

# Kidz Korner

CHILD CARE ~ LEARNING CENTER

AND  
AFTER SCHOOL PROGRAM

## STANDARD ENROLLMENT FORM AND APPLICATION FOR CHILDCARE

### Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Provider: \_\_\_\_\_ \*\*

Which would you like us to call first should the need arise? \_\_\_\_\_

Driver's License State/Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Provider: \_\_\_\_\_ \*\*

Which would you like us to call first should the need arise? \_\_\_\_\_

Driver's License State/Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*Text Messaging – in the event of unforeseen circumstances (inclement weather, power outages, etc.) you can opt to be notified via text message of closings, delays or changes to the normal schedule. *If you wish to opt in, please list your cellular provider.* By listing your cellular provider, you agree to receive only text messages about your specific center, from the Director, Managing Director or General Manager. **Msg & Data rates may apply.**

\*\*\*If you wish to not receive text messages, please leave the provider blank. If you have further questions, speak to the Director.

### Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M or F DOB: \_\_\_\_\_ Nickname: \_\_\_\_\_

Any restrictions, special needs, allergies or medical needs for your child? YES or NO

If yes please provide details: \_\_\_\_\_

\_\_\_\_\_

Any legal custodial restrictions: Yes\* No *\*If YES, please attach court documents*

Start Date: \_\_\_\_\_ Anticipated pick up time: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT QUESTIONNAIRE

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_

**Siblings:** Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

**Other persons living in the household:**

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Allergies and reactions:** \_\_\_\_\_  
 \_\_\_\_\_

**Previous child care arrangements:** \_\_\_\_\_

**Primary language spoken at home:** \_\_\_\_\_

**Do you have any concerns regarding your child's development? If so what are they?**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current sleep schedule:** \_\_\_\_\_  
 \_\_\_\_\_

**Current eating schedule:** \_\_\_\_\_

**Favorite foods:** \_\_\_\_\_

**Least favorite foods:** \_\_\_\_\_

**Favorite things to do:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Additional information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PARENT PERMISSION FORM

Child's Name: \_\_\_\_\_

### Authorization for Medical Treatment of a Child

In the event of an emergency requiring a physician's care, I authorize for emergency purposes only, a designated employee of the center to transport my child by ambulance, and consent to any necessary examination, anesthetic, medical diagnosis, and/or any other hospital care to be rendered to the minor under the general supervision and advice of any physician or surgeon licensed to practice medicine in the state of New York.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Evacuation

Evacuation drills are held regularly at Kidz Korner. Should an emergency occur which requires evacuation of the center; you will be notified as soon as possible. You will be asked to pick up your child if the emergency is expected to last a significant period of time. Our emergency site is **CVS or Hannaford, corner of Routes 146 and 20**. For emergency situations, we have your permission to evacuate the premises and your child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please list emergency contacts in the order of preference, including parents:

- 1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work ( ) \_\_\_\_\_ home / cell ( ) \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work ( ) \_\_\_\_\_ home / cell ( ) \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work ( ) \_\_\_\_\_ home / cell ( ) \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work ( ) \_\_\_\_\_ home / cell ( ) \_\_\_\_\_
- 5) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work ( ) \_\_\_\_\_ home / cell ( ) \_\_\_\_\_

## AUTHORIZATION FOR CHILD PICK-UP FORM

Child's Name: \_\_\_\_\_

List the names of at least 2 individuals, in addition to parents, who are authorized to pick up your child. If anyone else will be picking up your child, it is imperative that you notify the center director, in writing on or before that day. Kidz Korner will not release a child to anyone who is not authorized in writing to pick up.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all individuals authorized to pick your child up, including parents:

- 1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_
- 5) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_
- 6) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_
- 7) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_
- 8) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone Numbers: work (    ) \_\_\_\_\_ home / cell (    ) \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).  Yes  No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date OR 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

**Tests**

Tuberculin Test Date: / / Mantoux Results:  Positive  Negative \_\_\_\_\_ mm  
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /  
 Attach lead level statement  
**Lead Screening (Include All Dates and Results)**

1 year / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary  
 2 years / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**  
 / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**  
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

*(Continued on reverse side)*

**CHILD IN CARE MEDICAL STATEMENT** *(continued)*

**Health Specifics**

**Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.  Yes  No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	(    ) -    /    / Phone                      Date

