

PRE-ENROLLMENT CHECKLIST

4-6 Weeks Prior to Start Date

- Set up enrollment meeting with Director
- Confirm Start Date: _____
- Confirm Attendance – circle: M T W T F
- Register Online Payment Portal
- Submit First Month’s Tuition and Security Deposit (Half Month’s Tuition) to confirm enrollment - Circle: Online or by Check
- Set up pre-start visits – parent’s presence required

First Day - What to bring

- Required forms
- Sunscreen* (require parent’s signature)
- Change of clothes
- Family photo

Infants (and Toddlers if applicable)

- Expressed breastmilk, formula, bottles, food (labeled with child’s first and last name and date)

Infants and Toddlers (and Preschool if applicable)

- Diapers
- Diaper wipes, powders, ointment, etc* (require parent’s signature)

Toddlers, Preschool and School Age

- Rest time items (blanket, cot sheet; pillow and soft toy optional)

All Enrollees

Once you have been notified of acceptance for enrollment, please complete the admissions process by taking the following steps:

1. Complete and submit all forms necessary for enrollment
2. Submit your child’s required proof of immunization and physical exam report form, completed and signed by a physician. Please note that, before your child can participate in any Kiddie Academy activities, immunization requirements must be met in full. This requirement is for the health and safety of all children at the Academy.

Parent Essentials Receipt

I have received a copy of the *Parents Essentials* handbook and the *Handbook Addendum* on _____ (Date)

I have reviewed and understand all of the Kiddie Academy policies and procedures.

Parent/Guardian Signature

Date

Name (printed)

EMERGENCY INFORMATION

NOTE: THIS ENTIRE FORM MUST BE UPDATED SEMI-ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City State Zip Code

Parent/Guardian 1:	Parent/Guardian 2:
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Employer/School:	Employer/School:
Employer/School Address:	Employer/School Address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Personal Security Pin:	Personal Security Pin:

Name of Person Authorized to Pick-Up Child (*daily*) _____
Last First Relationship to Child

Address _____
Street/Apt. # City State Zip Code Telephone

When parents cannot be reached, list at least two people who may be contacted to pick up in an emergency:

1. Name _____ Relationship _____
Last First
 Telephone (H) _____ (W) _____ (Cell) _____

Address _____
Street/Apt. # City State Zip Code

2. Name _____ Relationship _____
Last First
 Telephone (H) _____ (W) _____ (Cell) _____

Address _____
Street/Apt. # City State Zip Code

3. Name _____ Relationship _____
Last First
 Telephone (H) _____ (W) _____ (Cell) _____

Address _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Child's Dentist _____ Telephone _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Health Insurance Provider and Policy Number: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Kiddie Academy® to provide for the transportation of my child to (Name of Hospital) _____

Address: _____ Phone: _____

(or the nearest hospital) and to secure for my child all necessary medical treatment. I understand that the teachers in the child care center are trained in the basics of first aid and I authorize them to provide my child with first aid when appropriate.

Signature of Parent/Guardian

Date

SEMI-ANNUAL UPDATE (Sign if information remains the same, otherwise complete a new form)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



PUBLICITY RELEASE AGREEMENT

Date: _____

I hereby consent to the use of my name, photograph or other likeness by Kiddie Academy Domestic Franchising, LLC and/or its corporate affiliates ("Kiddie Academy"), their respective employees, agents, licensees, franchisees, and assigns in all marketing and advertising materials, publications, word of mouth programs, Web sites, social media and/or in media interviews without restriction as to manner, frequency or duration of usage.

I further agree that my name and/or photograph or other likeness may be used with whatever visuals, copy or other elements for Kiddie Academy's online newsletters, Web sites, social media sites or in electronic/print media and I agree that all such materials produced hereunder are and will remain the sole and exclusive property of Kiddie Academy and will not have to be reviewed with me prior to their use.

I further consent to the use of statements, comments, or opinions I have made, whether oral or written, referring or relating to Kiddie Academy, its business, the Kiddie Academy system and its programs, and/or my own franchised business.

I hereby warrant and represent that the statements attributable to me, accurately reflect my true and honest belief and my actual experience with Kiddie Academy, which I testify to and recommend. I agree to execute whatever documents Kiddie Academy requires confirming this warranty and representation.

I represent that I am over the age required by law in this state to enter into binding agreements and that I have no conflicting contractual obligations that would interfere with my performing services hereunder or my granting the rights herein granted. If I am under age, the signature of my parent/guardian below shall constitute the parent/guardian's consent on my behalf to the terms and conditions of the Release Agreement. This consent is irrevocable and is given on the express understanding and condition that no reward or compensation is or shall be due to me or to the undersigned parent/guardian for the giving of this consent or for the grants and licenses provides herein.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof.

