

Creative Kidz College Registration
Please print and write clearly

Child's Full name _____	Birth date _____
Address _____	Home phone _____
City _____	Zip Code _____
Nick name _____	Social security _____

Mother's Full name: _____	Home Phone _____
Address _____	Social security _____
City _____	State _____ Zip Code _____
Occupation _____	Work Phone _____
Name of Employer _____	Pager or cell _____
Business Address _____	Work hour's _____
Driver license# _____	
Date and time of enrollment _____	

Father's Full name: _____	Home Phone _____
Address _____	Social security _____
City _____	State _____ Zip Code _____
Occupation _____	Work Phone _____
Name of Employer _____	Pager or cell _____
Business Address _____	Work hour's _____
Driver license# _____	

List any special instructions on to how to contact parents or guardians while child/ren is at the center. _____

Parent/Guardian with legal custody _____

Parents are Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Other household members

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Emergency Contacts

(Within 20-mile radius of daycare other than parent or guardian) whom can also pick up and drop off

Emergency contact _____

Home number _____

Address _____

Relationship _____

Home phone _____ Cell phone _____ Work phone _____

In event of an emergency who can assume responsibility for child.

Emergency contact _____

Home number _____

Address _____

Relationship _____

Home phone _____ Cell phone _____ Work phone _____

Emergency contact _____

Home number _____
Address _____
Relationship _____
Home phone _____ Cell phone _____ Work phone _____

Person authorized to pick up my child _____
Person authorized to pick up my child _____
Person authorized to pick up my child _____

Person not authorized to pick my child _____
Comment _____
Please Attach for additional names _____

Emergency Release

I consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____ may be given emergency care by a staff member at Creative Kidz College. I also give permission for my child to be transported by car, ambulance, to an emergency center for treatment.

Parents Signature _____ Date _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician or dentist named below if I cannot be reached. Administer first aid and /or (CPR).

Parents Signature _____ Date _____

WAC 388-150-220 the licensee shall not be responsible for providing or paying for the child's health care. I agree that neither I or my child will bring any claims of any kind against Creative Kidz learning and its employees as a result of any injuries, expense or damages that I or my child may suffer in any way related to the use of our facilities, toys, other children, teachers, whether such claims are known or unknown or arise in the future.

Parents Signature _____ Date _____

1. **Child's Physician:** _____ **Phone#** _____
 Address _____
2. **Preferred hospital** _____ **Phone#** _____
 Address _____
3. **Child Dentist** _____ **Phone#** _____
4. **Insurance** _____ **Policy#** _____
5. **Insurance** _____ **Policy#** _____
6. **Regular medications** _____
7. **Blood type** _____
8. **Medicine allergies** _____
9. **Food allergies** _____
10. **Any other Allergies** _____

11. Any special Conditions _____

Field Trip permission

I hereby request that my child, _____ be permitted to participate in field trips, to the park, or any other activities that would involve taking the child out of the daycare for his/her benefit in attendance at this facility. I hereby expressly waive any claim for injury or damage to such child arising out of such field trip and expressly agree to hold Creative Kidz College harmless. Field trips are not permitted for children less than 4 years old that involve the transportation in any vehicle.

Parent's signature _____ Date _____

Persons signing this contract are responsible for payment:

Parent /Guardian (Mother) _____ Date _____

Parent / Guardian (Father) _____ Date _____

I understand this is a legally binding contract and I have read it and understand it.

The following questions are confidential and will not in any way affect the admittance of your child....

1. *What Foods does your child like?*

2. *what foods does your child dislike*

3. *Favorite toys, game, activities*

4. *Is child Toilet trained?-_____ What words does your child use for toilet? _____*

5. *How does your child express Anger or frustration?*

6. *Does your child have any fears? _____*

7. *When your child is upset what helps to comfort him/her?*

8. *How do you discipline your child?*

9. *Has your child been taking naps? _____ How long _____*

10. *Special blanket or toy? _____*

11. *Special Family situations? _____ Custody Issues _____*

12. *Anticipated adjustment problems? _____*

13. *Any disorders/developmental diagnosed or suspected, IEP _____*

14. *Previous childcare child has attended?*

15. *Any problems at previous child care facility? _____*

16. *Expectation's of Creative Kidz College?*

17. *Other comments _____*

18. How did you hear about us? ___ Drive by _____ Yellow pages _____
 DHS _____ Newspaper _____ Flyer _____

Please provide Immunization and Physical by the start of the program. _____
Initial

Health History

Child's name _____ Birth date _____

Date starting childcare _____

Does your child have any of the following Please circle:

Asthmas Bronchitis	Frequent colds
Constipation	German measles
Chicken Pox	Frequent Ear infections
Convulsions	Polio
Hepatitis	Frequent Soar Throat
Diabetes	Ringworm
Lice	Heart Trouble
Diarrhea	Scarlet Fever
Measles	Skin Rash
Fainting spells	Tuberculosis
Worms	Soiling
Urinary Problem	Whooping Cough
Impetigo	Stomach Upsets
Mumps	other _____

Has child been Hospitalized, where, when, why?

