



# WELCOME TO KIDDY KOLLEGE

## FAMILY HANDBOOK CHEAT SHEET SUMMER PROGRAM

### IMPORTANT THINGS TO KNOW ABOUT OUR CENTER & POLICIES

#### FORMS NEEDED FOR PROGRAM

- Enrollment Form
- Food Program Enrollment Form
- Medical Forms (Physical/Health Assessment, Immunization Record, Medical Record, and any Medication releases)
- Authorization for Emergency release form
- Release to participate in field trips and photos
- Field Trip Waiver
- Parent & Provider Agreement
- Authorizations for Billing

#### HOURS OF OPERATION

- Summer Program hours are Monday – Friday **7:30am-5:30pm**.
  - Early bird and Late Pick-ups are available in 30 minute increments as needed. Parents must sign up for these additional hours in advance. Each 30 minute increment is an additional \$5 per week/per child (i.e. if you need to drop off at 7am each day you would be billed an additional \$5 per week / per child enrolled).
- Overtime will be billed at **\$1 per minute per child** for drop offs before 7:30am and pickups after 5:30pm.

#### ARRIVALS AND DEPARTURES

- All parents are required to clock their child in and out and sign their times at the end of each day for record-keeping purposes. Parents failing to sign their child in or out will be automatically charged a \$1.00 administrative fee regardless of who is dropping child off or picking child up, we must be able to account for each child we have in our care and this is not optional.
- **ONLY** persons authorized by the parent **IN WRITING** will be allowed to remove any child from care, the written notification must be either a hand written and signed note given at drop off **or** an email from an address on file with center. Photo identification will be required for authorized persons that are not recognized. This is for your child's safety and will be strongly enforced. **Please notify authorized pick up persons to allow an additional 5-10 minutes to register into system.**
- Some field trips may end close to pick up time, parents who wish to pick their child up from the field trip destination will have to make those arrangements **BEFORE** we depart for the trip so that teachers can make departure arrangements and bring sign in/out sheets.

#### PAYMENT POLICIES & METHODS

- School Age Program Rates:
  - Registration fees:
    - New Families: \$35.00 + \$10.00 each additional child
    - Current/Returning Families: \$10.00 each child
  - \$175.00 one time **or** \$20.00/weekly activity fee (Covers all field trips and activities) – NON-REFUNDABLE
  - \$130.00 weekly tuition
- Payment for weekly tuition and activity fees are required **BEFORE** child care services will be rendered. Payments will be **due weekly on Friday or the last operational day for any given week.**
- Kiddy Kollege Child Care accepts the following methods of payments: Automatic payments (every Friday) from debit/credit card or checking/savings, debit/credit card payments made online or on-site, or Money Orders. **Kiddy Kollege does not accept Cash Payments or Paper Checks.** *Online Payments can be made at: [www.MyProcure.com](http://www.MyProcure.com), you must have an email on file to process online payments*
- **Changes in automatic payment or online payments should be made by Thursday at closing to avoid double processing on Friday.**

#### CLOSURES

- We will be closed on Memorial & Independence Day. On these days alternative care will need to be arranged by parents/guardian.

## **ABSENCES**

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- When possible, parents should call the center phone 316-201-4333 to notify facility when a child will NOT be in attendance, messages may be left at any time and will be checked frequently.
- Under no circumstance should you bring your child to care sick. If you are not sure your child is well enough to attend child care call and discuss it with a physician or the center director. Masking your child's symptoms with over-the-counter medications and bringing them to care anyway is not allowed and could be cause for immediate termination.
- Your child may return to care 24 hours AFTER symptoms of illness end. Which means if your child is sent home with a fever, diarrhea, or vomiting they cannot return until they have been symptom free for 24 hours without the aid of medication, this is regardless as to whether a doctors not has been given or not.

## **FIELD TRIPS**

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- We will be busy doing many fun things over the summer, there are a few things that will be helpful for you to remember.
  - All summer program staff will be attending field trips; for children who cannot attend (due to behaviors, parent choice, or any other reason/absence) are alternative care will be in a younger classroom with qualified staff. No refunds or adjustments will be given for absences.
  - *Swim/Outdoor Days* – We will not have extra supplies on hand (suits, towels, sun block, etc) please be sure to check the calendar and plan appropriately. We WILL have water/snacks available; parents have the option to bring individualized water bottles if desired.
  - *Clothing* – included in the registration fee is a T-Shirt for field trips. These shirts will be left and laundered at the center and sent home at the end of the summer. The shirts will be worn for easy and quick recognition of our children on field trips.
  - *Forms* – the field trip form and release must be signed before children are allowed to go on any field trips.

## **PERSONAL ITEMS**

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- Each child will have their own personal basket/storage space to keep their personal items in. Parents are welcome to bring and store spare items in this space if they wish.
- We recommend one complete change of clothing be left at the facility at all times. In the instance of clothing becoming wet/soiled during the day, dirty clothing will be placed in plastic bag and sent home for parents to return/replenish.
- We ask that your child does not bring any personal toys or items from home; Kiddy Kollege will not responsible for any toys/personal items that are lost or broken in care.

## **BEHAVIOR**

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- Children occasionally will act out in their behavior which is very normal. However, dangerous behavior to the other children, destructive behavior to personal property, and/or repetitive inappropriate behavior WILL NOT be tolerated. Dangerous and/or threatening behavior will cause for termination of care and no monies will be refunded in this instance.