Signature: _____

Printed Name: _____

Address: _____

Telephone: _____

For Minors under 18 yrs of age:

Signature of Parent/ Guardian: _____

Print Name: _____

Print Child's Name: _____

BEHAVIOR MANAGEMENT POLICY

The Kiddie Academy® System has developed a detailed set of policies regarding children's behavior management and discipline. Every member of our staff is required to follow each policy when handling behavior issues. The goal of our program is to emphasize respect for self, respect for others and their work, and respect for materials located in our academy.

Using appropriate methods of discipline that incorporate behavior management enables the young child to learn self-control and gain an understanding of the types of conduct that are acceptable. Children become more independent and self-sufficient when they take responsibility for their own behaviors. Self-discipline, learned during the early childhood years, is necessary in order to become a productive member of our society.

Every Kiddie Academy operates under the following policies:

1. Injurious treatment of children is not tolerated under any circumstances.
2. No corporal punishment, including spanking, will ever be used.
3. No child shall be subjected to cruel or severe punishment or verbal abuse, including those that are shaming, frightening or humiliating.
4. No child shall be denied food, toileting or rest privileges as punishments.
5. No harsh or profane language or implied threats promising physical punishment shall be used.
6. No child shall be punished for soiling or wetting him/herself or not using the toilet.

We recognize and praise appropriate and positive behaviors. A teacher's response to inappropriate or negative behaviors may include redirecting the child's activity, reasonably discussing the problem or using planned ignoring. The child may be directed to an area of the classroom to participate in an activity that is calming. This approach gives the child an opportunity to reflect on his/her actions.

In the event that inappropriate behavior continues despite utilizing the above-stated techniques, the director will observe the child in the classroom, set up a meeting with the child's parents and the classroom staff, and develop a specific program that is agreeable to all parties. The specific program is to be implemented within the classroom's daily programming.

* * * * *

Name: _____

Date: _____

Signature: _____

Enrollment Date: _____

PARENT AUTHORIZATION AND CONSENT

Child's Name: _____ Date of Birth: _____ Enrollment Date: _____

I hereby acknowledge that I have received a copy of the *Parent Essentials Handbook*. I have reviewed and understand all of the Kiddie Academy policies and regulations.

(Printed Name) (Signature) (Date)

Please place a check (✓) next to each item (<i>authorized or not authorized</i>)	<u>Authorized</u>	<u>Not Authorized</u>
1. My child may use a cot, blanket and pillow during rest time.	_____	_____
2. Staff may apply the following products to my child.		
Diaper Ointment	_____	_____
Diaper Wipes	_____	_____
Diaper Powder	_____	_____
Baby Lotion	_____	_____
Sun Block	_____	_____
Lip Balm	_____	_____
Other: _____	_____	_____
I understand that I must provide and clearly label/date these products.		
3. My child <u>may</u> be photographed during activities and field trips and his/her likeness used in marketing materials.	_____	_____
4. My child <u>may</u> participate in nature walks in the neighborhood.	_____	_____
5. My child <u>may</u> participate in outdoor water play activities.	_____	_____

I hereby authorize Kiddie Academy® to release my child to the following persons (other than parents):

Name: _____ Relationship: _____
Address: _____ Telephone #: _____

Name: _____ Relationship: _____
Address: _____ Telephone #: _____

Name: _____ Relationship: _____
Address: _____ Telephone #: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event such an emergency occurs and I cannot be reached, I hereby authorize Kiddie Academy® to provide for transportation of my child to _____ (Name of Hospital) (or the nearest hospital) and to secure for my child all necessary medical treatment. I understand that the teachers in the child care center are trained in the basics of first aid and I authorize them to provide my child with first aid when appropriate.

I hereby indemnify and hold harmless Kiddie Academy® of _____ and its owners, agents and employees against any and all liability for any and all injuries to my child arising from or related to the items listed on this form for which I have provided my authorization.

Parent/Guardian Printed Name Parent/Guardian Signature Date

BI-ANNUAL UPDATES:

DIET RESTRICTION LETTER

Date: _____

To the Kiddie Academy[®] of _____ :

I, _____ request that my child, _____,
not eat the following foods while at Kiddie Academy:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

The reason for this diet restriction is (please check one):

- Personal Preference / Religious
- Allergy (a note from the Doctor is attached to this form)
- Other (Please explain) _____

The following substitutions may be provided to my child.

