Kiddy Club. At the time of notice all tuition is due in full and accounts must be paid current.

If you or your child is a threat or a danger to themselves or others, no notice will be given and services will be terminated immediately. Services may be terminated if any or all of the conditions described in this agreement, as well as the Parent Handbook, are not met by either party to this agreement.

### Rights of the Licensing Agency:

I understand that the licensing agency has the right to inspect this childcare facility, upon presentation of proper identification, at any time with or without advance notice. Parents have the right to know the outcome of all investigative complaints, and facility inspections. Licensing personnel may speak to children and staff without permission.

### Parent's Rights (Lic. form #995):

The parent / guardian of the above named child are required to sign and date the Parent's Rights Form. The parent signature receipt of this form will be placed in the child's file.

### Personal Rights (Lic. form #813A):

The parent or authorized representative of the child named on this admission / financial agreement will be required to sign and date the signature receipt form which will be placed in the child's file.

### Receipt of Parent Handbook:

As the parent / guardian of the above named child, I have been given a copy of the Parent Handbook outlining the policies/procedures of Kiddy Club. I acknowledge my understanding of these policies by signing the bottom of this agreement. I agree with the terms, policies and procedures in the handbook and enrollment packet.

### ENROLLMENT / REGISTRATION FEES (non-refundable):

<b>Initial Enrollment and Administrative Fees</b>	<b>\$150.00 Per Child</b>
This non-refundable fee is due at the enrollment appointment and holds enrollment for up to 30 days from the date of payment if you enroll or not.	
<b>Annual Re-Registration and Administrative Fees</b>	<b>\$100.00 Per Child</b>
The Re-registration fee is billed at re-enrollment each year.	
<b>Supply Fee</b>	<b>\$40.00 (Cash Only)</b>
This fee is due at enrollment each year and covers supplies for the year.	

### **Currents Kiddy Club Rates:**

See attached see for current rates! All Child Action Or County Families you will be billed any additional copay that not covered. You will be billed the enrollment Fee Only that will be paid by you in cash or money order or online payment. **Care more than 10hrs a day is considered an additional day of care and another payment required.**

### **RATE CHANGE**

**Rates may be reviewed and revised at any time by the Director. A written notice will be sent to parents/guardians 30 days prior to the effective date of any revision in enrollment or tuition rates or other fees.**

### **TUITON AND DAYCARE PAYMENTS:**

The Preschool & Daycare Center operate primarily on tuition and daycare charges.

1. All tuition, fee and daycare accounts are managed and maintained by **THE DIRECTOR**. You may select either an advance annual or a monthly payment plan.
2. All payments are due in advance prior to your care. We are only accepting cash, money order or cashier check. You are also able to pay by debit if needed.
3. Tuition and daycare charges are billed and paid in advance by the **3<sup>rd</sup> of each month**. A fixed payment due date will be selected at enrollment and the first installment will be pro-rated from enrollment date to the selected due date. Please select how you will pay your fees on the application form. **\$45** Late fee if not paid by any contract days due.
4. Parents that are paying bi-weekly payment is paid by the **3<sup>rd</sup> and 15<sup>th</sup>**.
5. Charge Backs! will add a **\$30.00** charge to any account if an automated payment is returned by the bank for any reason.
6. Preschool policy requires that a student(s) will be withdrawn from preschool, if any portion of the tuition and daycare account remains unpaid **3 days** after the payment due date. This withdrawal continues until the account is paid current. Inquiries regarding mandatory student withdrawal should be directed to the preschool director.
7. **Kiddy Club does not offer any scholarship, discounts or family discounts on any of our services. Please see our current rate sheet.**

### **PAST DUE ACCOUNTS**

The school reserves the right to require student withdrawal when any portion of a tuition account remains unpaid 3 days after the payment due date. No student will be re-admitted until the past due balance is paid in full.

### **OVERTIME CHARGES:**

No provisions are available for early student drop off. Kiddy Club opens at 7:00am. Parents who do not arrive to pick up their child by their contract time will be charged a late fee of **\$1.00 per minute or each portion thereof that they are late**. These charges must be paid directly to the teacher on duty when the child/children are signed out.

