

KIDDING AROUND CHILD CARE CENTER

"All kids need is somebody who believes in them."

120 Harlan Avenue, Hendersonville, TN 37075

(All information is required and must be completed by the parent(s) or legal custodian(s)/ if unknown use N/A or none until it can be added later and initialed)

Child's Information: **** IF YOUR CHILD'S NAME HAS CHANGED, PLEASE PROVIDE DOCUMENTATION****

DOB: _____ Date of admission: _____ Full Name: _____

Parent's Information: ****IF ADDRESS IS THE SAME, WRITE "SA"*****

Mother's Name: _____ E-mail Address: _____

Address: _____ Cell #: _____

_____ Work #: _____

Employer: _____ Days per week/Hours: _____

Father's Name: _____ E-mail Address: _____

Address: _____ Cell #: _____

_____ Work #: _____

Employer: _____ Days per week/Hours: _____

****Custodial Parent if divorced, provide custodial order****

Persons authorized to pick up and transport the child other than parent or custodian: [Give **full name, phone number,** and **driver's license number** of the person to release the child. They must be listed below to ensure the child's safety.

Neither a phone call or text message acceptable permission of the parent(s) or custodian(s):

Name: _____ Phone #: _____ DL#: _____

Name: _____ Phone #: _____ DL#: _____

**** PLEASE LIST INDIVIDUALS WHO ARE NOT TO BE GRANTED ACCESS TO PICK UP YOUR CHILD****

Please note that in order to adjust this information, the parent and the individual must be present to sign a form stating that the parent is allowing this individual permission to pick up and transport the child.

Full Name(s): _____

Emergency Information:

- Emergency Contact (1):

Name: _____ E-mail Address: _____

Cell #: _____ Work #: _____

- Emergency Contact (2):

Name: _____ E-mail Address: _____

Cell #: _____ Work #: _____

Medical Information

Physician's Name: _____ Office #: _____

Medical Assoc. + Address: _____

Special written doctor's instructions for care or medical treatment given the child care:

To whom any medical training and/or instructions and permission given:

Food, environmental and/or medical allergies:

EATING HABITS

**** PLEASE NOTE THAT THE CENTER PROVIDES BREAKFAST, LUNCH + PM SNACK. IF YOUR CHILD IS ON A SPECIAL DIET, YOU WILL BE REQUIRED TO PROVIDE THEIR LUNCH DAILY.****

Does he/she feed themselves? (circle) Y / N

What is the child's general attitude toward eating? _____

Does child refuse to eat? _____ How is this handled + by whom?: _____ Favorite foods:

DEVELOPMENTAL HEALTH HISTORY - PHYSICAL HEALTH

****IF YOU ARE CONCERNED ABOUT YOUR CHILD'S PHYSICAL HEALTH + WOULD LIKE ASSISTANCE, PLEASE NOTIFY CENTER AT YOUR EARLIEST CONVENIENCE****

What health problems has your child had in the past:

What health problems does your child have now?

[Other Than What You Listed Above]

Does your child have allergies? If so, to what?

Does your child take any medication regularly? If so, what medication + at what frequency?

Has your child ever been hospitalized? If so, when, and why?

Does your child have any recurring chronic illness or health problems such as:

__asthma __cerebral palsy __developmental delay __seizure disorder __diabetes __frequent earaches __hemophilia

If medically diagnosed, where can additional medical information be obtained?

DEVELOPMENTAL HEALTH HISTORY - DEVELOPMENTAL

****IF YOU ARE CONCERNED ABOUT YOUR CHILD'S DEVELOPMENTAL HEALTH + WOULD LIKE ASSISTANCE, PLEASE NOTIFY CENTER AT YOUR EARLIEST CONVENIENCE****

Does your child have any problems with speech? Please explain:

Does your child have any problems with walking, running, using his/her hands, or moving? Please explain:

Does your child have any problems seeing? Please explain:

Does your child have any problems hearing? Please explain:

SOCIAL RELATIONSHIPS/PLAY

Does your child receive any special education services? Please explain:

How does your child get along with peers/friends?

Is your child involved in any sports/hobbies? Please describe:

What does your child do when he/she is stressed, angry, or frustrated?

What is the best way to discipline your child EXCLUDING physical punishment:

Is there any other information that you wish to share that would assist in meeting your child's needs:

CONTRACT AGREEMENT FOR CHILD CARE SERVICES

Kidding Around Child Care Center will offer the very best care that one can provide a child. We **do not** discriminate based on race, national origin, religion, sex, disability, or special needs. We take pride in running a very diverse childcare center. As the parent, you can expect that we will love, cherish, and uplift your child.

