



## Enrollment Packet

Last Name(Legal) \_\_\_\_\_ First Name (Legal) \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Expected Start Date: \_\_\_/\_\_\_/\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

What is your preferred method of communication (phone call, text, messenger, email, etc.?) \_\_\_\_\_

### Family Information:

### Guardianship Information

#### Custody:

- Both parents
- Father Only
- Mother Only
- Foster Family

- Joint Custody
- Legal Guardian
- Grandparent Only

Student lives with: \_\_\_\_\_

Restrictions for Custody (if applicable) \_\_\_\_\_

Legal Documentation on File Yes No (if yes, you must provide us with a copy)

### Parent #1 Name

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

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Parent #2 Name

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

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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**Emergency Numbers: List names, addresses, & phone numbers of two people who can be notified in case of emergency when parents/guardians are not available:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_

**My child will be attending Kinder Sprouts:**

Tuesdays and Thursdays 7:30-5:30 p.m. \_\_\_\_\_

Other \_\_\_\_\_

Anticipated pick-up time: \_\_\_\_\_

**List names of people authorized to pick up your child (In addition to those emergency contacts listed above):**

_____	Relationship: _____	Phone # _____
_____	Relationship: _____	Phone # _____
_____	Relationship: _____	Phone # _____
_____	Relationship: _____	Phone # _____
_____	Relationship: _____	Phone # _____

**Are there any goals that you would like us to work towards with your child? If so, what are they:** \_\_\_\_\_

**Please list a daycare or preschool your child attended in the past. This will help us best support your child.**

**Childcare Reference: Name:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Do you have Facebook? \_\_\_\_\_ If so, we will add you to our private Facebook page.**

**How did you hear about us?** \_\_\_\_\_

**\*Please provide us with a copy of your child's current immunizations upon enrollment.**

# Kinder Sprouts Medical Information Form

My child, \_\_\_\_\_, has permission to attend Kinder Sprouts: A preschool program located at 506 South A Street, Grangeville, Idaho.

I hereby certify that my child is in good health and can travel to and participate in Kinder Sprouts.

While my child is attending or traveling to or from The Kids Klub, I HEREBY AUTHORIZE THE ADULT KINDER SPROUTS' LEAD TEACHER, (or in her absence or disability, the Program Staff Member accompanying or assisting her), TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

*"In case of an accident or emergency, I authorize a Staff member of The Kinder Sprouts' program to take my child to the physician named below or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense."*

This authorization shall remain effective until my child completes his/her activities at this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided which is not covered by the American Income Life Insurance Policy carried by The Kids Klub.

**AUTHORIZATION & CONSENT:**

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

Physician's Name \_\_\_\_\_

Over Please

## Health History Information

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

Does your child have any medical conditions that we should know about? Please include any allergies, including allergies to food, asthma, medications, or drug reactions.

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Please list any physical handicaps or disabilities that may limit your child's activities. (Consider limitations to eyesight, hearing, and speech; also note ADD, ADHD, IEP, ODD, PTSD, Autism, paralysis, diabetic conditions, seizures, ulcer, etc.)

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Please list all medications your child is presently taking:

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### The Kids Klub Immunization Record Information Release Form

I give permission for The Kids Klub, Inc., Kinder Sprouts to access and copy my child's immunization records from Idaho's Immunization Reminder Information System (IRIS). This information is required by the Department of Health & Welfare and is necessary for licensing of The Kids Klub programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Parent/ Guardian Permission

### Field Trips

I give permission for my child to attend any field trips or excursions planned by Kinder Sprouts' Program. I understand that I will be notified before each planned field trip.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

### School Information

One of the important goals of Kinder Sprouts is to provide an enriching environment which benefits social, emotional, physical and cognitive development. To document our efforts, we need to obtain information about your child's performance. I authorize The Kids Klub Inc. to access my child's early childhood records. This would include, but not necessarily be limited to: immunization records (needed for licensing of The Kids Klub), assessment results, special education information as needed (i.e. IEP or 504), and any reported behavioral incidents. I understand that this information will only be used for the benefit of my child, the improvement of Kinder Sprouts, and for record keeping. This information will be kept confidential. The release of information is effective only as long as my child is a participant in Kinder Sprouts.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

### Orientation

I have met with a Kids Klub staff member, toured the facility and received an orientation of their programs.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

### Child's Photo Release

I give permission for my child's photo and first name to be used for Kids Klub, Inc., Kinder Sprouts' media purposes. This may include newspaper photos, web sites, and brochures, etc.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## ***Discipline Policy***

It is important to the well-being and development of young children that they have clear, consistent, and appropriate limits set on their behavior. Our discipline policy is based on the worth and dignity of each child. Any form of discipline that impairs the student's self-respect will be avoided. It is our teachers' roles to be a strong leader, helping each child grow towards self-discipline and self-direction.

Teachers should administer such discipline within the programs as would be exercised by a kind, firm, judicious parent at home. Corporal punishment is prohibited in all circumstances. At no time will a child be struck, roughly handled, or verbally abused as a disciplinary measure.

When inappropriate or unacceptable behavior is exhibited, the staff will deal with the individual or individuals involved. If necessary, "time-outs" will be used to help the child gain self-control. Time-out is not a punishment and is not intended to humiliate the child. It merely helps the child gain self-control and reassess the situation. Time-out also gives the child an opportunity to reflect on his/her feelings.

