

# KIDDY CLUB

## Infant Application



**KIDDY CLUB** Now Enrolling!

**INFANT PRESCHOOL**

**DAY CARE**

INFANT CENTER    SNACKS

TODDLER PROGRAM    LARGE PLAY AREA

PRESCHOOL PROGRAM    YEAR ROUND

SCHOOL-AGE    TRANSPORTATION

Free Tour Today!  
Hours 6:30am to 6:00pm  
**916-617-7248**  
[www.kiddyclubdaycare.com](http://www.kiddyclubdaycare.com)

**Phone: 916-617-7248 email: [kiddyclubdaycare@gmail.com](mailto:kiddyclubdaycare@gmail.com)**

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

**FB: Kiddyclub Preschool & Daycare**

**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					
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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# 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  
( )

# 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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (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



**Medical Service Plan Training & Contract**

Please Write Medical Plan For Student: \_\_\_\_\_

Dr's. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Phone Number: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Plan Of Action:

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I Authorize Kiddy Club To Service My Child's Medical Plan. Rates For Service Plan : \_\_\_\_\_

Parents Name (Print) \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Directors Name (Print) \_\_\_\_\_

Directors Signature: \_\_\_\_\_

Staff Trained For Service Plan: \_\_\_\_\_

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Date Trained? \_\_\_\_\_ Today's Date: \_\_\_\_\_

## 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**  
**Infants, Preschool & School-Age Center**  
**Fees Policy/Admission/Financial Agreement**

**ACCOUNT INFORMATION AND PARENT RESPONSIBILITY**

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

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

Email \_\_\_\_\_

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

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

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

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

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

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 (please circle the days of care)
4. My child will be in care during the hours of \_\_\_\_\_ to \_\_\_\_\_
5. I will be making payments by: CASH MONEY ORDER CASHIER CHECK
6. Daycare Rate Will Be \$ \_\_\_\_\_ Due Weekly In Advance Every Monday.  
Payments Are Made By The Following:  
Cash, Cash App, Venmo, Zelle, Or Direct Deposit In Our Bank Account.
7. How Will You Make Your Payment: \_\_\_\_\_

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

- **Days of operation: Monday – Friday**
- **Hours: 6:30am – 6:00pm**

**FEES**

Monthly tuition rates for Infants 0-23 Months

- **\$350 Per Week FT Or \$260 Per Week PT**

Monthly tuition rates for 2-Kindergarten age children are as followed:

- **\$250 Per Week FT Or \$200 Per Week PT**

Monthly tuition rates for School-Age 1 s t Grade & Up are as followed:

- **\$235 Per Week FT Or \$135.00 Per Week PT**

We are pleased to accept CHILD ACTION/COUNTY children. We don't charge our subsidized families any extra payments if our rate is more than the caps. We Don't Offer Monthly Rates or Discounts.

**Breakfast, Snacks & Lunch Options**

We will have microwaves to heat all meals if needed.

- Morning snack and afternoon snack are provided For Students. 100% juice, Milk or Water is provided with all snacks.
- **Lunch: ALL Children please bring their lunch.** Milk for lunch is provided.

**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 Preschool & Daycare Termination Conditions:**

Parents/Guardians are required to give a two-week written notice to withdraw a child / children from Kiddy Club Daycare. 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 yourself 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 #613A):**

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 Daycare Center. 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><i>Initial Enrollment and Administrative Fees</i></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	
<b><i>Annual Re-Registration and Administrative Fees</i></b>	<b>\$100.00 Per Child</b>
The Re-registration fee is billed at re-enrollment each year.	
<b><i>Supply Fee</i></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 Director for your rate! All Child Action Or County Families. We don't charge a copay. You will be billed the enrollment Fee Only that will be paid by you in cash or money order.



## **RATE CHANGE**

**Rates may be reviewed and revised at any time by the Director. A written notice will be sent to parents/guardians 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 every week. 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. Charge Backs! will add a **\$30.00** charge to any account if an automated payment is returned by the bank for any reason.
5. KC policy requires that a student(s) will be withdrawn from daycare 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 director.
6. **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 6:30 am. Parents who do not arrive to pick up their child by 6:00 pm 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 Preschool & Daycare 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.

## **STAFF TRAINING**

Kiddy Club will take a 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**

Kiddy Club Preschool are Weekly charges and no refunds will be given for student's absences, school holidays, vacations or In-service days.

**WITHDRAWAL NOTICE:**

A two-week written notice is required when withdrawing a child from Kiddy Club Preschool & Daycare. 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 Preschool will contract with only one parent for the responsibility of tuition payments.

**TRANSPORTATION AGREEMENT:**

For any children needing drop off and pick up from designated schools in our school area will need to send a transportation agreement. Our vans are full insured and our driver are all trained to provide this service. Please ask the director for your agreement.