## CONSENT AND RELEASE FORM

### Photography Consent

On various occasions, your child may be photographed while at Kidz Korner Learning Center. These photographs may be used in program planning and/or public relations. They also may be used in various types of advertising, or by public television, newspapers, magazines, electronic or digital communications. Please note this includes our website. For this reason, we request that each parent sign the following release:

I hereby, give, or do not give Kidz Korner Learning Center, the absolute right and permission to copyright and/or publish, or use photographic portraits or pictures of my child, or reproductions thereof in color or otherwise, made through any media for art, advertising, trade electronic or digital communications or only lawful purpose whatsoever. These pictures may be used in conjunction with his/her own or fictitious name.

**NO, I do not grant ANY permission – Photos CANNOT be used INSIDE or OUTSIDE the Kidz Korner facility.**

**YES, I do grant internal permission – Photos can be used INSIDE the Kidz Korner facility, ONLY.**

**YES, I grant full permission – Photos can be used INSIDE or OUTSIDE the Kidz Korner facility.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### After Hours

If your child has not been picked up by closing time, it is the responsibility of the Center Director or representative to attempt to contact the parents and every authorized person listed. If no contact can be made to arrange a pick up, legal authorities must be notified. If these authorities are also unable to make a contact, the child must be cared for as directed by the authorities. The staff are not permitted to remove the child from the child care center.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ the parent of \_\_\_\_\_, do hereby release and hold harmless Kidz Korner and its employees from any liability or accident that may occur outside the child care premises should I retain the services of any Kidz Korner employee for the care of my child. I also agree not to solicit Kidz Korner employees for the care of my child outside the child care premises. I also agree not to solicit Kidz Korner employees away from the child care center.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PARENT OBLIGATION

*All fees are non-refundable*

Please initial on each line provided:

\_\_\_\_ Annual Registration Fee: \$50.00 per child

\_\_\_\_ Tuition payments, (choose one)

\_\_\_\_ Monthly payments: \$\_\_\_\_\_ due on the 1<sup>st</sup> of the month. A late fee of \$20.00, per week until payment is received, will be charged if tuition is not received by the 3<sup>rd</sup> of the month.

\_\_\_\_ Weekly payments: \$\_\_\_\_\_ due on Friday BEFORE the week of service is provided. A late fee of \$20.00 will be charged if tuition is not received by Tuesday of the week of service.

\_\_\_\_ Deposit: Two weeks tuition \$\_\_\_\_\_. The deposit will be applied to the LAST two weeks of enrollment, provided that a two-week *written* notice has been given.

\_\_\_\_ Returned Checks: \$50.00 service fee, after 2 returned checks *only* cash or money order accepted.

\_\_\_\_ Sibling Discount: 10% discount on the oldest child. Discounts cannot be combined, one per child.

\_\_\_\_ Schedule: A 9½ hour MAXIMUM schedule must be set up prior to enrollment. Any time spent over 9½ hours will result in a late pick-up fee.

\_\_\_\_ Late Pick Up: \$10.00 for the first 5 minutes, and \$1.00 for every minute thereafter.

## Fees are subject to change at the discretion of the Center Management

- ❖ Tuition is based on a child's classroom placement not on a child's age.
- ❖ Two nutritious snacks, lunch and beverages will be served daily for all full-time children. It is your responsibility to provide the food for your infant or toddler who is not yet on table food.
- ❖ Clean clothes, bottles, and bedding must be labeled with child's first and last name with a black permanent marker.
- ❖ All grooming materials will be supplied by the parents, such as cream and lotions (also labeled).
- ❖ Disposable diapers must be provided by you for your child. If supplied by the center there will be a \$3.00 charge per diaper.

## Holiday Schedule

School will be closed on the following days. The center may also close early on Christmas Eve and New Year's Eve. In addition, the school may be closed for weather related reasons. *Tuition is still due for these days.*

Labor Day	Thanksgiving Day	New Years Day	Memorial Day
Columbus Day	Day after Thanksgiving	President's Day	Fourth of July
Veteran's Day	Christmas Day	Good Friday	

If your child does not attend program for any reason, including but not limited to illness and vacations, you will be required to pay your tuition in full for that period of absence (as part of your contractual agreement with us). Your child can not re-enter the center without payment in full. Should administration make any written/verbal arrangements to accept your child after this temporary absence, you will be obligated for any outstanding tuition balance.