Our childcare center focuses on education, developing socialization, and self-help skills needed to have a positive self-image. Self-esteem is a critical component to optimal growth in young children, and we give the children the opportunity to explore, experiment, and create things in a safe and nurturing environment.

Highlights of our center include:

- Training in CPR/First Aid
- State registered/licensed child care.
- Certified staff members that have undergone a thorough background check prior to hire

I respect + appreciate the trust you have placed in Kidding Around Child Care Center. As a parent, you are one of the most important factors of your child's life + we will make every effort to support you as a family. Sincerely,

Rfisher

Ms. Roberta Fisher

**Please feel free to contact Ms. Roberta if you have any questions or concerns regarding your child care
and/or services **

Enrollment Requirements:

- Child's Tennessee Certificate of Immunization (provided by a physician)
- Completed childcare application for enrollment (**NON-REFUNDABLE \$95 for one child, \$115 for two children, \$165 for three or more children**)
- First week's tuition
- Please note that when disenrolling your child, you will be required to provide us **one week's notice + final week's payment.**
- If you receive a reimbursement from DHS after being awarded a certificate POST enrollment, those funds will be applied to the weeks to follow if your child is still enrolled. Reimbursements will not be for children who are NOT enrolled.

1. Business Hours: 7:00 AM - 6:00 PM

a. Drop Off/Pick Up

i. Children are **not** to be dropped off at 7:00 AM + picked up at 6:00 PM each day, unless you have discussed that you would like to utilize the **additional hours option** for your child to be in care more than nine hours per day. The additional hours option is **\$35 extra for one child, \$40 extra for two children, and \$45 extra for three children. This fee is due on Monday's along with general tuition.**

ii. Your child must be dropped off NO LATER than **9:00 AM**. If your child is not dropped off by 9:00 AM each day without a doctor's note, your child will not be able to attend for that day. If you insist on your child attending after **9:00 AM** without a doctor's note, **the first minute late is \$5, and \$1 each additional minute. Payment will be due upon arrival.** iii. Each parent has **NINE** hours daily + **FIVE** days per week (full time). If your child is in our care for more than 9

hours **WITHOUT** additional hours option in place, parents will be charged **\$5 for the first minute and \$1 for every additional minute the parent is late to pick up their child.**

- iv. When dropping your child off, you must sign your child's **first + last name, their time in, print your name, and sign your name. The same protocol follows at pick up.**
- v. A child must be picked up by the PARENT or an individual AUTHORIZED by the parent. vi. Parent **MUST** notify the provider if the child will be picked up by another adult, and the other adult must provide a valid ID.

2. Payment

WEEKLY RATES ARE AS FOLLOWS

Infants: \$325 One Year: \$300 Two Years: \$265 Three Years: \$225 Four Years: \$215 Five + Six Years: \$215

- a. Tuition is due **EVERY Monday** by the end of the day - ELECTRONIC payments only. **NO CASH.**
- b. Parents are **responsible for the normal payment whether the child is present or not.** c. Payments not made on Monday will **automatically** have a **non-negotiable \$40 late payment fee** added if the payment is made between **Tuesday and Thursday**, and a **non-negotiable \$55 late payment fee** if the payment is made on **Friday**. These terms are non-negotiable.

3. Holidays

- a. Kidding Around Child Care Center will be CLOSED on the following dates/" observance days" listed below:

- ✓ New Year's Day
- ✓ Martin Luther King Day
- ✓ President's Day
- ✓ Good Friday
- ✓ Memorial Day
- ✓ July 4 & 5 - Independence Day
- ✓ Labor Day
- ✓ Columbus Day
- ✓ Veterans Day Observance
- ✓ Thanksgiving Thursday + day after Thanksgiving
- ✓ Christmas through New Year's (TBD)

**** Parents will be given two weeks' notice if the center is to close on any other special days****

**** Please note that the center may also be closed due to weather conditions, or COVID ****

5. Contract Cancellations

- **Delinquent Accounts:** If the responsible party fails to pay for childcare, **services will be terminated immediately suspended until payment is made.** Additionally, until the parent has covered their balance, they are not to come to the center to retrieve their child's belongings. Once the balance is taken care of, parent will be able to retrieve their child's belongings.
- Your childcare services can be dropped from KACCC based on your child's behavior, or the inappropriate behavior of a parent. We do not tolerate any child or parent disrespecting our center, other children, nor our staff. We will give three warnings prior to the cancellation of contract.

