

CHILD CARE APPLICATION

[Please Print]

KIDDING AROUND CHILD CARE CENTER

"All kids need is somebody who believes in them."

639 E Old Hickory Blvd. Madison, TN 37115

(All information is required and must be completed by the parent(s) or legal custodian(s)/ if unknown use N/A or none until it can be added later and initialed)

Child's Information:

Child's DOB: _____ Date of admission: _____
Child's Full Name: _____ Nickname: _____

Parent's Information:

Mother's Name: _____ E-mail Address: _____
Address: _____ Cell #: _____
Employer: _____ Work #: _____
Days per week/Hours: _____

Father's Name: _____ E-mail Address: _____
Address: _____ Cell #: _____
Employer: _____ Work #: _____
Days per week/Hours: _____

Custodial Parent if divorced (provide the center a copy of the custodial order):

Persons authorized to pick up and transport the child other than parent or custodian: [Give **full name, phone number, and driver's license number** of the person to release the child. They must be listed below to ensure the child's safety. Neither a phone call or text message acceptable permission of the parent(s) or custodian(s)]:

Name: _____ Phone #: _____ DL#: _____
Name: _____ Phone #: _____ DL#: _____
Name: _____ Phone #: _____ DL#: _____

**** PLEASE LIST INDIVIDUALS WHO ARE NOT TO BE GRANTED ACCESS TO PICK UP YOUR CHILD****

Please note that in order to adjust this information, the parent and the individual must be present to sign a form stating that the parent is allowing this individual permission to pick up and transport the child.

Full Name(s): _____

Emergency Information:

Emergency Contact (1):
Name: _____ E-mail Address: _____
Address: _____ Cell #: _____
Employer: _____ Work #: _____
Days per week/Hours: _____

Emergency Contact (2):
Name: _____ E-mail Address: _____
Address: _____ Cell #: _____
Employer: _____ Work #: _____
Days per week/Hours: _____

Medical Information

Physician's Name: _____ Office #: _____
Medical Assoc. + Address: _____

Child's Chart #: _____

Special written doctor's instructions for care or medical treatment given the child care:

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To whom any medical training and/or instructions and permission given:

Any food, environmental and/or medical allergies:

Eating Habits:

At what time does the child eat breakfast? _____ Dinner/Lunch? _____ Dinner/Supper? _____

Snack? _____ Does he/she feed themselves?(circle) Y / N

What is the child's general attitude toward eating?:

Does the child refuse to eat? _____

How is this handled and by whom? _____

The child's favorite foods:

DEVELOPMENTAL HEALTH HISTORY – PHYSICAL HEALTH

What health problems has your child had in the past? _____

What health problems does your child have now?

Other Than What You Listed Above:

Does your child have allergies? If so, to what? _____

How severe? _____

Does your child take any medication regularly? If so, what and when? _____

Has your child ever been hospitalized? If so, when and why?

Does your child have any recurring chronic illness or health problems such as:

___asthma ___cerebral palsy ___developmental delay ___seizure disorder

___diabetes ___frequent earaches ___hemophilia ___other

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem:

Do you have any other concerns about your child's health?: _____

DEVELOPMENTAL HEALTH HISTORY – DEVELOPMENTAL

Does your child have any problems with speech? Please explain:

Does your child have any problems with walking, running, using his/her hands or moving? Please explain:

Does your child have any problems seeing? Please explain:

Does your child have any problems hearing? Please explain:

DAILY LIVING

What is your child's typical eating pattern? List the foods your child likes and dislikes:

Is your child on any special diet? Please describe:

How well does your child use table utensils (cups, fork, knife, spoon)?:

SOCIAL RELATIONSHIPS/PLAY

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Does your child receive any special education services? Please explain:

Does your child have trouble making friends?:

How does your child get along with peers/friends?:

Is your child involved in any sports/hobbies? Please describe:

What does your child do when he/she is stressed, angry, or frustrated?:

What is the best way to discipline your child EXCLUDING physical punishment?:

Is there any other information that you wish to share that would assist in meeting your child's needs?:

Note: The content of this health history has been taken from "Healthy Young Children A Manual for Programs", a publication of the National Association for the Education of Young Children, and used by permission. NAEYC, 1509 16th Street, N.W., Washington, DC 20036-1426 Tel numbers (202)232-8777 (800)424-2460 FAX (202)324-1846

- I have received a summary of the licensing requirements.
 - I do hereby authorize the child care facility's staff to obtain emergency medical care for my child: (In some cases, such as military, dependents, a limited power of attorney may be required by the child care facility.)
 - I visited the child care facility prior to enrolling my child.
 - I have received a copy of the child care facility's parent policy statement or handbook, payment contract and signed their copy verifying by receipt my understanding and agreement of their content.
 - I understand any changes in the above information must be entered immediately and initialed.
- The above information is true and accurate to the best of my knowledge.

