

Parent Emergency Contact Information:

1st Parent/Guardian to contact for emergency:		Email address	
Name: <input type="checkbox"/> Mom <input type="checkbox"/> Dad		<i>(please provide an email address that you check daily)</i>	
Address: <input type="checkbox"/> check here if same as child's	City:	Zip:	Subdivision:
Employer:	Occupation:	Social Security Number <small>(for security purposes):</small> - -	
<i>List telephone numbers below where parent/guardian can be reached while child is in care</i>			
Call this number first: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Call this number second: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
For non-emergency matters, how would you like to be contacted?: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Doesn't Matter			
2nd Parent/Guardian to contact for emergency:		Email address	
Name: <input type="checkbox"/> Mom <input type="checkbox"/> Dad		<i>(please provide an email address that you check daily)</i>	
Address: <input type="checkbox"/> check here if same as child's	City:	Zip:	Subdivision:
Employer:	Occupation:	Social Security Number <small>(for security purposes):</small> - -	
<i>List telephone numbers below where parent/guardian can be reached while child is in care</i>			
Call this number first: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Call this number second: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
For non-emergency matters, how would you like to be contacted?: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Doesn't Matter			

Secondary Emergency Contact Information: If parent/guardian cannot be reached, please contact the following:

1st Contact Name:		Relationship to child:	
Address:	City:	Zip:	Subdivision:
Call this number first: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Call this number second: () -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	

Permissions: Check all that apply

Transportation: I give consent for my child to be transported and supervised by A Kid's World employees. (check all that apply) <input type="checkbox"/> for emergency care <input type="checkbox"/> field trips <input type="checkbox"/> to and from school		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Child's Physician	Address: City: State: Zip:	Phone:
Name of emergency care facility:	Address:	Phone:
List any special problems that your child may have, such as allergies, existing illness, previous serious illness and/or injuries, hospitalizations during the past 12 months, any medication prescribed for long term continuous use.		

X _____ X _____ Date _____
 Mother's signature Father's Signature

I give my consent for the facility to secure any and all necessary emergency medical care for my child.

Nutrition Registration (All children):

Meal Options:

What meals will we be preparing for your child? (If your child's attendance will fluctuate, check all that apply)

- Breakfast
 AM Snack
 Lunch
 PM Snack
 I will provide my own meals

Please note, by providing your child's meals, you are responsible for the nutritional value.

Nutrition Registration (For children ages 0-12 months only)

Infant Formula and Milk Options:

I authorize A Kid's World to provide infant formula to my baby. I understand the infant formula brand provided by A Kid's World is [Member's Mark Infant Formula with Iron with Iron and DHA & ARA](#)

I will provide infant formula for my child. I understand that I must prepare and provide pre-made bottles daily.

I will provide expressed breast milk for my infant.

Infant Cereal Options:

I authorize A Kid's World to provide rice cereal to my baby. I understand the rice cereal provided by A Kid's World is Gerber Rice Cereal

I will provide cereal for my child.

***Special Note Regarding Dietary Restrictions: Dietary restrictions require a physician's note**

Health Admission Requirement (Skip this section if your child attends public school):

If your child DOES NOT attend public school, one of the following must be presented when your child is admitted to A Kid's World. Please check the item you will be presenting.

Physician's Statement (Physician's statement form on next page)

Written Health Statement: A signed and dated copy of a health care professional's statement.

Parent Statement

My child has been examined within the last twelve (12) months by a licensed physician and is able to physically participate in the child care program. I will obtain a physician's statement within the next twelve (12) months and submit it to this child care facility.

Name of health care professional whom examined child within the last (12) months:

Phone:

Physician's address:

City:

State:

Zip:

Enrichment Opportunities:

(Check box if interested in receiving more information)

D.K.'s Tumblebus: \$32.00 p/month:

D.K.'s Tumblebus is a full-sized bus converted into a gymnasium on wheels. The interior features a monthly cheerful, familiar theme and includes; bars, beams, monkey bars, ball pit, mountain climbing, trampoline, cargo net and Much More. Children attend one 30 minute session per week and learn tumbling basics and coordination skills.

X _____
Mother's signature

X _____
Father's Signature

Date

I decline enrichment opportunities

Release of Liability:

Please note that by enrolling your child (ren) in the enrichment activities offered at A Kid's World, you are releasing A Kid's World of any and all liabilities associated with said enrichments. This includes injuries, account discrepancies, et cetera. Questions regarding liability and liability insurance should be directed to the company offering the activity. Also, note that A Kid's World is not responsible for enrichment tuition payments lost or stolen. By enrolling your child (ren) in the enrichment activities offered, you are giving permission for A Kid's World to release your child (ren) into the care of the Enrichment Personnel temporarily for the duration of the enrichment exercise.

