

Thank you for choosing Kreative Kidz Children's Center,

To assist you in a smooth transition please use the following guide and check list to ensure you have everything you need for your child's start into the program.

Step 1:

Once you have Reviewed Tuition Rates and Fees as well as Policy and Procedures please complete the following forms.

- Application
- Contract
- Child Pick Up List
- Photo Release
- Emergency Card
- Medical Forms (doctor signature required)
- Medication authorization form (if applicable)

Step 2:

Return Completed forms with deposit and first week's tuition. Please note that the deposit is equal to the first week's tuition. There is no deadline to return forms however a deposit is required to hold your space for the fall or summer program. You will need to decide your start date as well as the days your child will attend at this time. The deposit is non refundable.

Step 3:

Contact the center at 301-598-5432 to schedule a tour with your child if you have not done so already.

Step 4:

Below is a checklist of items to bring with your child on their first day. A personalized cubby will be provided for your child at this time. Please remember to label all their items with their full name.

Checklist of items to bring

- Seasonal change of clothes (underwear socks, shirt, pants etc..)
- diapers/wipes if applicable
- Jacket or sweater
- Blanket / Sheet for napping
- School/ inside shoes
- Water bottle

ADDITIONAL ITEMS TO BRING IN SUMMER

- Bathing suit
- Towel
- Sun screen
- Sun glasses
- Water shoes
- Non Prescription Authorization Form**
- Water Play Permission Form**

Application for Childcare

Please list child's information:

Childs full name: _____ Nick name _____

Birth Date _____ Age _____ Grade Completed _____ Start Date _____

Names of siblings & Birth Dates

Parents or Guardians

1. First Name _____ Last Name _____

Relationship to child _____

Address _____

Home Phone _____ Work Phone _____

Occupation _____

Drivers License # _____ DOB _____

Email _____

2. First Name _____ Last Name _____

Relationship to child _____

Address _____

Home Phone _____ Work Phone _____

Occupation _____

Drivers License # _____ DOB _____

Email _____

Other Emergency Contact:

1. Name: _____ Relationship to child _____

Phone #1 _____ Phone #2 _____

2. Name: _____ Relationship to child _____

Phone #1 _____ Phone #2 _____

Who can we thank for your referral?

How did you hear about Kreative Kidz _____

What hours of care do you need? _____

What is most important to you in your decision to choose the right program for your child?

Please tell us a little more about your child

School / School ager:

What school does your child currently attend? _____ Bus # _____

Arrival Time _____ Dismissal Time _____

Teachers name _____ Grade _____

Will you need care during school vacations or summer months? _____

Previous Program /Preschool age:

Has your child attended any other program? _____ Reason for leaving? _____

Are you currently on any waiting lists for another program? _____

Accommodations

Does your child speak English? _____ Any other language _____

Does your child nap? _____

Are they toilet trained? _____

Can they talk? _____

Can they use a computer? _____ Do they have a tablet? _____

Do they know their letters, numbers, colors and shapes? _____

Please list your child's favorite:

Movies _____ T.V.Shows _____

Activities _____ Books _____

Any Fears _____

Please describe your child's appetite

Any special Diet

Any food Allergies

Any specific foods that your child is not allowed to eat?

Please provide us with any additional information that you feel may be helpful in understanding and caring for your child. Please include any accommodations including medical/ physical and or cognitive. * medical accommodations should also be listed on emergency form, health assessment form and with medication authorization form attached if applicable.

If your child has an IEP or IFSP, I ask that you please submit a copy to insure that we are also incorporating his/ her goals as required.

Parent signature _____ Date _____

Contract

I have read understood all of Kreative Kidz Children's Center policies and procedures. _____ *initial here*

Name of Parent/ Guardian with primary custody (with whom the child normally resides)

Full name of child(ren) I am enrolling at Kreative Kidz Children's Center.

- 1.
- 2.
- 3.

Program (s) in which I am enrolling my child(ren) (check all that apply)

Preschool	School Age
<input type="checkbox"/> 2 year old program	<input type="checkbox"/> School Age Summer Program
<input type="checkbox"/> 3 year old program	<input type="checkbox"/> School Age Before Care
<input type="checkbox"/> 4/5 year old program	<input type="checkbox"/> School Age After Care
<input type="checkbox"/> Pre K (School year only)	<input type="checkbox"/> School Age Before & After Care

Days my child will attend

- Monday through Friday
- Other (specify) _____

Hours my child will attend _____

Start Date _____

Tuition due each week _____

I understand that all weekly tuition is due regardless of closures, holidays, or absences of children. _____

Deposit Paid (to be deducted from final tuition payment) _____

I understand that any changes, including but not limited to withdrawal, days or hours of attendance and program enrollment must be given in writing at **least 30 days** prior to the date at which the change will take place. Furthermore my deposit is a *prepayment for of funds which are to be applied to the last week of attendance once proper notice of withdrawal has been received.* Failure to provide this notice will result in the loss of my deposit. By signing below I acknowledge my responsibility to are all tuition payments on time and in full.

- I am listed as an essential employee

Full Name (printed) _____

Signature _____ Date _____

Child Pick-Up List

I _____ (parent or guardian), give consent to Kreative Kidz Children's Center to release my child _____ into the care of the persons on this list. I understand that it is my responsibility to keep this form up to date at all times. I understand that my child will not be released to any persons I have not added to this list and that no person under the age of sixteen will be allowed to pick up my child regardless of the circumstances. I understand that Kreative Kidz Children's Center will require any persons they are not familiar with to present photo identification and that they make ask to see this ID more than once. Finally, I understand Kreative Kidz Children's Center reserves the right to not release my child to anyone other than a parent or guardian in any situation in which they feel my child may be in danger.

1. Name _____

Relation to child _____

Phone Number _____

2. Name _____

Relation to child _____

Phone Number _____

3. Name _____

Relation to child _____

Phone Number _____

4. Name _____

Relation to child _____

Phone Number _____

5. Name _____

Relation to child _____

Phone Number _____

Parent / Guardian Name _____

Child Name _____

Parent Guardian Signature _____ Date _____

Photo Release

Choose One:

Decline Permission

I _____ (parent's or guardian's name) do NOT grant permission to Kreative Kidz Children's Center, its representatives and employees to photograph or videotape my child _____ (child's name).

Or

Grant Permission

I _____ (parent's or guardian's name) hereby grant permission to Kreative Kidz Children's Center, its representatives and employees to photograph or videotape my child _____ (child's name).

I further grant permission to Kreative Kidz Children's Center and sister centers to utilize photographs and recorded materials of my child in the following ways: (Please check all acceptable uses.)

- Display in Kreative Kidz Director's or Teacher's Scrapbook
- Display on Kreative Kidz Bulletin Boards located in halls and classrooms and in Classroom Newsletters (viewed by current and prospective clients)
- Display on Kreative Kidz Website (only first names will appear on website)
- Use in Kreative Kidz promotional materials

Signature _____ Date _____