

Application for Enrollment

Child's Name _____ Birthdate _____

Mother's name: _____

Mother's email: _____ cell: _____

Father's name: _____

Father's email: _____ cell _____

Desired start date: _____

Desired attendance schedule: (write approximate drop-off and pick-up times)

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Who will typically drop off and pick up your child?

Is your child toilet trained?

Please describe any special needs and/or allergies your child has:

Has your child ever been in a daycare/preschool setting?

Who does your child live with? Please indicate any shared parenting schedules:

Please list other adults authorized to pick up your child:

Is there anything else you would like us to know?

Enrollment Contract

To enroll my child at KC Child Care Center, I understand that I must:

1. Submit a completed application
2. Provide a health appraisal form (signed by physician) and immunization record.
3. Complete a Child Information Record
4. Pay all fees, as outlined below

I understand that I must pay:

1. First week's tuition
2. One week's tuition as a deposit to be applied to the last week of care, provided two week's written notice is given for withdrawal.
3. Registration fee of \$50
4. Subsequent tuition payments are due by Friday each week for the upcoming week. If this is not paid by Friday, the child may not attend the following week and could lose his/her spot.
5. A \$5 late fee is assessed to all late tuition payments
6. If I pick up my child after 6 p.m., I agree to pay a \$1/minute late fee.

I understand that :

1. If my child is absent or there is a holiday for which the center closes, there will be no reduction in my weekly tuition rate.
2. If the center must close due to acts of mother nature (loss of power, snow storms, flooding, etc.) my tuition will not be reduced unless the center is closed more than 2 days.
3. I am responsible for providing lunch, diapers, wipes, and prepared bottles.
4. I am required to give two week's written notice to the Director to withdraw and have my deposit applied.
5. 30 days written notice is required to change my child's schedule or drop enrolled days.

Parent's Signature _____ date _____

Enrollment Contract (continued)

I choose to enroll my child from _____ a.m./p.m to _____ a.m/p.m
on the following days:

Mon Tues Wed Thurs Fri

Enrollment fees due:

First week's tuition: \$ _____

Deposit \$ _____

Registration fee \$ _____

Total Due Today: \$ _____

Child's name _____ birthdate _____

Desired start date: _____

Please read and initial:

___ *I agree to read the parent handbook (available on mykcchildcare.com)

___ *I understand the parent handbook may be modified and updated and the center will communicate changes through email.

___ *I agree to the policies and procedures of KC Childcare Center and understand that these are subject to change.

___ *I understand that deposits and registration fees are non-refundable.

Parent signature _____ date _____

Parent signature _____ date _____

Statement acknowledging receipt of Parent Handbook

I /we, _____, hereby acknowledge and agree with the following:

1. I/we have received a copy of the KC Parent Handbook (available on mykcchildcare.com)
2. I/we have read and agree to comply with the policies contained in the handbook which governs the terms of the childcare contract and have been given the opportunity to ask questions about the content of the handbook.
3. I/we understand that the handbook reflects the current policies and procedures of KC Child Care Center and that it replaces and supersedes any prior policies, procedures, or handbooks.
4. I/we agree to conform to these policies and procedures and understand that these policies and benefits may be amended, modified, terminated or replaced by KC Child Care Center.
5. I/we understand that this handbook is the property of KC Child Care Center.

Parent/guardian signature _____

Parent/guardian signature _____

Parent Notification of the Licensing Notebook

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPS developed on and after May 27, 2010 until the license is closed.

***This center maintains a licensing notebook of all inspection reports, special investigation reports and all related corrective action plans.**

***The notebook will be available to parents for review during regular business hours.**

***Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website.**

I have read the above statement issued by KC Childcare Center

Child(ren)'s Name(s) _____

Parent name _____

Student Publicity Release

To the parent or guardian of _____

(student's name)

On occasion the commercial media or other approved video, photographic and/or audio production crews may be present at the school or at a KC Child Care sanctioned activity your child attends. If you approve of your child's participation in the video/photographic/audio, productions /interviews/ activities that may take place, please sign below after reading the following:

I, _____, am the parent/guardian of the above-named student. In the interest of public education, I hereby authorize KC Child Care Center, the commercial media and non-commercial production crews, acting through their authorized employees or agents and in their discretion to use, re-use, publish, re-publish and copyright audio and/or visual reproductions of the above-named student's voice and/or image alone or with other persons, with or without the use of the student's name. This release is in effect in perpetuity from the date the student becomes a student of KC Child Care Center until the date his/her status as a student terminates.

I hereby release and hold KC Child Care Center harmless from any liability and waive any request for remuneration.

Parent/guardian signature _____

Date _____

Address _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

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See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.		()		()	
2.		()		()	
3.		()		()	
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.		()		2. ()	
3.		()		4. ()	

Parent/legal guardian must initial one of the following:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

_____ I do not give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

Signature of Parent or Guardian				Date Signed	
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Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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