X _____
Mother's signature

X _____
Father's Signature

_____ Date

Parents,

If you have not obtained a physician's statement or a current copy of your child's immunization records. Please complete the bottom portion of this form. You may take this form to your child's physician or for your convenience; we will fax this form to your child's doctor requesting the immunization records on your behalf.

Thank You!

Physician's Statement & Immunization Records Request

Dr. _____,

I am requesting the following records for my child

Name of Child:

Date of Birth:

Vision & Hearing Screening Records

Immunization Records

Please fax current immunization records for the above mentioned child.

Immunization record must provide;

1. Child's name
2. Child's birthday
3. The number of doses and vaccine type
4. Signature or stamp of the health care professional

Physician's Statement

I have examined the above named child within the last twelve (12) months and verify that he/she is physically able to participate in a child care program.

Physician's Signature

Date

Please fax documentation to, A Kid's World, League City, Texas 77573

Fax #: 281-554-2834.

X _____
Mother's signature

X _____
Father's Signature

Date

Enrollment condition:

Research shows that a consistent environment is directly related to the healthy development of a child's social-emotional being. I understand that moving a child from center to center is detrimental to his/her social-emotional growth. I understand the goal of A Kid's World is to provide a pleasant, stimulating environment to all children enrolled. I also understand that A Kid's World holds the belief that it takes all of us to create a warm, happy environment. I stand behind this belief and agree to do my part in achieving this, this includes;

(initial below)

- Notifying management of any questionable situation or condition
- Keeping open lines of communication between my family and A Kid's World
- Communicating my family's needs and desires

I understand that a condition of enrollment is that I volunteer to participate in AT LEAST ONE Parent Advisory Committee (PAC) event per year. I agree that 100% parent participation ensures that my child (along with the other children enrolled) will enjoy successfully planned events throughout the year. PAC event details below.

Parent Advisory Committee (PAC) Events & Volunteer Opportunities

Joining PAC is a great way for you to participate in family activities. The Parent Advisory Committee (PAC) will meet to plan seasonal events for the children enrolled. Participation is extended to extended family members and friends, including but not limited to grandparents, aunts, uncles, etc.

Seasonal Events (Participation in ONE event is required; however your participation in more is appreciated):

Please check as many events that you would like to participate in (check all that apply):

- | |
|--|
| <input type="checkbox"/> Parent Advisory Committee Fall Fundraiser – Volunteers are asked to vote on a fundraising event and assist in preparing fundraising products for delivery to participants. Funds from our annual fundraising event are deposited into a separate PAC fundraising account. Volunteers vote on how the funds are to be spent. |
| <input type="checkbox"/> Halloween Festival/Carnival –Volunteers are asked to help plan Halloween festivities/carnival, festivities typically include game booths, prizes, food and candy galore. Children are encouraged to dress up in their favorite make believe costume. |
| <input type="checkbox"/> Thanksgiving Feast – Volunteers are asked to bring a covered dish to PAC's annual Thanksgiving feast. One free week is given for best side dish and one free week is given for best dessert. Parent & staff vote. |
| <input type="checkbox"/> Christmas Party & Feast - Volunteers are asked to bring a covered dish to PAC's annual Christmas feast. One free week is given for best side dish and one free week is given for best dessert. Parent & staff vote. |
| <input type="checkbox"/> Valentine's Day Party – Volunteers are asked to assist in planning and carrying out PAC's annual Valentine's Day/Staff Appreciation events. |
| <input type="checkbox"/> Spring Kid's Helping Kid's Charity Fundraiser & Easter Egg Hunt – Volunteers are asked to donate items for our annual Easter Basket auction and to help plan PAC's annual Easter Egg hunt. |
| <input type="checkbox"/> Teacher Appreciation Week – Volunteers are asked to help plan festivities for Teacher Appreciation week |

What level of participation are you interested in?

- | |
|---|
| <input type="checkbox"/> General volunteer: Carries out various tasks as it relates to project, i.e., bake cookies, bring candy, etc. |
| <input type="checkbox"/> Project leader: Leads project and coordinates volunteers |
| <input type="checkbox"/> Project communicator: Ensures that parents are informed of event details. Assists project leader. |
| <input type="checkbox"/> Treasurer - ensures PAC fundraiser money is accounted for and used appropriately for each project. |

X _____
Mother's signature

X _____
Father's Signature

_____ Date

Our Contract with You Center Policies & Procedures Agreement

***Very Important—Read This Entire Form Carefully Before Signing**

Child's Name: _____ Effective Date (First date of care): _____

I understand the following fee policies (Please check the following as you read and understand them)

Deposit: A deposit in the amount of \$ _____ and a registration fee of \$ _____ is required to reserve my child's spot. I understand fees related to my child's care starts on _____. The deposit amount above will be applied to my child's tuition beginning on the date above. The deposit is forfeited if I withdraw my child's enrollment prior to scheduled start date, as A Kid's World held my child's spot and, in turn, turned away prospective enrollees. If you extend the scheduled start date, an additional deposit will be required. Upon request, your deposit payment can be held for two (2) weeks following the start date listed above.