## Termination of Enrollment by Kidz Korner

In certain circumstances, it may be necessary for the center director to decide to discontinue a child's enrollment. Such a decision would be based on whether it is in the best interest of that child, the other children in the class, or overall operation of the center to terminate enrollment. This could be the result of the parent, child or parent representatives' actions. Every effort will be made to correct a problematic situation before a final decision is made. Termination of enrollment may be the result of the following:

- Non-payment of tuition
- Disruptive or dangerous behavior
- The center's inability to meet the child's needs
- Continued violation of our sick policy
- Abuse of staff, children, or property

I, the parent of \_\_\_\_\_ have read the above tuition agreement and obligations to the center and fully understand the reasons for this implementation.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Kidz Korner

CHILD CARE ~ LEARNING CENTER  
AND  
AFTER SCHOOL PROGRAM

## Kidz Korner Childcare Center Behavior Management Policy

Children are expected to comply with all Childcare Center Rules and Policies in addition to the Behavior Management Policy.

A parent or guardian is required to sign a copy of the Behavior Management Policy for each child at the time of enrollment and every year after which the child is enrolled. A parent is also required to sign an Incident Report at the time a child's behavior is inappropriate. However, a parent's refusal to sign an Incident Report does not excuse inappropriate behavior of a child and does not prevent dismissal of the child if behavior warrants dismissal.

The basic policy includes methods such as talking to the child about the problem, removal of the child from the group, use of positive redirection whenever possible, behavior modification plans, and/or consulting with parents. Parents contacted about behavior problems are expected to cooperate with staff in assuring the elimination of inappropriate behavior. One of the goals of our behavior process is to help children develop self-discipline and give them choices whenever possible. Corporal punishment, time out and yelling by the staff are not acceptable means of disciplining children in the program.

Limits are set on behavior to provide a safe and caring environment where children can play and learn. Limits are set for three primary reasons: 1) to prevent children from injuring themselves or others; 2) to prevent the destruction of property, materials, or equipment; 3) to help children learn respect for themselves, other children, and adults.

A child may be immediately dismissed from the program if the child's behavior is determined to be detrimental to the child or to the well-being of others in the program. Immediate dismissal of an entire family may occur in the event of inappropriate behavior of parents who are on school property. Adults are expected to model the desired behavior that is expected of the children. Profanity, threats, or disruptive behavior will not be tolerated.

If a child has specific behavior issues, every effort will be made to implement a behavior management program consistent with efforts being made at the child's home and school. If a child's behavior indicates that the Kidz Korner is not able to meet his or her needs, the Director will contact the child's parents to arrange a meeting to be held within 24 hours. A parent or staff member may also request a meeting; staff, and other professionals providing services to the child may be asked to attend the meeting. An action plan will be developed that establishes reasonable, attainable objectives for the child. A copy of the plan will be given to the staff and to the child's parents. A log will be kept of the child's progress. If the Program Director and General Manager feels Kidz Korner cannot accommodate the needs of the child, or if the objectives established for the child are not met, Kidz Korner reserves the right to terminate the child's enrollment.

Any child who does not accept the physical boundaries of Kidz Korner Childcare Center, or exhibits behavior that threatens his or her wellbeing, or the wellbeing of others, is subject to dismissal without notice. Any inappropriate behavior by a parent, including verbal abuse of a child or staff member, or confrontations with staff members in the presence of a child, is grounds for termination of the family's enrollment at Kidz Korner without notice.

**A child who is dismissed due to behavior issues will no longer be eligible to attend at any time.**

By signing below, I understand and agree to the terms detailed above.

Name of Child \_\_\_\_\_

Printed Name

Signature

Date

# Kidz Korner Parent Handbook Addendum

## Head Lice Policy

Change to Guidelines for the Management of Illness Section (page 8)

Effective October 23, 2019, our new policy is as follows:

If a child is found to have head lice (either eggs, live bugs or nits), their parents will be notified to pick up the child from program within 30 minutes of the call being places. The child will be excluded from program for a minimum of 48 hours, during which time they will need to receive the appropriate treatment recommended by the State Health Department. Prior to returning to program, the parent must call and make arrangements to bring in the child to be checked by the director to ensure they are lice free. Until clearance is given by the Director, or other person designated by the General Manager or Managing Director, the child may not return to program. If a child is transported to program via the school bus without being given clearance by the director, drop off will be denied and the child will be returned to the school.

