

First name:	M:	Last name:	Height:	ft	in
Sex M / F					
Nickname/Preferred Name:					
Birthdate			Weight:	lbs	
Primary Address					
Street Address:			Hair Color:		
City:	State:	Zip:	-		
Home Phone: () -			Eye Color:		
			Distinctive Marks:		

DOCTOR: (or clinic):	Doctor	DENTIST:
Doctor or Clinic		
Preferred Practitioner:		
Telephone Number:	() -	() -

CHILD MEDICAL HISTORY:

Allergies:	
Speech, Hearing, Vision Problems:	
Surgical History	
Current health problems:	
Any special medications and/or restrictions:	

Has child had any of the following illnesses?		Is your child prone to:	
Chicken pox	Y / N	Ear infections	Y / N
German Measles	Y / N	Stomach upsets	Y / N
Scarlet Fever	Y / N	Diabetes	Y / N
Measles	Y / N	Headaches	Y / N
Mumps	Y / N	Colds	Y / N
German Measles	Y / N	URI	Y / N
Whooping Cough	Y / N	Sore throats	Y / N
Rubella	Y / N	Heart disease	Y / N
Rheumatic Fever	Y / N	Other:	Y / N

Contact with Tuberculosis: _____

Parent/Guardian Initials: _____ , _____

The Kids Company - Child Registration

2012

PARENTS: () Married () Divorced () Separated () Widowed () Single

Childs Name: _____

	Father		Mother			
Name:						
Home Phone:	() -		() -			
Work Phone:	() -		() -			
Cell Phone:	() -		() -			
Fax Phone:	() -		() -			
Email:						
Home Address:	Street: City: State: Zip: -		Street: City: State: Zip: -			
Employer:						
Work Address:	Street: City: State: Zip: -		Street: City: State: Zip: -			
Work Hours:		From	To		From	To
	Sunday	N/A	N/A	Sunday	N/A	N/A
	Monday			Monday		
	Tuesday			Tuesday		
	Wednesday			Wednesday		
	Thursday			Thursday		
	Friday			Friday		
Saturday	N/A	N/A	Saturday	N/A	N/A	

If parents divorced, child lives with: Both parents, Mother, Father, Legal Parent/Guardian
 Is divorce or legal guardian paperwork Decree on file? Yes, No

If parents divorced, legal guardian is: Mother, Father, Legal Guardian, Grandparent
 If legal guardian is not parent please fill in the following:

Legal Guardian: _____
 Street: _____
 City: _____ State: _____ Zip: _____ - _____
 Phone: (_____) _____ - _____

Parent/Guardian Initials: _____ , _____

EMERGENCY CONTACT INFORMATION:

Childs Name: _____

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Address	Street: City: State: Zip: -	Street: City: State: Zip: -
Home Phone	() -	() -
Is this person authorized to make medical decisions for your child if you cannot be reached?		

PICK-UP INFORMATION:

The following people HAVE permission to pick-up the child/children named below from (The Kids Company). It is the parent's responsibility to notify me in writing of any changes.

	Person 1:	Person 2:
Name		
Relation		
Address	Street: City: State: Zip: -	Street: City: State: Zip: -
Home	() -	() -
Work	() -	() -
Cell	() -	() -
Email		
Car (Make, Model, Tag)		
	Person 3:	Person 4:
Name		
Relation		
Address	Street: City: State: Zip: -	Street: City: State: Zip: -
Home	() -	() -
Work	() -	() -
Cell	() -	() -
Email		
Car (Make, Model, Tag)		

A copy of all Pickup Person's Drivers License or Picture ID must be kept on file in the child's record.

Parent/Guardian Initials: _____ , _____

The following people MAY NOT pick-up my child(ren) from (The Kids Company).

Childs Name: _____

	Person 1	Person 2
Name		
Relation		
Address	Street: City: State: Zip: -	Street: City: State: Zip: -
Phone	() -	() -
Car (Make, Model, Tag)		

	Person 3	Person 4
Name		
Relation		
Address	Street: City: State: Zip: -	Street: City: State: Zip: -
Phone	() -	() -
Car (Make, Model, Tag)		

Parent/Guardian Initials: _____ , _____

AGREEMENT FOR CARE AND CHARGES:

Childcare will be provided at: **The Kids Company**

Childs Name: _____

DOB: ____ / ____ / ____ /

Notice: The Kids Company must be notified immediately if child has any communicable disease, i.e., strep, head lice, etc. In the event of head lice, each parent will be notified with an explanation of the finding and information on how to treat, etc. We will also notify the parent/or emergency contact person in the event a child has a fever or complains of any other symptoms of other sickness. The child will then need to be picked up and will not be able to return unless he/she has not ran a fever in the last 12 hrs.