Signature of parent(s)/custodian(s)

Date

SPECIAL NOTES FOR CHILD CARE FACILITY OR PARENT/CUSTODIAN:

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CONTRACT AGREEMENT FOR CHILD CARE SERVICES

Kidding Around Child Care Center will offer the very best care that one can provide a child. We do not discriminate on the basis of race, national origin, religion, sex, disability, or special needs. We take pride in running a very diverse child care center. As the parent, you can expect that we will love, cherish, and uplift your child.

Our child care center focuses on education, developing socialization, and self-help skills needed to have a positive self-image. Self-esteem is a critical component to optimal growth in young children, and we give the children the opportunity to explore, experiment, and create things in a safe and nurturing environment.

Highlights of our center include:

- Training in CPR/First Aid
- State registered/licensed childcare
- Certified staff members that have undergone a thorough background check prior to hire

I respect and appreciate the trust you have placed in Kidding Around Child Care Center to care for your child. As a parent, you are one of the most important factors of your child's life and I will make every effort to support you as a family.

Sincerely,

Ms. Roberta

**Please feel free to contact Ms. Roberta if you have any questions or concerns regarding your child care and/or services **

Enrollment Requirements:

- Child's Tennessee Certificate of Immunization (provided by a physician)
 - Completed child care application for enrollment (NON-REFUNDABLE \$80 for one child, \$100 for two children, \$150 for three or more children)
 - First week's tuition
 - Please note that when disenrolling your child, you will be required to provide us **one weeks notice + final week's payment.**
1. Business Hours: 7:00 AM – 6:00 PM
 - a. Drop Off/Pick Up
 - i. Children are **not** to be dropped off at 7:00 AM and picked up at 6:00 PM each day, unless you have discussed that you would like to utilize the **additional \$30 option** for your child to be in care more than nine hours per day.
 - ii. Your child must be dropped off **NO LATER** than **9:00 AM**. If your child is not dropped off by 9:00 AM each day without a doctors note, your child will not be able to attend for that day.
 - iii. Each parent has **NINE** hours daily and **FIVE** days per week (full time). If your child is in our care for more than 9 hours, parents will be charged \$5 for the first minute and \$1 for every additional minute the parent is late to pick up their child.
 - iv. For any parent who needs longer hours, there is an **additional \$30 to the weekly fee** which will prevent parent from receiving late pick up fees. This option allows your child to be in care for up to 11 hours. This fee is due on Monday's along with general tuition.
 - v. When dropping your child off, you must sign your child's first and last name, their time in, print your name, and sign your name. The same protocol follows when child is being picked up from the child care center. **SIGN FULLY.**
 - vi. A child has to be picked up by the PARENT or an individual AUTHORIZED by the parent.

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- vii. Parent **MUST** notify the provider if the child will be picked up by another adult, and the other adult must provide a valid ID.

2. Payment

WEEKLY RATES ARE AS FOLLOWS

One Year: \$215 Two Years: \$195 Three Years: \$185 Four Years: \$175 Five Years: \$155

- a. Tuition is due **EVERY Monday** by the end of the day.
- b. Parents are **responsible for the normal payment whether the child is present or not.**
- c. Payments not made on Monday will automatically have a **non-negotiable \$35 late payment fee** added if the payment is made between **Tuesday and Thursday**, and a **non-negotiable \$50 late payment fee** if they payment is made on **Friday**.

3. Food

- a. Children will be served breakfast, lunch, and snack at the child care center. Parents are asked to bring specific alternatives that pertain to their child if necessary.

