

KID'S KAMPUS LEARNING CENTER INC. Enrollment Form

Child's Name- _____
(First) (Middle) (Last)

Child's Address _____

Date of Birth _____ Sex: M/F _____ Enrollment Date _____

Primary Language _____ Allergies _____

*Food exceptions _____

*(The State of Iowa requires a Diet Modification Form signed by your Doctor)

Special Instructions - _____

Note if your child has any special needs, please discuss prior to enrollment)

Please list your child's normal schedule below so that we may schedule staff correctly. If your child needs to come earlier or later- please let the staff know the day before. Our fees are based on 10 hours of care per day.

Monday	Tuesday	Wednesday	Thursday	Friday
__ : __ to __ : __	__ : __ to __ : __	__ : __ to __ : __	__ : __ to __ : __	__ : __ to __ : __

PAYMENT for tuition:

You have a choice each Monday to leave a check in the foyer tuition box or come to the office to use your credit card or have your bank send us checks each Monday.

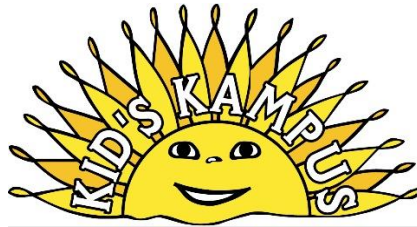
Primary PAYMENT Contact: Name _____

Person Referring you to Kid's Kampus _____

Marital Status:

Married _____ Divorced _____ Single _____ Separated _____ Widowed _____

Parent Signature _____ Date _____



2018 PARENT CONTRACT FORM

The following agreement is made between the parent/guardian and Kid's Kampus Learning Center Inc. for the child care services for:

Child's Name _____ Child's start date _____

The terms of this agreement are as follows:

Weekly tuition \$ _____

_____ Registration Fee- \$60.00 per child (plus first week's tuition to hold a spot)

_____ Annual Fall Preschool Fee for children 3 and 4 years old= \$30.00

(Prorated fee January through March) = \$20.00

_____ Late payment fees: Tuition is due on Monday. Any payment after Tuesday add \$5. If not paid on Wednesday, add \$10, If not paid by Thursday- add \$15. If not paid on Friday your child may not return until payment is made.

- Full tuition is due each week regardless of days missed for illness, vacation, holidays or days the center is closed due to weather.
- We are closed at 6:00 P.M. Our late pick up fee begins at 6:01 for \$5 and each 15 minutes an additional \$5. Three after 6PM pickups result in termination of care.
- If a check is returned for insufficient funds a \$35 fee is charged.
- The center is closed the following days: -New Year's Day*, Memorial Day, Fourth of July, Labor Day, Thanksgiving and the day after, and Christmas Day*. (* If the holiday lands on a weekend, we will be closed the weekday closest to it.) On Christmas Eve, we close at noon.
- This contract can be terminated by either parent/guardian or provider by giving a 2-week advance notice.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Child's Name _____ Date of Birth _____

In the event that my child may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or dental care to the _____ Hospital and Dr. _____ or his/her designee to provide this care. In the event that my child (listed above) may require dental and/or surgical care, I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

COMMENT: Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

Present Medication(s) for my child _____

1. Mother/Guardian

Name _____ Home # _____
 Address _____ Cell # _____
 City/ST/Zip _____ Place of Employment _____
 Relationship to child _____ Work # _____
 Mother's email address _____ Please mark a * by the 1 number to call FIRST

2. Father/Guardian

Name _____ Home # _____
 Address _____ Cell # _____
 City/ST/Zip _____ Place of Employment _____
 Relationship to child _____ Work # _____
 Father's email address _____

3. First person to contact in case of an emergency if parent is unavailable, and are authorized to PICK UP Child

Name _____ Home # _____
 Address _____ Cell # _____
 City/ST/Zip _____ Place of Employment _____
 Relationship to child _____ Work # _____

4. 2nd person to contact in case of an emergency if parent is unavailable, and are authorized to PICK UP Child

Name _____ Home # _____
 Address _____ Cell # _____
 City/ST/Zip _____ Place of Employment _____
 Relationship to child _____ Work # _____

5. Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with your child while in care at the center? Name _____ Do you have a copy for us _____

REQUIRED STATE INFORMATION:

Child's Doctor's name(not a clinic name) _____ Phone # _____ Address _____
 Child's Dentist's name(not a clinic name) _____ Phone # _____ Address _____

(All lines MUST be filled out to enroll your baby/child)

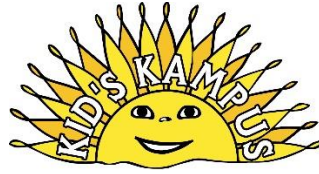
Does your child have permission to be transported in our vans for pre-authorized FIELD TRIPS (after your child turns 3 years old & up): _____ yes _____ no

Can your child be photographed for publicity use? ___ Yes ___ No

Can your child be videotaped with their class on our face book site? ___ Yes ___ No

We do video surveillance in our classrooms for staff training purposes only.

Parent Signature _____ Date _____



Child's Physical Form

Kid's Kampus Learning Center Inc.

Child's Name _____ Date of Birth _____ Age _____
Address _____ Home Phone _____

Check illnesses the child has had:

___ Measles ___ Strep Throat ___ Mumps ___ Chicken Pox

Allergies to food _____

Other Allergies _____

Contact with tuberculosis ___yes ___no

If tuberculosis test given: Date _____ Results _____

If chest x-rayed: Date _____ Results: _____

Any surgery, accidents or other illnesses or special problems:

Are immunizations up to date? ___yes ___no

Has this child ever been on behavior medicine ___yes ___no

Comments/recommendations to the child care provider:

The above-named child has received all necessary immunizations, is in good health and able to participate in a child care center where the child to adult ratio will be:
4-1 Infant and Toddlers, 6-1 for 2's, 8-1 for 3 year olds, 12-1 for 4 & 5 year olds, 15-1 for School agers

Physician's Signature _____ Date of Exam _____

Please return to: Kid's Kampus Learning Center
5150 Blairs Forest Way N.E.
Cedar Rapids, Iowa 52402