

Enrollment Pack
A Kid's World Montessori Preschool

8/2008-JM

Child's First Day (Date): _____ Today's Date: _____

So that we can provide a sufficient quantity of food daily, what meals would you like us to prepare for your child daily?
(If attendance will fluctuate, please circle all of them), circle all that apply: Breakfast AM Snack Lunch PM Snack

Days and Times Your Child will be Attending: _____
(For Example: Mon.-Fri 8:00 a.m-6:30 p.m. or T-Th 9:00 a.m.-2:00 p.m)

How did you hear about us? _____
Prospective parents may request references from A Kid's World. May we give out your first name and telephone number to these prospective parents? Yes No Doesn't Matter

Child Information:

Child's Name: _____

Nick Name: _____ Child Resides With: _____

Subdivision: _____ City: _____

Address: _____ City, State, Zip Code: _____

Home Phone: _____ Date of Birth: _____

Release Information:

Please list the names of people whom your child may be released to: Mom and Dad not included (For custodial issues, please refer to our Handbook)

1st Name: _____ Relation to Child: _____
Telephone: _____

2nd Name: _____ Relation to Child: _____
Telephone: _____

Note: The persons listed above must show a valid driver's license or picture identification and will have their photo taken by system camera for future identification purposes.

Previous attending Montessori school/day care center:

1. _____ 2. _____
3. _____ 4. _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

For Office Use Only

Teacher/Class: _____ NCI: Yes No
Driver's License #: _____ (Copy of Driver's License on File) T.E. Yes No
Payment: Wkly Mthly Rate:\$ _____ Discount: Yes No If Yes, Explain: _____
Interested in PAC: Yes No
Child's Ethnicity: (Discrimination Purposes) ___ African-American ___ Asian/Pac. Islander ___ Caucasian ___ Hispanic
___ Other: _____

Parent/Guardian Information:

Mother's Name: _____

We send newsletters, reminders and other center notices by email. Your email address is important for effective communication, please provide an email address you check daily.

Email Address: (Please print clearly) _____

Employer: _____ Occupation: _____

Social Security Number: _____ (For Security Purposes)

Work #: _____ Cell #: _____

For non-emergency matters, how would you like to be contacted?: (circle one)

Home Work Email It Doesn't Matter

I { **do / do not** } wish to be notified by text msg. Of any supplies my child may be in need of.

Father's Name: _____

We send newsletters, reminders and other notices by email. Your email address is important for effective communication. Please provide an email address you check daily.

Email Address: (Please print clearly) _____

Employer: _____ Occupation: _____

Social Security Number: _____ (For Security Purposes)

Work #: _____ Cell #: _____

For non-emergency matters, how would you like to be contacted? (circle one)

Home Work Email It Doesn't Matter

I { **do / do not** } wish to be notified by text msg. Of any supplies my child may be in need of.

Public School Information:

Name of Attending Public School: _____ Grade: _____

Address: _____ Telephone: _____

Are your child's immunization records on file at the above listed school? Yes No **(Circle One)**

Are your child's vision & hearing records on file at the above listed school? Yes No **(Circle One)**

{Note: Public schools are required to screen for vision & hearing each year. These results are kept on file at P.S.}

What type of care will we be providing for your school age child(ren)? (Please circle one)

Before School After School Before & After School Summer Camp

Emergency Contact: (Other than Parent/Guardian)

1st Contact: _____ Phone: _____

2nd Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Address: _____ Preferred Hospital: _____

Existing Illnesses: _____ Allergies: _____

Daily Medications: _____

Previous Serious Illness Injuries: _____

Hospitalization in Last 12 Months: _____

No Known Medical Conditions at this time: (Signature Here) _____

Do you authorize transportation to and from school for your child? Yes No

Do you authorize transportation to and from field trips for your child? Yes No

May your child participate in water activities? Yes No

Licensing Requirement: A Kid's World may act on my behalf regarding medical emergency situations in the event I can not be contacted, or if the situation requires an immediate decision.

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____

Parents,

If you do not have a current copy of your child's immunization record readily available, please complete the bottom portion of this form. For your convenience, we will fax this form to your child's doctor requesting the immunization records on your behalf.

Thank You!

