



STANDARD ENROLLMENT FORM AND APPLICATION FOR CHILD CARE

First Parent/Guardian Information

Mr Miss Mrs Ms Dr

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Drivers License State/No.: _____ Social Security No.: _____

Employer Name: _____ Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Second Parent/Guardian Information

Mr Miss Mrs Ms Dr

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Drivers License State/No.: _____ Social Security No.: _____

Employer Name: _____ Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Child Information

Last Name: _____ First Name: _____ Initial: _____

Gender: M or F Date of Birth: ___/___/___ 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.

Schedule: Days: M T W Th F Hours (maximum of 9.5 hours): ___ am to ___ pm

Start 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

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 & 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:

	Individual Authorized for Pick-up & Daytime Phone	Relationship to Child
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

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: _____

Authorization for Child Pick-up

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.**

	Individual Authorized for Pick-up	Relationship to Child
1)	_____	Mother
2)	_____	Father
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____



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 Handbook Signature Page

I, _____ the parent/guardian of _____ 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. I understand that violating these policies will jeopardize my child's enrollment at Kidz Korner. I understand that the policies in this handbook 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

**KIDZ KORNER ~ AFTER SCHOOL
PARENT HANDBOOK ADDENDUM**

Head Lice Policy

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

Effective June 7, 2010, our new policy is as follows:

If a child is found to have head lice (either eggs or live bugs), their parents will be notified to pick up the child from program, within 30 minutes of the call being placed. 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 State Health Department. Prior to returning to program, the parent must call and make arrangements to bring in the child before 1:30pm to be checked by the director to ensure they are lice free. Until clearance is given by the 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.

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 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.

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

Child's Name: _____

Parent's 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	Nutrigrain 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	Nutrigrain 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	Nutrigrain 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.

Below is a copy of the registration card that is required as part of the NYS regulations for day care centers. This copy is for your reference and allows you to have the specific information needed to complete a card. We are required to have an original blue card completed on file. You will be given one at time of enrollment that needs to be completed and returned by your child's first day in program.

OCFS-LDSS-0792 (1/2005) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

**PHOTO OF CHILD
(Optional)**

Child's Full Name: _____

Does your child have any allergies? Yes No
If Yes, what is your child allergic to? _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name Of Medical Care Facility/Hospital:	Telephone Number:

Would you like information on Child Health Plus? Yes No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

CHILD'S FULL NAME: _____ **SEX:** Male Female

CHILD'S HOME ADDRESS: _____ **DATE OF BIRTH:** _____

HOME TELEPHONE NUMBER: _____

DATE OF ACCEPTANCE: _____ **DATE OF DISCHARGE:** _____

NAME OF PERSON APPLYING FOR CHILD: _____

Parent Guardian
 Caretaker Relative
 Other _____

HOME TELEPHONE NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S): _____

AGREEMENTS

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. Yes No

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. Yes No

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. Yes No

I agree to review and update this information whenever a change occurs and at least once every six months. Yes No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE _____ **DATE:** _____

Provider/Day Care Facility Name and Address:

OCFS-LDSS-0792 (1/2005) REVERSE