Last vision Test Date _____

Last hearing _____

Last Dentist _____

Do you need any help with these resources ___yes ___no

Any member with Serious illness _____ Asthma _____ Diabetes _____

Epilepsy _____

Parents by signing this agreement I am acknowledging my understanding that the school opens from 5:30 am to 6:00 pm- Monday –Friday

1. A late pick up fee will be assessed when a child is left beyond the Center's operating hours and is payable on the next scheduled day along with the tuition payment.
 _____ initial
2. If you or other authorized person fail to pick up and contact the center and cannot be reached, center staff within 30 minutes after closing time may release the child to custody of child protective services or other local authorities. _____ initial

- 3. The center will be open whenever possible on a regularly scheduled day, during normal business hours. The procedure for notifying families should severe weather or other condition prevent the Center from opening on time or at all will be posted. Should it become necessary to close early, it will be your responsibility to arrange for your child's early pick up. In any event, there will be no tuition credit for any time the Center is closed.
 - 4. For Safety, accuracy, and maintenance of emergency records, it is critical to sign children in and out of the building using you assigned PIN number and in any other way specific state regulation require. . _____ initial
 - 5. Tuition is due on Friday in advance of services rendered. If tuition is not paid a late fee will be applied Co-pay for Childcare assistance is due on the first the second a late fee will be applied. . _____ initial
 - 6. Two weeks notice is required prior to the last day of attendance. If you do not give proper notice, you agree to pay the tuition that may be due for the final two weeks. . _____ initial
 - 7. The center is not responsible for maintaining your childcare financial records for tax purpose. . _____ initial
 - 8. Summer Programs are offered and a summer activity fee may be charged to your account by the end day of May. . _____ initial
 - 9. A registration fee is due for enrollment and due every year in January
 - 10. Returned checks fee is \$30.00, after two returned checks please pay by cash, money order, or credit card if services are available. . _____ initial
 - 11. If the center notifies you child is ill please pick up you child within 1 hour.
 - 12. If your child has a contagious disease please allow 24 hours before returning to school, or when released by a physician _____ initial
 - 13. The school reserve the right to alter any information in the polices and program status at any time.
- Parent signature _____

Food And medicine allergies

Food allergies

Medicine Allergies

Any other allergies Personal or Religious

Please circle

Any Special Health Conditions:

Child's Physician

Phone number _____

Address _____

Preferred Hospital _____

Phone number _____

Address _____

Insurance company _____

Policy number _____

Address _____

Blood type _____

Dentist _____

Phone _____

Address _____

Policy Agreement

I hereby agree to comply with the rules and regulations regarding fees, attendance, health, parking, clothing, holidays, and other items specified in the Parents Handbook issued by C.K.C. I hereby agree to notify the school two weeks in advance of withdrawal or pay the difference.

Signature of parent or legal guardian

Date

Permission to Participate

I hereby grant permission for my child, _____ to use all of the play equipment and participate in all of the activities at the center.

I hereby grant permission for my child to leave the center premises under supervision of a staff member for neighborhood walks and field trips in an authorized vehicle.

Signature of parent or legal guardian

Date

Cot Consent

The Colorado State of Department of Social Services mandates that all children under the age of two (2) years have a written authorization to sleep on a cot/mat.

I _____, give permission for my child _____
To sleep on a cot/mat while napping at the center

Signature of parent or legal guardian

Date

Child Protection

I understand that law, 26-6-102 CRS 1973, requires the director of the center to report any evidence or knowledge of suspected child abuse or neglect to the County Department of Social Services.

Signature of parent or legal guardian

Date

Dear Parent:

Your child was recently enrolled in childcare program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of childcare facility, if you have not yet done so please ask to see the license.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance form the county department in which the center is located. The telephone number to report child abuse in your county is:

Adams	303-412-5212
Arapahoe	303-636-1130
Boulder	303-441-1240
Broomfield	720-887-2201
Denver	720-944-3000
Douglas	303-688-4825
El Paso	719-444-5700
Jefferson	303-271-4131
Larimer	970-498-6990
Weid	970-352-1551 ext 6211

Colorado law requires that childcare providers report all known or suspected cases of child abuse or neglect.

Childcare services play an important role in supporting families and strong families are the basis of a thriving community. Your child’s education, physical, emotional and social development should be nurtured in a well- planned and run program. Remember to observe the program regularly, especially with regard to children’s health and safety, equipment and play material and staff.

For additional information regarding licensing, or if you have concerns about a child care facility, please consult the Colorado Office of Child care Services at 303-866-5958 or 1-1575 Sherman Street, Denver, Co 80203.

My signature denotes that I have reviewed this from and have received a copy for my personal records.

Parent Acknowledgement

Date

Child Release Policy

In accordance with State Licensing regulations, children may only be release to persons 18 years of age and older who are authorized by the legal guardian to pick up the child(ren) Appropriate identification will be required upon pick up.

Parents may be I.D. many times, new staff or a staff that does not recognize any parent or relative will ask for I.D. Please do not be frustrated if a staff ask for I.D. this is for the safety of the children which is top priority of Creative Kidz College

Child's Name _____

Parent's signature _____

Child Care Payment Contract

_____, Do hereby agree to make payments of \$_____ the Friday before each week service is due. I understand if I pay Bi-weekly, or monthly, payment is due prior to service or the first of the month. If I receive assistance to help with payment of childcare and have co-pay, the co-pay is due by the first of the month. I understand a late fee of \$30.00 is charged on Tuesday at noon. Dis-enrollment will occur Wednesday with no payment or arrangements. No exceptions. I may pay by cash, money order, cashier check or debit card if debit card option is available. If in fact, I pay by a check and the check is returned NSF I will be charged a \$30.00 fee and will no longer be able to pay by check.

I agree that I will give Creative Kidz College a 14 day written notice before I displace my children, if I fail to do so I understand that I forfeit that month's child care payment, otherwise, I will receive a prorated refund for the remaining days not in child care. I will receive payment via mail within 5-10 days after the child's displacement.

I understand that an annual registration fee of \$75.00 is due the day of enrollment. The fee is per family and this fee will be due again on January 30, after the first year of attendance. The fee is non-refundable even if my child is not enrolled, the fee is forfeit.

 Parent /Guardian Signature

 Date

Center Director

Date

This is a legal and binding contract.