### **VACATION POLICY**

Kiddy Club Vacation Policy: **We do not offer any days that are NON-PAID by the parents**. You are able to take vacation, sick, time off but you will still be charged the full-rate for care to keep your spot secured at daycare.

### **STAFF TRAINING**

Kiddy Club will take a one day to one week school training that parents are required to pay for. Your monthly payment will stay remain the same. We will provide the parents 30 to 60 days for

our training week schedule. It will be in the summer most likely before we start our new school session.

**REFUNDS/ABSENCES**

No refunds will be given for student's absences, school holidays, vacations or In-service days. All enrollment fees are non- refundable.

**WITHDRAWAL NOTICE:**

A two-week written notice is required when withdrawing a child from Kiddy Club. If the notice is less than two weeks, the parents / guardians will be charged for tuition up to two weeks. Payments are required in full at the time of the withdrawal notice.

**PAYER:**

The account payer is the parent / guardian whose signature appears at the bottom of this form. In the case of divorced couples, Kiddy Club will contract with only one parent for the responsibility of tuition payments.

**What To Bring To Kiddy Club Daily/Month& Please Label Everything!**

We are not responsible for missing items that required at daycare. Please keep up with the items you need to bring to daycare for your child/children.

**Infants**

- Small Baby Bag Labeled
- Diapers
- Wipes
- Diaper Ointment (if needed)
- Pacifier (if applies) With No String Connector
- 10 Pack Of Bibs
- 5 Sets of Extra Clothes, Including Socks
- Premixed Bottles Or Brest Milk. We have a refrigerator/freezer to store all items
- Prepared Baby Food Or Breakfast, Lunch & Dinner In A Lunch Bag With Name On It

**Early Preschool Non-Potty Trained(Label Everything)**

- Small Backpack(To Keep Items At School)
- 5 Changes of Clothes(Tops & Bottoms)in a zip lock bag and labeled
- Bulk Pull-Ups (Non-Potty Trained Child)
- Weekly Wipes (Non-Potty Trained Child)
- Home Breakfast, Lunch & Dinner In A Lunch Bag With Name On It

**Preschool**

- Small Backpack With 3 Extra Change Of Clothing in a Zip Lock Bag
- Pull-Ups (Non-Potty Trained Child)
- Face Wipes
- Home Breakfast, Lunch & Dinner In A Lunch Bag With Name On It

**School-age Option**

- Home Breakfast, Lunch & Dinner In A Lunch Bag With Name On It
- Homework & Backpack
- Favorite Book
- Great Attitude

**Please LABEL all items** you bring to our center with you child's name. We are not responsible for lost items that cant be identified.

Welcome to Kiddy Club. We appreciate your support and are happy you're apart of our Kiddy Club family.

**\*\*\*\*\*ALL INFORMATION IN THIS AGGREMENT SUBJECT TO CHANGE AT ANYTIME WITH A 30 DAY OR MORE WRITTEN ADVANCE NOTICE\*\*\*\*\***

Kiddy Club Location: \_\_\_\_\_

**Infant, Preschool & School-Age  
Fees Policy/Admission/Financial Agreement**

**ACCOUNT INFORMATION AND RESPONSIBILITY:**

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to student: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

1. My child's first day of child care will be \_\_\_\_\_
2. My child will attend \_\_\_\_\_ Full days \_\_\_\_\_ Half-Days (Please check one)
3. My child will be in care on M, T, W, TH, F, S, SU (please circle the days of care)
4. M-F care during the hours of \_\_\_\_\_ to \_\_\_\_\_
5. Sa-Su care during the hours of \_\_\_\_\_ to \_\_\_\_\_
6. Payments Are Made By The Following:  
Cash, Cash App, Venmo, Zelle, Or Direct Deposit In Our Bank Account.
7. Daycare Rate Will Be \$ \_\_\_\_\_ Due Weekly In Advance Every Monday.
8. How Will You Make Your Payment: \_\_\_\_\_

**Care more than 10hrs a day is considered an additional day of PAID care!**

**BASIC SERVICES** (Includes ages, days of operation, hours of operation and meal provisions)

- Infant, Preschool and School-Age
- Days & Hours of operation:

Stockton Location: M-F 6:30am-6:00pm

29<sup>th</sup> Ave Location: M-F 6:30am- 5:30pm Day & M-F 6pm-12am Evenings

Sa-Su 7am-5:30pm Weekends Days & Sa-Su 6pm-12am Weekends Evenings

**Care more than 10hrs a day is considered an additional PAID day of care.**

**PARENTS / GUARDIAN AFFIRMATION**

I / (we) the parent/guardian of the above named child have read, acknowledge, understand and agree to be bound by the terms specified in this Admission/Financial agreement and by the policies and procedures outlined in this enrollment packet.

\_\_\_\_\_  
(Parent Signature) (Relationship to child) (Today's Date)

\_\_\_\_\_  
(Director's Signature) (Center Location) (Today's Date)

# Parents Agreement:

KCP has reviewed the handbook with me. I agree with the following KCP policies:

Please sign:

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Parents

---

Provider

---

Child's Name

---

Date Enrolled

---

Special Needs

---

Director Sign:

---

Today's Date

# Kiddy Club Infant/Toddler Needs and Service Plan

\*This needs and service plan will be updated every 3 months

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

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## Feeding

\_\_\_\_\_ Bottle; Formula (What Brand) \_\_\_\_\_ Breast Milk Uses a Sippy cup: Yes No  
Drinks warm, room temperature or cold? \_\_\_\_\_

What is your child's feeding schedule? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the longest period of time you allow your child to go between feedings? \_\_\_\_\_.

What needs does your child have during their feeding: (ex. Needs to always be burped, sit up after feeding, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Foods

Please make sure you bring all food items for your infant daily.

List all food allergies, food sensitivities, or feeding issues: \_\_\_\_\_

\_\_\_\_\_

Any special instructions you would like us to follow regarding your child's eating pattern? \_\_\_\_\_

\_\_\_\_\_

## Please Label Everything

Lunchboxes, bottles, cups, thermoses, plastic containers, etc. Toddlers children should also bring a toothbrush; please remember to replace it regularly.

Mothers are welcome to come and nurse their babies. Some enjoy sitting in the classroom to chat with the children and staff, while other parents prefer a quiet, private visit with their children. In fact, any parent is welcome to come and join us whenever you are free.

## Sleeping

Does your child use a pacifier? \_\_\_ Yes \_\_\_ No

What is your child's current sleeping schedule \_\_\_\_\_.

Can you tell us anything about your child's sleeping habits that might be helpful? \_\_\_\_\_

**\* It is our policy that infants must always be put to sleep on their backs. If children have a medical condition requiring them to sleep in an alternate position, a signed physician's note is required.**

**\*\*If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infants' chest.**

## Diapering

Are there any specific creams or ointments to be used at diaper changing time?

**Please note you will need to complete a topical ointment form and update this every 90 days. We cannot put on any cream without a prescription or signed physician's authorization if it is a prescribed ointment.**

## General Information

Does your child have any special needs: \_\_\_\_\_

Is there any other information you would like us to know about your child so we may give then the best possible care?

I agree to all the following terms above:

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

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

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

# INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: \_\_\_\_\_

## SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

## SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: <input type="checkbox"/> Crib <input type="checkbox"/> Play Yard <input type="checkbox"/> Other (Specify) _____	What are the Infant's usual sleeping hours? _____ _____
What is the infant's average length of the Infant's nap(s) during the day time? _____ minutes   _____ hours	Does the infant use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes If <b>yes</b> , brand: _____

## SECTION C: INFANT'S ABILITY TO ROLL

My child, \_\_\_\_\_ is able to roll from their back to their stomach and stomach to their back beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Authorized Representative Signature	Date
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## SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date
Authorized Representative Signature (To be completed no later than the next business day following observation)	Date



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**SECTION E: MEDICAL EXEMPTION**

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Does the infant have a medical exemption?  Yes  No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

**I certify that all information contained in this form is complete and accurate to the best of my ability.**

Authorized Representative Signature	Date
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