PLEASE NOTE THAT PARENTS MUST BE COOPERATIVE WHEN CHILD EXHIBITS CONCERNING BEHAVIOR

- ❖ **FIRST:** We will send a behavioral report home explaining the continual behavior of the child.
- ❖ **SECOND:** We will call the parent/guardian and setup a parent/teacher conference to devise a plan to put into action.

❖ *THIRD*: Termination of contract.

THIS AGREEMENT DOES NOT HAVE ANY CHILD EXCEPTIONS

- Children will be visually screened as they arrive. If a child exhibits a sign of illness, it will be determined if the symptoms indicate the need of exclusion until remedied. If your child becomes ill and needs to be picked up, the child will be separated from the rest of the children until a parent/guardian or authorized adult arrives.
- Parents that bring their child to the center in the morning with a soiled diaper will be responsible for cleaning their child prior to departure.

YOUR CHILD WILL NOT BE ALLOWED TO ATTEND IF:

- Temperature (100 degrees or more)
- Vomiting (two or more occasions within a 24-hour period)
- Child has a draining rash.
- Eye discharge or pink eye
- Chicken pox, mumps, hands feet mouth disease, etc
- Lice, nits, or any contagious illness
- COVID related symptoms are present - if ****allergies are the cause; parents will need to provide documentation****

****AFTER ANY OF THESE CONDITIONS, CHILD MUST HAVE A MEDICAL NOTE TO RETURN TO CHILDCARE CENTER****

6. **Medications:** Written consent is required to administer ANY medication. All prescription or over the counter medication must be in the original container and properly labeled with child's name. **KIDDING AROUND CHILD CARE CENTER WILL NOT BE RESPONSIBLE FOR ANY ALLERGIES OR SYSTEMS CAUSED BY THE MEDICATION.** In case of an emergency, the provider will call 911 if parent cannot immediately be reached.

7. **Prohibited Items:** ELECTRONICS, JEWELRY, MONEY

KIDDING AROUND CHILDCARE CENTER WILL NOT BE RESPONSIBLE FOR ANY LOST OR STOLEN ITEMS.

8. Discipline

- a. No form of physical punishment is allowed.
- b. Discipline is not associated with food, frightening, humiliating, or using the restroom.
- c. Constructive methods are used to help children to practice positive behavior.

IT IS THE RESPONSIBILITY OF PARENTS TO PROVIDE THEIR CHILDREN WITH THE FOLLOWING:

- Parents are responsible for providing diapers/pulls up and wipes for their children.
- Parents are responsible for providing two small sheets/blankets, for naptime.
- Parents are responsible for providing their child's naptime mat.
- Parents are responsible for providing their child with an extra change of clothes.

I, _____, acknowledge that by signing this contract, I must abide by the rules and regulations of Kidding Around Child Care Center. By not complying with such regulations, my contract is subject to cancellation. The provider may amend the policies and procedures by providing the parent(s)/guardian(s) a copy of the newly changed policies at least **TWO weeks** before they go into effect.

Parent Signature

Date

Rfisher

January 1, 2024

Provider Signature

Date

Kidding Around Child Care Center has permission to photograph my child for the following purposes:

Types of Use:	(Please Circle One)
Still Photographs:	
Display in facility's scrapbook or bulletin boards, show to current and prospective clients	Y N
Display still photos on childcare website*	Y N
Post photos on childcare's social media outlets: <ul style="list-style-type: none"> • Instagram: @KoolKidzOfKiddingAround • Facebook: Kidding Around Child Care Center 	Y N
Videos:	Y N
Give videos to current parents	Y N

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on facility website *

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/ Guardian Signature: _____

Date: _____

ON SITE VISIT

Prior to your child's enrollment, the Tennessee Licensure Rules for Childcare Centers insists that each parent take an on-site visit at the daycare facility.

By signing below, you acknowledge that you have taken an on-site visit at Kidding Around Childcare Center prior to the enrollment of your child.

Name

Date of on-site visit

Signature

Please click the link below to review the information. Once you have reviewed the information, sign + date the **Influenza Information Notification Form**.



**Tennessee Department of Human Services
Influenza Information Notification Form**

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian: _____

Date: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Signature of Agency Representative: _____

Date: _____