



KID'S ark

Registration Package

Child Care: _____ VPK _____ WA _____ After School _____ Start Date _____

Student Information

Full Name: _____
Last First Middle Nickname

Child's Address: _____

City: _____ Zip: _____

DOB: _____ Age: _____ Gender (Circle) M F T-Shirt Size for VPK _____

Primary Hours of Care: From _____ To: _____ Days of Week in Care: M T W TH F

Meals typically served while in care: _____ Breakfast _____ Lunch _____ PM Snack

How did you hear about **Kid's Ark**? _____

Referred by : _____

Family Information:

Mother's (Guardian) Name: _____

E-mail: _____ Cell#: _____ Home _____

Address _____

City: _____ Zip: _____

Employer: _____ Position: _____ Work phone: _____

Address: _____

City: _____ Zip: _____

Father's (Guardian) Name: _____

E-mail: _____ Cell#: _____ Home _____

Address _____

City: _____ Zip: _____

Employer: _____ Position: _____ Work phone: _____

Address: _____

City: _____ Zip: _____

Legal Custody: Mother_____ Father_____ Both_____ Other_____

Please provide all relevant documentation of custody

Are you a member of the Forest City SDA Hispanic Church? Yes_____ No_____

If no, what church are you affiliated with? _____

In order for **Kid's Ark** to assume responsibility for my child, I understand that I must sign the child in daily at arrival and out at departure time.

Initials_____

Person's authorized to pick up child:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or guardian cannot be reached. Please provide a copy of their ID.

1. _____

Name	Relationship	Cellphone	Work phone
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2. _____

Name	Relationship	Cellphone	Work phone
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3. _____

Name	Relationship	Cellphone	Work phone
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4. _____

Name	Relationship	Cellphone	Work phone
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5. _____

Name	Relationship	Cellphone	Work phone
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Medical or helpful information:

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Is your child on any medication? No Yes If yes, please specify: _____

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you gave received the above items and that all information is complete and accurate. You also agree that you have read the parent handbook and agree to abide by its policies

Parent or legal guardian name: _____

Signature _____ Date: _____

Attendance Policy

Kid's Ark requires that our children arrive by 8:50am (except VPK students). This is so he/she may benefit from the learning activities that begin promptly at 9:00am. Excessive tardiness and/or absences are disruptive and can greatly affect the progress of the child. If you child has an appointment or other unavoidable interference with this policy, please call and provide a doctor's note.

Initials _____

Door/Security Policy

We believe that is extremely important to keep the front door locked for the safety of our children. We do not want unsolicited or unexpected strangers to enter the building. Your child's safety is our first priority. Only the Parent/Legal Guardian/s will be given a code to enter. Under no circumstances you are to share this code with anyone, including your child, older siblings or relatives. Any violation of this policy will result in having this privilege suspended.

If grandparents or other family members come to pick up your child, we ask they ring the bell, or knock on the door first. We will obtain their ID and keep a copy in your child's file.

Open Door/Visiting

Parents/Guardians of currently enrolled children are welcome to visit the center anytime during regular hours of operation. We ask that you please sign in the Visitor's Log in the front office before going into your child's classroom.

Sickness / Medicine Procedures

Any child, who becomes ill during their stay, will be moved to an isolation area, and the parents will be notified immediately, to pick them up. Sick children at school must be picked up within 1 hour of notification.

We follow the regulations of the Department of Children and Families Florida Administrative Code in regard to Health Related Requirements (section 65C-22.004) "Any Child, child care personnel or other person in the child care facility suspect of having a communicable disease shall be removed from the facility or placed in an isolation area until removed. Such person may not return without medical authorization. Or until the signs and symptoms of the disease are no longer present."

Sign and symptoms of a suspected communicable disease include any of the following:

1. Severe coughing, causing the child to become red or blue in the face or making a whooping sound.
2. Difficult or rapid breathing
3. Stiff neck
4. Diarrhea (more than an abnormally loose stool within 24 hour period)
5. Temperature of 100.5 degrees Fahrenheit or higher when in with any other signs of illness
6. Conjunctivitis (pink eye)
7. Exposed, open skin lesions, ringworm
8. Unusually dark urine and/or white stool
9. Yellowish skin or eyes
10. Any other unusual sign or symptom of illness

No medication shall be given by childcare personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name and medication directions written on the label. Medication, which has expired or is no longer being administered, shall be returned to the parent or legal guardian.

