



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

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

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

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

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

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

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

**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 \_\_\_\_\_

**Over**

**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 # _____

**\*The Lead Teacher must be notified of any changes in the above departure procedure. Children will not be released to anyone but those listed above. Please have photo identification available for verification upon pick-up.**

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

**\*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, 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, ODD, PTSD, Autism, paralysis, diabetic conditions, 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

# Parent Information

*(Please keep 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.

## 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.

Over Please

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 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.