Parents *may* choose to have their child(ren) treated at a program that specializes in lice/nit removal. The **only** program we will accept a Certified Treatment Letter from is Miracles on Lice. Once we have the Certified Treatment Letter and the director has given clearance, the child may return to Kidz Korner with no other restrictions.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
have read and understand the above addendum to the Kidz Korner Parent Handbook. I agree to comply with this change and understand that any violation will jeopardize my child's enrollment at Kidz Korner. I understand that this policy and those in the handbook are subject to change without notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date

**KIDZ KORNER**  
**PARENT HANDBOOK ADDENDUM**

**Reasons for Exclusion from Program**

Change to Guidelines for the Management of Illness Section (page 5-6).

**Effective September 26, 2017, our new policy is as follows:**

**Guidelines for the Management of Illness:**

This information was derived from various state child care and health department agencies. Please keep your child at home if he/she develops any of these symptoms of contagious illness until he/she is no longer symptomatic. If any of these symptoms arise while your child is at Kidz Korner he/she will be sent home. If you are called to pick up your child from Kidz Korner for an illness or injury, you must be at the center within 30 minutes. ***Please note, although we may recommend your child be seen by his/her physician, opinions may vary and Kidz Korner's health policies will always be strictly enforced. If your child acquires an illness that is not listed in this handbook, it is your responsibility to contact Kidz Korner so that we can consult the necessary medical experts to obtain protocol. Once protocol is obtained it is again, the parent's responsibility to follow Kidz Korner policy.***

**Reasons for Exclusion from Program:**

**Diarrhea:** three (3) or more loose stools in a 24 hour period. Bloody stool of any kind, grey/white.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ have read and understand the above addendum to the Kidz Korner Parent Handbook. I agree to comply with this change and understand that any violation will jeopardize my child's enrollment at Kidz Korner. I understand that this policy and those in the handbook are subject to change without notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date



## Kidz Korner Homework Policy

The children are given many opportunities while at Kidz Korner to work on homework assigned to them by their teachers at school. During program, our teachers are available to provide them with assistance. This includes helping a child understand directions, being available to respond to simple questions, maintaining awareness of the child's emotional state and work patterns, and offering positive feedback on homework completion.

Our teachers let the children know "Homework is always a good choice☺" and will encourage them to complete their studies. However, this policy means that Kidz Korner teachers will **never** force a child to complete homework or suggest that a child will miss an activity or outdoor time to complete their homework. It is the parent's responsibility to review and correct homework at home with their child. We are available to provide support for homework and suggest to them that their parents would like it completed while at program, but we will not force them to do it.

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I have read and fully understand the Kidz Korner Homework Policy.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## SUN-SMART POLICY

Our Sun-Smart policy has been developed to ensure that all children and staff participating in this program are protected from skin damage caused by the harmful UVB and UVA rays of the sun. This policy will be implemented throughout the year, but with particular emphasis from May through October.

### Sun-Smart Strategies

- ❖ Encourage children to wear hats with wide brims that protect their faces, necks and ears whenever they are outside.
- ❖ Provide sufficient areas of shelter and/or trees providing shade on the playground.
- ❖ Encourage children to seek and use available areas of shade for outdoor play activities.
- ❖ Children will be hydrated and encouraged to drink water before and during prolonged physical outdoor activities in warm weather.
- ❖ Wearing appropriate hats and clothing when outdoors.
- ❖ Using broad spectrum SPF 15 or higher sunscreen for skin protection.
- ❖ Parents will provide broad spectrum SPF 15 or higher (and *paba* and *alcohol* free, if possible) that is in a lotion or cream **not an aerosol**.
- ❖ Sunscreen for lips may be sent in to be used.
- ❖ Sunscreen will be used on their child's exposed skin, except eyelids before exposure to the sun.
- ❖ Apply sunscreen before and after water play, if remaining outside after water play.
- ❖ Do not apply sunscreen to toddler's hands or foreheads, since sweat can cause it to get in children's eyes.
- ❖ School aged children will be expected to apply sunscreen themselves with adult direction as needed.
- ❖ Parents will complete and sign the Kidz Korner Sunscreen Permission Form and it shall remain in the child's file.
- ❖ Kidz Korner will include learning about the skin and ways to protect the skin from the UV rays of the sun in the program's curriculum and daily routines.
- ❖ The Sun-Smart Policy will be reinforced in positive ways. Staff and parents will be provided with educational materials and resources on sun safety and protection. Memos and signage shall be posted that remind staff, parents and children to practice sun safety.