Tuition Fees: My child's tuition rate is \$ _____ per Week Month. Tuition is due each Monday. If my child is attending on a "drop-in" basis, fees are due at the time of pick up.

Returned Checks: I understand A Kid's World will re-deposit a returned check as a courtesy. There will be a **\$30.00 returned check charge** assessed each time the check is returned. If three (3) checks are returned within one (1) year, cash or money order payments will be required for a six (6) month period.

Late Pick Up Fees: I understand my account will be charged **\$1.00 for each minute after closing**, beginning at 6:31 p.m. Late fees are assessed regardless of circumstances and are to be paid directly to the teacher on duty at time of pick up (not A Kid's World). Late payments are paid to the teacher (not A Kid's World) for the teacher's inconvenience.

Late Payment Fees: I understand a **\$10.00** late fee will be assessed to tuition payments not received by Thursday morning. A Kid's World will waive two (2) late fees per year. After the second late payment, a **\$10.00** late fee will be charged for every late payment thereafter, regardless of circumstances. Also, a **service charge of 1 1/2 % per month (18% APR)** will be added to all overdue accounts.

Withdrawal Notice: I understand that in order to withdraw my child's enrollment at A Kid's World, **two weeks written advance notice is required**. If I withdraw my child without giving two weeks advance written notice, then I will be responsible for paying for two weeks tuition after the last date of attendance.

Collection Fees: I understand if a balance is maintained on my account, I will be notified of the balance. I will be given reasonable opportunity to dispute charges, if necessary. If payment or payment arrangements are not made on undisputed charges, my account will be referred to a Collection Agency and/or the Galveston County Courthouse (GCC) for collection. On the day paperwork is filed with GCC, my account will be charged a **collection fee of \$200.00 plus any and all postage fees** incurred during the entire collection process. In addition, I will be responsible for all applicable court costs.

Observed Holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Thanksgiving Day After, Christmas Eve, and Christmas Day. **If the holiday falls on a Saturday, we will be closed the previous Friday. If the holiday falls on a Sunday, we will be closed the following Monday.**

Illness: I understand I may not bring my child to the facility if he/she is ill. I have read and understand State Licensing requirements regarding illness and agree to be completely cooperative in the terms set forth. I will be notified if my child becomes ill while in attendance at A Kid's World. I understand I have one (1) hour from the time of notice to pick up my child. **Late fees of \$1.00 per minute will apply after one (1) hour.**

***** VERY IMPORTANT:**

Absence/Vacation Policy: So that we can maintain the highest quality of education and care for all children, **your child's tuition fees must be paid in full regardless of his/her attendance.** This policy applies to absences for any reason including illness, family vacation and center closings such as observed holidays and severe weather closings.

Acknowledgement: I have read and understand the terms set forth. I understand that this document is a signed agreement between A Kid's World and I. I will not dispute or negotiate these terms after my child's first day of attendance.

X _____ X _____
Mother's signature Father's Signature Date



Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express. To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize **A Kid's World** (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name: _____ Phone: _____
Address: _____ City: _____ State: _____

Depository Bank or Credit Union Name: _____
Address: _____ City: _____ State: _____

Type: Checking Savings

Routing Transit Number (see sample below): _____

Account Number (see sample below): _____

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature Date

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

X _____ X _____
Mother's signature Father's Signature Date



For Credit Card Authorization
Complete and return to center management

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize **A Kid's World** (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name: _____ Phone # _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Account Number: _____
 Expiration Date: _____

 Cardholder Signature

 Date

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received:

Employee Signature:

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

X _____ X _____ Date _____
 Mother's signature Father's Signature

ATTENTION:

THE NEXT PAGE IS REQUIRED!!

The USDA requires that the following form be completed

For **EVERY** family enrolled.

It is NOT a form intended solely for low income families.

You are not required to disclose income information

X _____
Mother's signature

X _____
Father's Signature

_____ Date

A Kid's World Phone: 281-338-4664

Director: Tanya Roland

Child's Name: _____

Hispanic or Latino
 Not Hispanic or Latino

Asian
 White
 Black or African American

American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

X _____
Mother's signature

X _____
Father's Signature

_____ Date