4. Holidays

- a. Kidding Around Child Care Center will be CLOSED on the following dates listed below:

- ✓ New Year's Day
- ✓ Martin Luther King Day
- ✓ President's Day
- ✓ Good Friday
- ✓ Memorial Day
- ✓ July 4 & 5 – Independence Day
- ✓ Labor Day
- ✓ Columbus Day
- ✓ Veterans Day Observance
- ✓ Thanksgiving Thursday + day after Thanksgiving
- ✓ Dec 13
- ✓ Dec 23 – Dec 25 – Christmas

**** Other special days we will be closing early in which we will give each parent a two weeks notice****

**** Please note that the center may also be closed due to weather conditions, or COVID ****

5. Contract Cancellations

- Delinquent Accounts: In the event that the responsible party fails to pay for childcare, services will be terminated immediately or suspended until payment is made. Additionally, until the parent has covered their balance, they are not to come to the center to retrieve their child's belongings. Once the balance is taken care of, parent will be able to retrieve their child's belongings.
- Your child care services can be dropped from Kidding Around Child Care Center based on your child's behavior, or the inappropriate behavior of a parent. We do not tolerate any child or parent disrespecting our center, other children, nor our staff. We will give three warnings prior to the cancellation of contract.

PLEASE NOTE THAT PARENTS MUST BE COOPERATIVE WHEN CHILD HAS BAD BEHAVIOR

- ❖ FIRST: We will send a behavioral report home explaining the continual behavior of the child.
- ❖ SECOND: We will call the parent/guardian and setup a parent/teacher conference to devise a plan to put into action.
- ❖ THIRD: Termination of contract.

THIS AGREEMENT DOES NOT HAVE ANY CHILD EXCEPTIONS

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- Children will be visually screen as they arrive. If a child exhibits a sign of illness, it will be determined if the symptoms indicate the need of exclusion until remedied. In the event that your child becomes ill and needs to be picked up, the child will be separated from the rest of the children until a parent/guardian or authorized adult arrives.
- Parents that bring their child to the center in the morning with a soiled diaper will be responsible for cleaning their child prior to departure.

YOUR CHILD WILL NOT BE ALLOWED TO ATTEND IF:

- Temperature (100 degrees or more)
- Vomiting (two or more occasions within a 24 hour period)
- Child has a draining rash
- Eye discharge or pink eye
- Chicken pox, mumps, hands feet mouth disease, etc
- Lice, nits, or any contagious illness
- COVID related symptoms are present

****AFTER ANY OF THESE CONDITIONS, CHILD MUST HAVE A MEDICAL NOTE TO RETURN TO CHILD CARE CENTER****

6. Medications

Written consent is required to administer ANY medication. All prescription or over the counter medication must be in the original container and properly labeled with child's name. **KIDDING AROUND CHILD CARE CENTER WILL NOT BE RESPONSIBLE FOR ANY ALLERGIES OR SYSTEMS CAUSED BY THE MEDICATION.** In case of an emergency, the provider will call 911 if parent cannot immediately be reached.

7. Prohibited Items : ELECTRONICS, JEWELRY, MONEY

KIDDING AROUND CHILD CARE CENTER WILL NOT BE RESPONSIBLE FOR ANY LOST OR STOLEN ITEMS.

8. Discipline

- No form of physical punishment is allowed
- Discipline is not associated with food, frightening, humiliating, or using the restroom
- Constructive methods are used to help children to practice positive behavior

IT IS THE RESPONSIBILITY OF PARENTS TO PROVIDE THEIR CHILDREN WITH THE FOLLOWING:

- Parents are responsible for providing diapers/pulls up and wipes for their children
- Parents are responsible for providing two small sheets/blankets, for naptime.
- Parents are responsible for providing their child's naptime mat.
- Parents are responsible for providing their child with an extra change of clothes.

I, _____, acknowledge that by signing this contract, I must abide by the rules and regulations of Kidding Around Child Care Center. By not complying with such regulations, my contract is subject to cancellation. The provider may amend it's policies and procedure by providing the parent(s)/guardian(s) a copy of the newly changed policies at least TWO weeks before they go into effect.

Parent Signature

Date

Provider Signature

Date

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PERMISSION TO PHOTOGRAPH

I, _____, give permission to Kidding Around Child Care Center to photograph my child, _____, for the following purposes:

Types of Use:	(Please Circle One)
Still Photographs:	
Display in facility's scrapbook or bulletin boards, show to current and prospective clients	Y N
Display still photos on child care website*	Y N
Post photos on child care's social media outlets: <ul style="list-style-type: none"> • Instagram: @KoolKidzOfKiddingAround • Facebook: Kidding Around Child Care Center 	Y N
Videos:	Y N
Give videos to current parents	Y N

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent/Guardian Signature)

Date

ON SITE VISIT

Prior to your child's enrollment, the Tennessee Licensure Rules for Child Care Centers insists that each parent take an on-site visit at the daycare facility.

By signing below, you acknowledge that you have taken an on-site visit at Kidding Around Child Care Center prior to the enrollment of your child.

Name

Date of on-site visit

Signature