## SUNSCREEN PERMISSION FORM

**Child's Name:** \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Kidz Korner to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below. This will be done when he/she will be playing outside, especially during the months of May through October and between the hours of 10am and 4pm.

I will provide Kidz Korner with the sunscreen product that I wish to be used on my child, making sure that it is labeled with my child's first and last name. I understand that to ensure my child does not have a reaction to the provided sunscreen it must be tried on my child at least three (3) times prior to bringing it in.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

**I have initialed each of the following to show my understanding:**

- \_\_\_\_\_ Sunscreen will be applied to my child each day prior to arriving at Kidz Korner.
- \_\_\_\_\_ The sunscreen provided will not contain a bug repellent.
- \_\_\_\_\_ The sunscreen provided will be a lotion or cream, **not an aerosol product**.
- \_\_\_\_\_ The sunscreen provided will be **labeled** with my child's first and last name.
- \_\_\_\_\_ I understand that staff will check expiration dates when receiving the sunscreen and periodically during the season.
- \_\_\_\_\_ I have provided the following brand of sunscreen for use for my child:  
\_\_\_\_\_

**I have initialed below all applicable information for the use of sunscreen for my child:**

- \_\_\_\_\_ I have tried the provided sunscreen on my child at least three (3) times prior to bringing it to Kidz Korner to ensure he/she does not have a reaction.
- \_\_\_\_\_ I do not know of any allergies my child has to sunscreen.
- \_\_\_\_\_ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen: \_\_\_\_\_
- \_\_\_\_\_ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: \_\_\_\_\_

**NOTE:** Do not rely on sunscreen alone to protect your child from skin cancer, be sure to send in a hat to be worn while outside.

By signing below I acknowledge I have received, read and understand Kidz Korner's Sun-Smart Policy and have reviewed and initialed the information above related to the use of a sunscreen product on my child.

\_\_\_\_\_  
**Parent Signature/Date**

\_\_\_\_\_  
**Director Signature/Date**

# Kidz Korner Childcare Learning Center ~ After School Program

Revised March 2017

## Week 1

Monday	Tuesday	Wednesday	Thursday	Friday
Rice Krispies w/ milk	Yogurt Animal crackers Water	Graham crackers String cheese Water	Nutragrain bar Seasonal fruit Water	Mini bagel w/ cream cheese 100% Juice
Carrot sticks Hummus or dill cheese dip or ranch dressing Water	Giant goldfish grahams Applesauce Water	Trail mix 100% Juice	Cinnamon quesadillas Apple slices Water	Crepes w/ fruited yogurt Water

## Week 2

Monday	Tuesday	Wednesday	Thursday	Friday
Cheerios w/ milk	Teddy grahams Mandarin oranges Water	Whole grain muffins Seasonal fruit Water	Yogurt Seasonal fruit Water	Mini bagel w/ cream cheese 100% Juice
Goldfish 100% Juice	Yogurt Seasonal fruit 100% Juice	Trail Mix 100% Juice	Ritz crackers w/cream cheese & jelly 100% Juice	Veggies Hummus or dill cheese dip or ranch dressing Water

## Week 3

Monday	Tuesday	Wednesday	Thursday	Friday
Chex cereal w/ milk	Nutragrain bar Water	Cheez-its Seasonal fruit Water	Yogurt Animal crackers 100% Juice	Mini bagel w/ cream cheese 100% Juice
Goldfish Mandarin oranges Water	Crepes w/ fruited yogurt Water	Muffin 100% Juice	Crackers String cheese Water	Nutragrain bar Water

## Week 4

Monday	Tuesday	Wednesday	Thursday	Friday
Kix cereal w/ milk	Saltines w/ cream cheese & jelly 100% Juice	String cheese Seasonal fruit Water	Teddy grahams Applesauce Water	Mini bagel w/ cream cheese 100% Juice
Nilla wafers Pears Water	Muffin Water	Goldfish 100% Juice	Yogurt Apple slices 100% Juice	String cheese Cracker Water

\*\* 1% milk is served to children 18 months or older.