**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
- Bulk Diapers
- Bulk Wipes
- Diaper Ointment (if needed)
- Pacifier (if applies)
- 10 Pack Of Bibs
- 2 Receiving Or Thin Blanket
- 5 Sets of Extra Clothes, Including Socks
- Premixed Bottles(Powder Only)/Brest Milk
- Prepared Baby Food (if not on solid foods)

**Toddlers(Label Everything)**

- Small Backpack(To Keep Items At School)
- 5 Changes of Clothes in a zip lock bag and labeled
- Bulk Pull-Ups (Non-Potty Trained Child)
- Bulk Wipes (Non-Potty Trained Child)
- Small Potty Seat to place on Toilet (Non-Potty Trained Child)
- Small Thin Blanket & for nap-time
- Home Lunch in lunchbox With Name

**Preschool**

- Small Blanket & Small Pillow
- Small Backpack With 2 Extra Change Of Clothing in a Zip Lock Bag
- Bulk Pull-Ups (Non-Potty Trained Child)
- Bulk Wipes (Non-Potty Trained Child)
- Small Potty Seat to place on Toilet (Non-Potty Trained Child)
- Home Lunch In A Lunch Bag With Name

**School-age**

- Small Backpack With Extra Change Of Clothing
- Home Lunch In A Lunch Bag With Name
- Homework
- 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.

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

**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 Fees, 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)**

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

# Parents Agreement:

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

Please sign:

---

Parents

---

Provider

---

Child's Name

---

Date Enrolled

---

Special Needs

---

Director Sign:

---

Today's Date

**Kiddy Club Daycare**

7710 Stockton Blvd

916-617-7248

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

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

Dear Kiddy Club Families: (Handbook Insert New Policy)

Like many of you, KIDDY CLUB STAFF are closely monitoring information regarding the Coronavirus disease (COVID-2019). According to public health officials, the risk to area residents is low and we have no reason to believe the illness poses an immediate threat to KIDDY CLUB DAYCARE.

At this time, it is recommended that schools, staff and students continue their normal routines while taking the same precautions recommended during cold and flu season including the following now:

- No Visitors Allowed. Includes Parents.
- Parents Must Wear a MASK if you plan on entering the center. Temperature must be checked and hand sanitizer used before entry.
- Parents must maintain Social Distancing when in the classroom away from staff, parents & Children in the center.
- Parents must entry main entry drop off and pick up only in the safe boundary area of the black carpet entry.
- Children must come to school clean, dry & no soiled diapers/Pull-up.
- All children will continue with our routine health check at arrival which includes Temperature checks, visual inspection for rash or other health check concerns. If temperature 100.0 will be sent home. If child develops a fever during school, a parent will be called to pick up their child asap. Child will be separated until parent arrives.
- **How to stay safe at school and home**
- Constant Hand-washing and teaching the children to Cough/Sneeze batman style and keep distance.
- Properly clean and disinfecting your home and cars daily.
- **Covid-19 Policy**
- **Stay home when sick.** Remain at home until fever/cough runny nose, sneezing has been gone for at least **72 hours or more** without the use of fever-reducing medicines or **14 days If Covid-19 positive**. Seek immediate medical care if symptoms become more severe, e.g., high fever or difficulty breathing or you test negative for Covid-19.
- Get Doctors Note or Public Health letter before you return to school. No Exceptions.
- If you or anyone in your family has come in contact with anyone that tested positive for COVID-19 you must notify us immediately so we can inform our parents, staff, Licensing and CDC. Failure too do so will result in termination and punishable by law.

**All KC classrooms** are supplied with hand sanitizer, disinfecting wipes, tissues and no-touch trash cans Restrooms are adequately supplied with soap. Further, our campus maintenance crew is taking additional steps to further sanitize high-usage public spaces on campus.

The health and safety of our students is of the utmost importance. We are carefully monitoring the news, CDC & Licensing and will heed safety precautions as indicated by health agencies. We will communicate further should health concerns necessitate any changes in operations.

We have the **RIGHT** to refuse any child for any reasons due to illness and other children's safety. We have the **RIGHT** to call you if your child becomes ill. You must come pick up your child asap.

Parents you have a **RIGHT** to keep your children home at this time. If my staff becomes not available to work we will shut down the center. If state shuts us down we will give you the date we can re-open. All children must be picked up by **5:30-5:40pm** so we have time to clean for the next day. We appreciate your cooperation.

Updated June 1, 2020

I agree to all terms above and will continue working at Kiddy Club Daycare.

Children's Name: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Sign Parent Name: \_\_\_\_\_

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

Sincerely,  
Kiddy Club

# 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 them the best possible care?

I agree to all the following terms above:

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

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

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



# KIDDY CLUB DAILY INFANT CARE SHEET

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

Arrival Time \_\_\_\_\_ Last Feeding \_\_\_\_\_

Important Information about Your Child's Morning \_\_\_\_\_

Morning Wellness Check \_\_\_\_\_

## Diapers

Time	Wet	BM	Initial

## Bottles

Time	Ounces	Initial

## Disposition

AM	PM
Happy	Happy
Playful	Playful
Cuddly	Cuddly
Fussy	Fussy
Busy	Busy
Tired	Tired

## Meals

Time	Amount	Menu	Initial
		Breakfast	
		M. Snack	
		Lunch	
		A. Snack	

## Health During School

## Sleep

Begin	End	Initial

## Items I Need

Bibs      Milk  
 Diapers    Cereal  
 Wipes      Snack  
 Clothes     Juice

## Caregivers

Name	In	Out

## About My Day