Request of Immunization Records

Dr. _____

Child's Name: _____

Child's D.O.B: _____

Please fax current immunization records for the above mentioned child. Please fax documentation to 281-554-2834. If you have any questions, you may contact me at

_____.

Sincerely,

Mother Signature

Date: _____

Father Signature

Date: _____

Child's Health Statement

Name of Child: _____

D.O.B: _____

Note: Admission Requirement-

One of the following four (4) statements must be presented when your child is enrolled, or must be provided no later than one (1) week from date of admission. (Note: Physician's Statement is preferred.)

Mark ("X") the box that applies.

1. _____ **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

2. _____ **Written Health Statement:** A form or written statement from a health service or clinic (including EPSDT programs).

3. _____ **Parent's Statement:** (Only if a physician's statement can not be readily obtained) 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.

For Parent's Statements, the following must be provided:

Name of Physician: _____ (or EPSDT screen site)

Address: _____

4. _____ **Doctor's Appointment:** My child has an appointment with his/her physician. At that time, I will obtain a written statement from his/her physician and submit the results to the child care facility immediately thereafter.

For #4 (Doctor's Appointment), the following must be provided:

Name of Physician: _____ (or EPSDT screen site)

Address: _____

Date of Appointment: _____

Mother Signature

Date

Father Signature

Date

A Kid's World Montessori Preschool
110 McKibben Lane
League City, TX 77573
Office: 281-338-4664

Our Agreement with You
Center Policies & Procedures Contract

Child's Name: _____ Start Date: _____

I understand the following fee policies: (Initial in the blanks.)

_____ **Deposit:** A deposit in the amount of \$ _____ and a registration fee of \$ _____ is required to reserve my child's spot. I understand my child's care starts on _____, 2008. 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 from the start date listed above.

_____ **Tuition Fees:** My families tuition rate is \$ _____ per _____. 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, however, 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. This also applies to illness-related pick ups (see "Illness")

_____ **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 also liable for all legal and collection fees.

_____ **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 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 (s)he is ill. I have read the policy set forth by A Kid's World and agree to be completely cooperative in the terms set forth. I will be notified if my child has to leave the center due to illness. 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.**

* _____ **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 received a copy of the current A Kid's World Parent Handbook and understand by enrolling my child, I am agreeing to the terms set forth. I agree to keep a copy of the policies for future reference.

Mother Signature

Date

Father Signature

Date

Parent Advisory Committee (PAC) & Room Representatives

Purpose:

The Parent Advisory Committee (PAC) has been formed to help improve and maintain the quality of care given to the children enrolled at this center. PAC will meet to offer suggestions and express their concerns to the center's administrator. PAC also meets to plan seasonal events and/or educational programs for the children enrolled. We encourage all parents to participate.

Functions:

- For parents to provide feed back to A Kid's World regarding program or facility policies.
- Forum for A Kid's World to share policy or program changes.
- To plan seasonal events and/or educational programs to the children enrolled at the center.

Membership:

Membership is open to parents with children enrolled at A Kid's World. Discounts may be given for participation.

PAC Body:

The PAC body consists of the following-

PAC Chair Person – PAC Leader in charge of scheduling meetings and overall committee management. 2 year term.

PAC Committee Members – Responsible for attending meetings and fulfilling events, parties and other activities PAC organizes.

See the center Director for more information or questions.

***Joining PAC is a way for you to participate in center activities.**

_____ I am interested in participating in the PAC program.

_____ I am unable to participate in the program at this time.

_____ I am interested in becoming a room representative for my child's classroom.

Circle One or Both-

Participating Parent(s): Mother Father

Mother's Name: _____

Father's Name: _____

Child's Name: _____

Phone: (_____) _____ - _____

A Kid's World Agrees to Accept

_____, minor child of _____
(Child's Name) (Mother & Father Name)

*.....as a temporary member of the center
for a period of four (4) weeks.*

Terms of Conditional Acceptance

This conditional acceptance is granted to determine the child's (and parent's) ability to meet the expectations of the center.

I/We have read and understand the terms above. We accept these terms and choose to enroll our son/daughter under these terms. I/We understand the goal of A Kid's World is to provide a pleasant, stimulating environment to all children enrolled. My child and I agree to fully participate as partners with A Kid's World in accomplishing this effort. I have discussed this with my child. I agree to do my part with my child, and my child agrees to do his part. A Kid's World holds the belief that it takes all of us to create a warm, happy atmosphere. We stand behind this belief as well and will do what we can to make this happen.

Mother Signature

Date

Father Signature

Date

Child's Acknowledgement (if able to write own name)

Date

The Director

Date

2008 Enrichment Activities

Please review the following enrichments we are currently offering. Information and registration forms for the following are located in the Lobby.