If your child is too sick to participate in school activities and outdoor play please keep them at home as we cannot provide one on one care for the student.

I accept that staff administer any non-prescribed lotion, Neosporin (antibiotic ointment), diaper rash cream, sunscreen etc., I am going to provide the lotion or nonprescription medicine marked with my child's full name and written permission to administer the medication form.

I do _____. I do not _____.

Initials _____

MEDICAL EMERGENCY

In the event of medical emergency, if permission is granted we will take whatever steps deemed necessary to obtain emergency medical care. These steps may include one or all of the following:

1. Attempt to contact the Parent(s) / Guardian(s)
2. Call 911
3. Call an Ambulance
4. Begin First Aid procedures and/ or CPR/ Infant CPR

I understand that the center will make every effort to contact me or people I have authorized before taking this action. I will also take full responsibility for the payment of such care and/or treatment.

Kids' Ark Development Center is not responsible for situations that may occur as a result of falsified or fraudulent health information submitted or omitted at the time of enrollment.

Parent or legal guardian Name: _____

Signature _____ Date: _____

Discipline

It is our policy to use positive means for managing a child's behavior. As childcare providers, we share the parent responsibility for developing self-discipline and self-control while in our care. Setting clear expectations of children, redirecting activity, positive reinforcement and problem-solving strategies are taught.

The use of corporal punishment is never acceptable in our center. Discipline will never be humiliating, frightening or harmful. It will not be associated with food, rest, or toilet training. We stress on two patterns of behavior: respect for other people and respect for property.

Children displaying disruptive behavior which is upsetting to the physical or emotional well-being of themselves or another child, may need to be picked up for the day.

The director communicate any areas of concern to the parents in order to work together on a behavior modification program. Should efforts be unsuccessful and the child's behavior is of such nature as to threaten the safety of others and/or cause disruption to the program, Kids' Ark Development Center reserves the right to remove the child from the program.

Parent or legal guardian Name: _____

Signature _____ Date: _____

Tuition and Payments

Payments: Tuition may be paid by cash or by check and payment is due in advance the first day of service. Your child will not be admitted to **Kid's Ark** the next day if full payment was not made on next day of your service.

Make the check payable to: Kids' Ark Development Center.

- Registration Fee: \$ 90.00
- Full day Infants \$175.00 per week \$45.00 per day
- Toddlers \$170.00 per week \$45.00 per day
- 2 Years old \$165.00 per week \$40.00 per day
- 3 Years old \$160.00 per week \$40.00 per day
- 4 Year old \$155.00 per week \$35.00 per day
- VPK Wrap Around \$100.00 per week (see VPK program)
- After School Program \$75.00 per week
- Summer Enrichment Program. \$130.00 per week
- School Age (Spring Break, Christmas Break) \$140.00 per week
- Part Time (3 Days a week) \$115.00 per week
- Part Time (5 days, 5 hour daily) \$135.00 per week
- Late fee payment \$10.00 per week
- Late Pick-up Fee (\$1 fee will be charged for every minute late after a 5 minute courtesy wait.)
- Late Fee for Returned Checks \$30.00

Initials _____

Hours of Service Contract

Student Name: _____

DOB: _____ Age: _____ Gender: _____

Please select one of the following options:

_____ Full-time (up to 11 hours)

_____ Part Time please select one of the following part-time choices below:

- 3 days a week: M T W TH F
- 5 days, 5 hours daily (7:00 am – 12:00 pm) or (8:00 am – 1:00 pm)

_____ Wrap Around program

- 7:00 am - 6:00 pm
- 8:00 am - 6:00 pm
- 11:35 am- 3:30 pm
- 11:35 am- 6:00 pm

_____ VPK (8:10 am - 11:35 pm)

Initials _____

Note: Vacation: Full time: 10 days. Part Time (3 days): 6 days. Part Time(5 days 5 hrs) 10 days.

Child's Name: _____

Tuition/Late Fee Agreement

Weekly Agreement

It is my understanding that **Kid's Ark** must receive tuition no later than Monday morning or first day of service. It is also my understanding that if payment is not received by 6:00 pm on Monday or first day of service, a late fee of \$10.00 will be applied to my account. Holidays and absences due to illness are days to be paid. Vacation days are the only days that pay is not required.