Signature: _____

Printed Name: _____

Office Use Only

- Request added to Classroom and Kitchen Food Allergy Chart
- Photo taken and posted
- Request and documentation in child's file(s)

**INFANT SAFE SLEEP POLICY
FOR PARENTS/GUARDIANS**

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy infant for whom no cause of death can be determined based on an autopsy, an investigation of the place where the infant died and a review of the infant's clinical history.

In the belief that proactive steps can be taken to lower the risk of SIDS in the child care setting and that parents and child care professionals can work together to keep infants safer while they sleep, all Kiddie Academy® Child Care Learning Centers practice the following safe sleep policy.

Safe Sleep Practices and Environments:

1. All child care staff working in the infant room, or child care staff who may potentially work in the infant room, will receive training in our Infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep unless there is a signed sleep position medical waiver form on file. In that case, a notice will be posted on the infant's crib.
3. The American Academy of Pediatrics recommends that infants be placed on their backs to sleep; but when infants can easily turn over from the back to the stomach, they can be allowed to adopt whatever position in which they prefer to sleep.
4. All Kiddie Academy® staff should follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when their infants turn onto their stomachs or sides.
5. Sleeping infants must be checked periodically by staff. Staff members must be especially alert to monitor sleeping infants during the first several weeks they are in child care. (Infants under the age of 12 months must be visually checked every 5 minutes and their position must be documented every 15 minutes on the Infant Sleep Chart or in Academy Link.)
6. Steps will be taken to keep infants from becoming too warm or overheated, including regulating the room temperature and by not over-dressing the baby.
7. The temperature of the infant room will be kept between 68 and 72° F.
8. No loose bedding, pillows, comforters, bumper pads, etc. will be used in cribs.
9. Appropriately sized sleep sacks are recommended in place of sheets and blankets.
10. No toys or stuffed animals will be placed in cribs.
11. A safety-approved crib with a firm mattress and tight-fitted sheet will be used.
12. A crib is the only location in which children will be allowed to sleep. Any infant who falls asleep in another location will be immediately moved to his or her crib.
13. Infants will be placed (one) 1 foot from the bottom of the crib to sleep.
14. Only one infant will be in each crib at a time, unless the academy is being evacuated in an emergency.
15. No smoking is permitted in the infant room or on the premises.
16. A written copy of this Infant Safe Sleep Policy will be provided to infant room parents/guardians prior to enrollment.
17. A written note from the child's physician is required if it is necessary to deviate from this Safe Sleep Policy.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the Kiddie Academy® Infant Safe Sleep Policy and that the academy's Director/Owner/Operator (or other designated staff member) has discussed the Kiddie Academy® Infant Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Kiddie Academy Supervisor: _____ Date: _____

One signed copy to be given to parent/guardian; one signed copy to be placed in the child's file.

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

* Is your child fed held in lap? _____ High chair? _____
* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
*Do you use: oil: _____ powder: _____ lotion: _____ other: _____
*Are bowel movements regular? _____ How many per day? _____
*Is there a problem with diarrhea? _____ Constipation? _____
*Has toilet training been attempted? _____
*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
*How does your child indicate bathroom needs (include special words): _____
Is your child ever reluctant to use the bathroom? _____
Does your child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____
Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

•-----•

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

•-----•

School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***

•-----•

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (applied to open wound/ broken skin) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ Date _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ Date _____

For topical, non-prescription **NOT** applied to open wound / broken skin (parent signature only)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

OFF SITE ACTIVITIES PERMISSION FORM

Section 1 - Program completes prior to parental consent

Program: _____

Name of Educator(s) responsible for child: _____

Name of off-site location and address: _____

Date of off-site activity: _____ Time Leaving Program: _____ Time Returning to Program: _____

Method of Transportation: _____ Fee associated with activity (if any): _____

****NOTE**** Each child must carry on his/her person the name, address, and telephone number of staff or child care program whenever she/he is off the premises in care of the program.

Section 2 – Parent/Guardian completes prior to off-site activity

I give permission for my child to attend the above identified off-site activity

Child's Name: _____ Child's Date of Birth: _____

Parent's/Guardian's Name: _____ Phone Number: _____

I authorize child care program staff to secure necessary emergency medical treatment

Name of child's Physician, Address, phone number: _____

Child's allergies, health conditions, or Individual Health Plan: _____

Health Insurance Plan and Policy #: _____

Emergency Contact Name: _____ Contact #: _____

(Parent/Guardian Signature) (Date)

This form must accompany each child on the off-site activity