



Enrollment Form

Child's Information

Child's Name: _____ Date of Birth: _____ Age: _____
 Home phone #: _____ Cell Phone #: _____
 Child's Home Address: _____ City: _____ Zip: _____
 Date of Admission: _____ Sex: M F (circle one) Name of Child's School: _____
 Grade and Teacher's Name: _____ Care needed (check box) Before After
 My child will be enrolled in the program from _____ AM/PM to _____ AM/PM on the following days: _____

Child's Name: _____ Date of Birth: _____ Age: _____
 Home phone #: _____ Cell Phone #: _____
 Child's Home Address: _____ City: _____ Zip: _____
 Date of Admission: _____ Sex: M F (circle one) Name of Child's School: _____
 Grade and Teacher's Name: _____ Care needed (check box) Before After
 My child will be enrolled in the program from _____ AM/PM to _____ AM/PM on the following days: _____

Name of Parent or Legal Guardian

Parent/Guardian 1

Name: _____
 Relation to child: _____
 Address: _____
 City/Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Place of Employment: _____
 Address: _____
 City/Zip: _____
 Office Phone #: _____
 Email Address: _____

Parent/Guardian 2

Name: _____
 Relation to child: _____
 Address: _____
 City/Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Place of Employment: _____
 Address: _____
 City/Zip: _____
 Office Phone #: _____
 Email Address: _____

Authorized to pick up child: [] Yes [] No* Authorized to pick up child: [] Yes [] No*

*When a parent is NOT authorized to pick up, we must have a copy of court documentation.

I give my permission for my child(ren) to be transported to and from school.

 Please sign and date.

Adults Authorized to pick up child and/or to be contacted in case of emergency

Name: _____ Name: _____ Name: _____
Address: _____ Address: _____ Address: _____
Relation to child: _____ Relation to child: _____ Relation to child: _____
Office #: _____ Office #: _____ Office #: _____
Cell #: _____ Cell #: _____ Cell #: _____
Home #: _____ Home #: _____ Home #: _____

MEDICAL CONSENT

Emergency Medical care: I authorize Kidz Spot, in an emergency, to act in my behalf for my child's sake and to have my child transported to the nearest medical facility.

Please sign and date: _____

Doctor's Name: _____ Address: _____
Doctor's Phone Number: _____ Hospital Name: _____

ILLNESS

Parents may not bring the student to Kidz Spot when he/she is exhibiting any of the following:

1. A temperature of over 100 degrees
2. Diarrhea
3. Vomiting
4. Any undiagnosed rash
5. Sore or discharging eyes or ears, or profuse nasal discharge

If the student develops any of these symptoms while in Kidz Spot care, staff will contact the parents to arrange pick up.

MEDICATION

Kidz spot staff will only administer medication under the certain conditions:

1. Accompanied by a medication form that must be signed by the parent/legal guardian.
2. All prescription medication must be in the original packaging and only if a physician has dispensed it with the student's name on it
3. All medicine must be stored in locked, childproof containers, not in the child's backpack.

SPECIAL NEEDS

List any and all previous illness, broken bones, surgeries, etc.

Are there any restrictions on normal activities?

If so, please explain: _____

Is your child physically and mentally able to participate in group activities?

Is your child free from infection and contagious disease? _____

List any know allergies: (food/medical/seasonal) _____

Please sign and date: _____

Please attach a copy of your insurance card.

Permissions

The undersigned, give permission for my child enrolled in the center to:

- A. Participate in site activities
- B. Be included in pictures connected with the center’s program
- C. To watch movies at the center that the staff selects.
- D. To play video games that is age appropriate.
- E. To use all playground equipment at local elementary schools, although not necessarily a state certified playground area
- F. To participate in water activities, such as sprinklers, water hoses, and slip & slides
- G. To participate in field trips (advance notification will be provided)
- H. Take walks around the neighborhood with a designated staff member
- I. Use my child’s picture in local publications

Please specify any functions or activities you do not want your child to participate in:

Please sign and date: _____

RELEASE OF LIABILITY

I understand that there is always some risk of injury due to accident while children are playing together and that unless any injury is direct result of abuse of obvious negligence by **KIDS IN ACTION/KIDZ SPOT** employees, I will not hold **KIDS IN ACTION/KIDZ SPOT** or its employees responsible.

Please sign and date: _____

IMMUNIZATION REQUIREMENTS

Since your son/daughter is a school-age child, Please write a statement that all immunizations (including Tuberculosis Testing (TB))and vision/hearing screenings are current and on file at his/her school. Please write out the statement, including, school name, school address, and phone number.

Please sign and date: _____

Discipline and Guidance Policy

DISCIPLINE MUST BE:

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

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

1. Using praise and encouragement of acceptable behavior instead of focusing on unacceptable behavior
2. Redirecting behavior using positive statements
3. Reminding children of behavior expectations daily using clear and positive statements
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 (1) minute per each 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
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
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age

Texas Administration code, title 42, chapter 746-747, subchapters L, discipline & guidance.

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

Parent signature

Date

Employee Signature

Date

- (1) Copy in child's file
- (1) Copy in employee file
- (1) Copy to parent or guardian

Kidz Spot Policy Agreement

Termination for Cause:

Children:

1. Defacing and/or destroying center property or the property of others
2. Engaging in aggressive behavior toward other children and/or staff members. This includes, but is not limited to the following:
 - a. Spitting
 - b. Yelling
 - c. Hitting
 - d. Kicking
3. Being rude and/or discourteous to any staff member
4. Using foul language on the premises
5. Stealing from the center, staff, or other children
6. Refusing to remain with assigned group

Parents:

1. Engaging in aggressive behavior toward a child and/or staff member of the center
2. Failure to call if child's schedule changes that affects drop off/pick up from school
3. Failure to follow check in/out procedures
4. Using foul language on the premises
5. Being rude and/or discourteous to any staff member
6. Failure to provide the necessary enrollment forms and/or information to the center
7. Failure to pay accurate and current fees. All fees are due and payable on Friday morning (before noon) for the next week of care. Any fee not paid by noon on Friday for the next week of care, will be charged a late fee payment of \$10.00. NO EXCEPTIONS.

Signature of Parent/Guardian _____ Date _____