Childcare will be provided for the following days and hours:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrive	N/A						N/A
Leave	N/A						N/A

Fees:

The fee for childcare is the fee for childcare is \$100.00 per week for full time - all day.

The Fee for childcare for half days is \$75.00 per week.

The Fee for childcare for 3-Days full day care is \$85.00 per week. (Usually Mon-Wed-Fri)

The Fee for childcare for After School is \$50.00 per week.

The Fee for summer camp is \$100.00 per week.

The Fee for Drop Offs is \$25.00 per Day.

Payments are normally due by 6:00 pm on Monday for the week unless paid monthly and then they will be due by 5:00 pm on the 1st of each month. A late fee of \$30.00 per day will be charged for each day payment was not received by 6:00 pm on Tuesday.

A late pickup fee after 6:00 pm will be \$5.00; After 6:05 pm will be another 5.00; After 6:00 pm will be \$20.00 plus \$3.00 per minute after 6:10.

The full fee is due and payable whether the child attends care on the agreed day or not. There will be no refunds or adjustments made to your childcare fee for your time missed due to illness, holidays, or days off. A place has been reserved for each child that cannot be filled on a short-term basis.

Holiday and School Closed rates will be charged at the full week rate unless notified otherwise.

Annual Registration Fees and Book Fees: A one-time charge to be paid at registration each school year. You must also pay the first week's tuition at registration time.

Pre-School registration fees are \$125.00 to be paid along with registration form.

School Age Children registration fees are \$75.00 per year.

Drop In Children registration fees are \$25.00 per year.

Book Fees will be identified each year and will be identified in the parent handbook.

Parent/Guardian Initials: _____ , _____

AGREEMENT CONDITIONS:

Childs Name: _____

Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed in the parent and pickup person sections above without WRITTEN permission from the parent.

When my child is ill, I understand and agree that **(The Kids Company)** will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and a communicable disease such as head lice, etc. If child incurs any of the above during the day while in our care, the parent/emergency contact person will be notified and arrangements for the child to be picked up will be made.

I certify that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer. By signing this contract, you agree to the terms and conditions outlined in the Parent Handbook and that you have received a copy of the handbook and have read it and understand it. You also agree that you have been given a copy of the "Child Care Regulations Summary for Parents". This Contract will cover your child (ren)'s care for a term of one year from date of signature, unless otherwise noted. Tuition rates may change periodically at the discretion of The Kids Company.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(The Kids Company)	Date

FEE AGREEMENT:

- The fee for childcare is the fee for childcare is \$100.00 per week for full time - all day.*
- The Fee for childcare for half days is \$75.00 per week.*
- The Fee for childcare for 3-Days full day care is \$85.00 per week. (usually Mon-Wed-Fri)*
- The Fee for childcare for After School is \$50.00 per week.*
- The Fee for summer camp is \$100.00 per week.*
- The Fee for Drop Offs is \$25.00 per Day.*

Other Charges:

Pre-School registration fees are \$125.00 to be paid along with registration form plus first week's tuition
 School Age Children registration fees are \$75.00 per year.
 Drop In Children registration fees are \$25.00 per year.
 Book Fees will be identified each year and will be identified in the parent handbook.

Overtime rate: \$5.00 after 6:00 pm; \$10.00 after 6:05pm; \$20.00 after 6:10 & \$3.00 ea. min after 6:15pm
 NSF Checks \$25.00/item plus cash for check amt
 Late payment \$30.00/day

Payments must be received no later than 6:00 pm on Monday of the week of childcare to avoid the \$30.00/day late payment fee.

Receipts will be available on date of payment or the next day if left in drop box.

By signing below, you agree that this is a legally binding form.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(The Kids Company)	Date

Parent/Guardian Initials: _____ , _____