D.K.'s Tumblebus: \$30.00 p/month. Ages: 2-7. Mondays—10:15-10:45; 10:50-11:20
D.K.'s Tumblebus is a full-sized bus converted into a gymnasium on wheels. The interior features a monthly cheerful, familiar theme and the following: 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. Class minimum of 10 enrollees. {Location: A Kid's World}

Little Amigos: \$32.00 p/month. \$28.00 p/month if enrolled in Gigglebytes. Ages: 2+.
Spanish classes taught by a degreed educator, fluent in Spanish. Classes are 30-40 minutes in length. Curriculum revolves around a monthly theme. Parents receive a worksheet detailing the fundamentals learned each week. {Location: A Kid's World}

Gigglebytes: \$32.00 p/month. \$28.00 p/month if enrolled in Little Amigos. Ages: 2+. Fun computer classes taught by a degreed educator. Classes are 30-40 minutes in length. Interactive classes teach child topics and skills such as critical thinking, classification, counting, patterns, creativity, sequencing, computer care and more. Parents receive a worksheet detailing the fundamentals learned each week. {Location: A Kid's World}

****Note:** By enrolling your child(ren) in one or more enrichment, you are releasing A Kid's World of any and all liabilities associated with said enrichments such as injuries, account discrepancies, et cetera. A Kid's World is not responsible for enrichment tuition payments lost or stolen.*

Release Authorization for
Enrichment Personnel

Today's Date: _____/_____/_____
mm dd yy

Child's Name: _____ D.O.B: _____/_____/_____
mm dd yy

In addition to our academic program, A Kid's World gives your child the opportunity to enjoy more. Each year, we select well-respected organizations in League City and/or Clear Lake area to offer enrichment opportunities for your child. For an additional fee, your child can participate in activities such as D.K's Tumblebus, Spanish and Computer Classes, dance, etc. Please refer to your enrollment packet for details or contact the Director.

Please note that by enrolling your child(ren) in the enrichment activities offered, 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. Any issues or concerns you have in regards to the enrichment itself should be addressed directly to the company providing the enrichment activity.

Also, 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. Please acknowledge below in authorization.

I give permission for my child to be released into the care of the Enrichment Personnel for the duration of the enrichment exercise on the day that the enrichment(s) are scheduled to take place at A Kid's World in League City, Texas, or enrichments in which A Kid's World provides transportation to/from as a courtesy to my family.

Mother Signature

Date

Father Signature

Date

Note: This form should be signed even if you are not enrolling your child in an enrichment right now, but will be in the future.

Tuition Express

Dear Parents,

Paying tuition and other child care expenses has just gotten easier. As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You will no longer need to remember your checkbook or write a check as you're picking up or dropping off your child(ren). Your account will be safely and securely debited, giving you peace of mind in knowing your tuition is paid when it's due and your child's place is secure in our center.

Enclosed is enrollment information for Tuition Express. Tuition Express allows you to authorize A Kid's World to automatically debit your checking, savings or major credit card for school related expenses. Please fill out the Parent Authorization Form and return it to the front office, along with any necessary documentation such as a voided check, in order to get the process started.

Here are just a few of the many benefits this service provides:

- Never write a check again.
- Be instantly notified by email when the center has processed your payment.
- Enjoy the convenience of regularly scheduled payments that you and the center establish.
- Tuition Express was designed with state of the art technology, making all your information safe and secure.
- Automatic payments are safer than writing checks each (week, month, other), eliminating potential check fraud or worse, identity theft.
- There are no long-term commitments required.

Thank You.



ProCare Software

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 _____, (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 # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type:	Checking	Savings

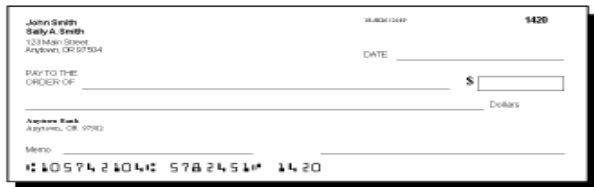
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

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.

TUITION

Express

ProCare Software

For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (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 #	
_____			_____	
Cardholder Billing Address			Account Number	
_____	_____	_____	_____	_____
City	State	Zip	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.

Discipline and Guidance Policy for A Kid's World; Operation #544279

◆ Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

Parent

Employee/Caregiver

Household Member of Child-Care Home