If a child creates a physical mess, he/she will be responsible for cleaning up. If a child purposely breaks or damages property or equipment being used in the program, the parents will be responsible for replacement.

All recurring or serious behavior problems will be discussed with parents in order to establish a joint plan for changing the undesirable behavior. An incident report will be completed for each undesirable behavior incident. The program director or lead teacher will discuss these problems, as they occur, with the parent and have the parent sign the incident report.

If a child's behavior continues to be such that it has a negative effect on the other children or staff, the parent will receive written notice that the child has been placed on probation and the parent may be required to withdraw the child from the program. Depending on the behavior problem, suspension may be imposed.

If a child endangers, with intent to cause harm to other children, himself/herself, or staff, the child will be removed from the program immediately. The program director will determine the length of suspension. Readmission to The Kids Klub may be considered dependent upon a parent meeting with staff.

If a child needs to be removed from the program, the program director will make the decision. The program director will notify the appearance of the dismissal.

*\*Things may happen at home that affect your child's behavior. Please feel free to discuss these matters with the staff, if you think we might be able to help.*

In order for us to instill self-discipline, we need cooperation and support from every parent.

I have read and agree to the terms of this disciplined policy:

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

\_\_\_\_\_  
Date

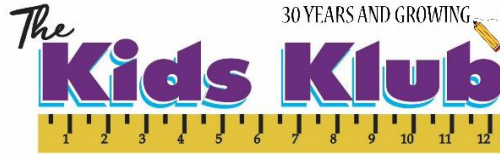
\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Policy #092810 Adopted by Centers for Discovery District #244 Centers and the 21<sup>st</sup> CCLC State Department of Education Officers.

The Kids Klub, Inc. has the right to make adjustments to the disciplinary actions based on the severity of the behavior.

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**IN CASE OF EMERGENCY ONLY**

**PERMISSION TO TRANSPORT MINOR CHILDREN AND RELEASE OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ the parent or legally recognized guardian of \_\_\_\_\_ consent to the aforementioned child's transportation by Kids Klub personnel for participation in Kids Klub activities.

I hereby release and hold harmless the Kids Klub, its' Board of Directors, agents, employees and assigns, from any liability or claim of liability, including negligence, and for any personal injury, including death, (and especially including but not limited to bodily injury or death from any motor vehicle accident) and for any other damages (including actual, compensatory, consequential, or incidental), arising from or relating to activities which place take place during Kids Klub activities or during the travel to and from said activities.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

# Parent Information

***(Please keep this page for your information)***

FYI

## Summary

Kinder Sprouts' goal is to provide an enriching environment which benefits social, emotional, physical and cognitive development. Kinder Sprouts is a pilot program of The Kids Klub, Inc.

I understand and agree to the following:

1. My child is not allowed to come and go freely from the Kinder Sprouts.
2. I must maintain communication with the lead teacher about my child and keep her informed of any pertinent changes.
3. The Kinder Sprouts will operate from 7:30 a.m. to 5:30 p.m. The program will not operate on major holidays or weekends.
4. It is my responsibility as a parent/legal guardian to see that my child is picked up on or before the designated closing time on Tuesdays and Thursdays. Children are not allowed to leave Kinder Sprouts by themselves.

## Billing Procedures:

1. I will pay for daily contracted services as outlined in the General Fees Information.
2. The Kinder Sprouts closes at 5:30 p.m. Tuesdays and Thursdays. My fees pay for service until that time. Parents whose children remain past this time must pay an overtime fee of \$1 per minute per child. The Kinder Sprouts' clock is the clock that will determine the time.
3. If financial assistance is desired, you will need to first apply for assistance through Idaho Child Care Program (ICCP). If ineligibility for ICCP has been determined, you may then apply for a financial scholarship. Your child must attend Kinder Sprouts on a full-time basis and meet income guidelines. Please see staff for an ICCP application or you find one at [www.thekidsklub.org](http://www.thekidsklub.org).

## General Fees Information:

In order for Kinder Sprouts to operate, it is imperative that fees be paid on time.

Monthly rate for full-time attendance (T & Th) is \$220 per month per child regardless of actual hours in attendance. Refunds are not available if your child does not attend on any given day, for any reason.

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Payment is due by the 1st of each month for that month's attendance. In the event an account becomes ten days or more past due, services for the involved student (s) will be terminated until the account has been paid in full.

A registration fee of \$30 per child is due at the time of registration.

There will be a \$30 service charge on each check returned by the bank due to insufficient funds or related deficiencies.

**Checks must be made payable to The Kids Klub, Inc.**

**Checks may be dropped off at The Kids Klub during operating hours, or checks may be mailed to:**

**The Kids Klub, Inc.  
506 South A Street  
Grangeville, Idaho 83530**

**\*You may also pay online at [www.thekidsklub.org](http://www.thekidsklub.org)**

**Any questions regarding financial payment should be directed to the Lead Teacher or the Program Director at the above address, or at (208)983-2285.**

The Kids Klub Administrator, in conjunction with The Kids Klub Board of Directors shall have final authority to resolve any matters concerning fees which are not addressed in these policies and procedures.

***Thank you for choosing The Kids Klub!***

***(Please keep this page for your information)***