I acknowledge that I have been advised that my child or children will not be admitted to **Kid's Ark** on Tuesday morning or second day of service if full payment of tuition and/or late fee was not made.

Parent /Guardian Name _____

Signature _____ Date _____

Monthly Agreement

I understand that **Kid's Ark** must receive my monthly payment no later than the 3rd of each month. A late fee of \$10.00 will be applied to my account if payment is received on the 4th day. Holidays and absences due to illness are days to be paid. Vacation days are the only days that pay is not required.

I acknowledge that I have been advised that my child or children will not be admitted to **Kid's Ark** on the following morning if full payment of tuition and/or late fee was not made as stated.

Parent /Guardian Name _____

Signature _____ Date _____

Other Agreement

I understand that **Kid's Ark** must receive my _____ payment no later than the _____ of each _____ by 9:00 A.M. of that day. A late fee of \$10.00 will be applied to my account if payment was not made as agreed. Holidays and absences due to illness are days to be paid. Vacation days are the only days that pay is not required.

I acknowledge that I have been advised that my child or children will not be admitted to **Kid's Ark** on the following morning if full payment of tuition and/or late fee was not made as stated.

Parent /Guardian Name _____

Signature _____ Date _____

Pictures

In the event that we may want to take pictures of your child for a project and for displaying in the classroom, **Kid's Ark** will need your consent. In addition we may use your child's photo on our school web site or Facebook page. We will only be displaying the photo and no other personal identifiable information.

Please fill in the appropriate lines and sign below:

I _____ give consent for my child _____
to have their pictures taken for use in the classroom, school facility and church.

I _____ give consent for my child _____
to have their picture displayed on our web site and Facebook.

I _____ do not give consent for my child _____
to have their pictures displayed in any way.

Parent /Guardian Name _____

Signature _____ Date _____

LET ME TELL YOU ABOUT MY CHILD

Child's Name: _____

Birth date: _____ Parent's names: _____

Sibling's names: _____

Names/Words used to describe grandparents or other family: _____

Parents' reason for choosing school: _____

Has your Child had previous Day Care experience? _____ Yes _____ No

List 3 words to describe your child's personality:

_____ / _____ / _____

My most important goals/objectives for my child are: _____

Here, at Kid's Ark we understand that children learn at different rates. Our goal is to develop all children's faculties in a fun, loving, Christian Environment. What suggestions can you make to ensure your child has a successful year?

Additional information that I want you to know about my child (special needs, dealing with fear, frustration, or change) _____

Describe your child's early development, and if there are any special occurrences that may have affected your child.

In what ways do you discipline you child when he/she misbehaves?

What kind of things do you do together as a family?

What kinds of things are you helping your child to learn?

Child's favorite foods/dislikes:

Is your child comfortable with other adults?

Is your child comfortable with other children?

Would you like to get involved in the center as a volunteer? In what way?

Parent Consent for Screening and Assessments

Kids Ark Development Center wants to make sure that each child enrolled in our center is provided with opportunities to help them develop the skills and abilities needed to be successful in school. To support your child/ren in reaching their full potential, we provide the following:

1. Developmental Screening and Assessments: One that we utilize is the Learning Accomplishment Profile (ELAP), for children 1 month-36 months, and will be completed by the teacher. Another is the Ages and Stages Questionnaire (ASQ) tool for children 1 month to 5 years old, to be completed by the teacher and parents/guardians. Information is scored to determine the developmental level of your child and possible need for additional services. Based on screening results, a developmental assessment may also be completed by the Early Learning Coalition of Seminole. Results of screenings and/or assessments will be shared with Parents/Guardians. Referrals to resources/services will be provided as needed.
2. Vision, Hearing, Speech, Occupational and Physical Therapy Screenings: These are offered based on Parent and/or provider concern as a result of developmental screening results. Screenings are conducted on-site at the child care center. Parents/Guardians are notified of results and provided with referrals to help meet the child's needs.

I consent to the screening and assessment as outlined above with the understanding that I will receive the results and will be informed of any recommendations. When necessary, I consent to the vision, hearing, speech, occupational and physical therapy screenings as outlined above with the understanding that I will receive the results and review and duplicate my child's health records, which may include, but is not limited to immunization records, physical exam, and results of any screenings.

I consent to the above

Parent /Guardian Name _____ Signature _____ Date _____

I do not consent to the above

Parent /Guardian Name _____ Signature _____ Date _____