## **Kidz Korner Nutrition Policy**

On full care days Kidz Korner will provide two snacks daily, morning snack is at 9:00am and afternoon snack is at 3:00pm. Morning snack consists of breakfast like foods (cereal, bagels, waffles, or muffins). Lunch must be provided by parents. Attached is a copy of our snack menu. If you know that your child will not eat a particular snack, you may provide one for them. Please be sure that any food you choose to bring in for your child is healthy and ready made, it should not require any preparation. If your child comes to Kidz Korner without lunch parents will be charged a minimum of \$5.00 per meal.

In fairness to the other children please do not send in soda, cookies, candy or other sweets or foods from McDonald's, Burger King, Wendy's or Dunkin Donuts as all the children will want that particular food. If your child does bring in food that is not healthy he/she will be asked to put it away until it is time to go home. Please label any food brought into the center and be sure that it is properly sealed to prevent spoiling, including an ice pack as needed.

Lastly, only provide food for your child that he/she has eaten at least twice before to reduce allergy risks. If your child requires a special diet or cannot eat certain foods it will be the parents' responsibility to provide an appropriate alternative snack.

We have a designated snack for each day, see menu. Children will not be given a choice. A "back-up" snack would be a good idea for all children to bring and keep in their cubby for days that they dislike something, or cannot have a certain snack.

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I have read and fully understand the Kidz Korner After School Nutrition Policy.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## **Holidays for 2020**

Wednesday, January 1, 2020: New Year's Day

Monday, February 17, 2020: President's Day (Staff Development Day)

Friday, April 10, 2020: The Friday before Easter

Monday, May 25, 2020: Memorial Day

Friday, July 3, 2020: Fourth of July (Observed)

Monday, September 7, 2020: Labor Day

Monday, October 12, 2020: Columbus Day (Staff Development Day)

Wednesday, November 11, 2020: Veteran's Day

Thursday, November 26, 2020: Thanksgiving

Friday, November 27, 2020: The day after Thanksgiving

Thursday, December 24, 2020: Christmas Eve ~ Closing at Noon

Friday, December 25, 2020: Christmas Day

Thursday, December 31, 2020: New Year's Eve ~ Closing at Noon

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

<b>PHOTO OF CHILD</b> (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: ( ) -	
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:				DATE OF BIRTH: / /	
	CHILD'S HOME ADDRESS:					
	NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - <input type="checkbox"/> ok to text				ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:						
<b>EMERGENCY INFO</b>	<b>EMERGENCY CONTACT NAMES / ADDRESSES</b>		<b>Authorized to Pick Up Child</b>	<b>PRIMARY PHONE NUMBER</b>		<b>OTHER PHONE NUMBER / EMAIL</b>
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text		( ) - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text		( ) - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text		( ) - <input type="checkbox"/> ok to text
<b>FOR PROGRAM USE ONLY</b> DATE OF ENROLLMENT: / /				<b>FOR PROGRAM USE ONLY</b> DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
<b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None			
<input type="checkbox"/> Early Intervention/Special Education		<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Allergies (Please list) _____		<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Physical Therapy	
Please provide information here <b>AND</b> discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: ( ) -	
PREFERRED HOSPITAL:		PHONE NUMBER: ( ) -	
CHILD'S DENTAL CARE:		PHONE NUMBER: ( ) -	
<b>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>			
<b>AGREEMENTS</b>			
• I consent to emergency medical treatment for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: / /

# Kidz Korner

CHILD CARE ~ LEARNING CENTER  
AND  
AFTER SCHOOL PROGRAM

## Child Enrollment Packet Parent Signature Page

I have read the Kidz Korner Parent Handbook and fully understand Kidz Korner's policies and procedures. I agree and comply with any and all policies hereby stated in this handbook and enrollment packet. I understand that violating these policies will jeopardize my child's enrollment at Kidz Korner. I understand that the policies in this handbook and enrollment packet are subject to change without notice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that both parents/guardians must sign the signature page if applicable\*