## **TERMINATION**

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- All parents are required to give a **two week written notification** for termination of child care services. The two week notification period is to be **paid in full**, regardless of whether or not your child is in attendance! The two week notification period will run Friday to Friday, mid-week notices will be effective for the upcoming Friday.
- Failure to give notice and pay for two week notification period will result in legal action. **NO EXCEPTIONS!**
- If the agreement is terminated by the parents, there will not be a refund for the remainder of the week or for any enrollment fees or deposits paid. If the agreement is terminated by the center, for reasons that are not at fault by the parents, parents will be eligible for a full refund of the deposit and partial refund of the enrollment fee (Fee paid less \$20.00 admin



# ENROLLMENT FORM - SUMMER PROGRAM

## CHILD INFORMATION & EMERGENCY CONTACT

Name(s): \_\_\_\_\_

DOB(s) & Sex: \_\_\_\_/\_\_\_\_/\_\_\_\_ M F \_\_\_\_/\_\_\_\_/\_\_\_\_ M F \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Shirt Size:  YXS  YS  YM  YL  YXL  YXS  YS  YM  YL  YXL  YXS  YS  YM  YL  YXL

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
<b>Physician or Doctor</b>			
<b>Hospital</b>			
<b>Emergency Contact</b> <i>(Other than Parent)</i>	<b>Relation:</b>		
<b>Emergency Contact</b> <i>(Other than Parent)</i>	<b>Relation:</b>		

Does your child(ren) have any of the following allergies? Check all that apply

Asthma  Bee Stings  Eggs  EpiPen  Milk  Peanuts  Penicillin/Amoxicillin  Pollen  Wheat

Any Medical Conditions or other Important Information:  Yes  No, If Yes Please explain: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION - IF NON-APPLICABLE MARK NA, FILL OUT COMPLETELY!

**Mother:** \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Father:** \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Email:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Cell Phone Carrier:** \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Cell Phone Carrier:** \_\_\_\_\_

Work Phone: \_\_\_\_\_

## PICK UP AUTHORIZATION

Persons Authorized to pick up my child(ren) - Attach page for additional authorized persons:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>

Persons NOT authorized to pick up my child (To refuse paternal parent you must provide court documentation):

Children will only be released to individuals who Kiddy Kollege Child Care has **written authorization** for. Please note that this form must be kept on file and updated whenever changes are necessary. **ALL** authorized persons to pickup children will be required to have valid photo identification. Any court orders regarding child's custody in the event that the child is not to be released to the non-custodial parent will need to be provided to center.

## TIME AGREEMENT

The summer program operates from 7:30am to 5:30pm. Please mark below if additional early bird or late pick ups are needed. Each 30 minute increment is an additional \$5 per week/per child (i.e. if you need to drop off at 7am each day you would be billed an additional \$5 per week / per child enrolled). Overtime will be billed at \$1/min before 7:30 and after 5:30.

Early Bird Drop Off		Late Pick Up	
<input type="checkbox"/> 6:30am - 7:00am	\$5/child/week	<input type="checkbox"/> 7:00am - 7:30am	\$5/child/week
		<input type="checkbox"/> 5:30pm - 6:00pm	\$5/child/week

Parent's Name (Please Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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# CHILD INTRODUCTION FORM

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Please help us get to know your child(ren). Older kids are typically able to tell us what they like/dislike and what their needs are. Please indicate any additional information you think we should know before taking care of your child.  
(Behaviors, Recent home changes, Etc)

Child's Name			
Any Developmental Concerns?			
Any Behavior Concerns?			
Interests/Likes			
Fears/Dislikes			
Habits			
Favorites			
Typical Daily Routine			
Previous Childcare Experiences?			
Any other notes we should know?			



# AUTHORIZATION FOR AUTOMATIC BILLING

Kiddy Kollege uses Tuition Express to process automatic tuition payments. This form gives Kiddy Kollege the authorization for automatic tuition billing through the Tuition Express Merchant. Parents may choose either a Credit/Debit Card or a Checking or Savings Account for their auto billing account.

**To Complete:**

Complete Customer Information and Payment Information sections below and sign and date form. Upon approval, we will automatically bill your Credit/Debit Card or Banking Account for the amount indicated and your charges will appear on your monthly statement. You may cancel this automatic billing authorization at any time by requesting such in writing.

**CUSTOMER INFORMATION** (completed by parent)

Parent – Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**REGISTRATION PAYMENT DETAIL** (completed by parent – check all that apply)  
If nothing is checked the default position will be to charge what is due per our center policy

I authorize Kiddy Kollege LLC to bill my one-time **\$50.00** Family **Child Care** Enrollment Fee using the payment information below.

I authorize Kiddy Kollege LLC to bill my **\$35.00 + \$10.00 for each additional child** for new families or **\$10.00 for each child** for returning families registration fee for **School Age Spring Break/Summer Care** using the payment information below.

I authorize Kiddy Kollege Child Care Center to bill my one-time Non-ACH and/or Hold Deposit using the payment information below.

**Pre-Registration is NOT complete until we have registration fees processed. If you opt to pay them by check this may delay the registration process. Once families are registered, payments may be made online at [www.MyProcare.com](http://www.MyProcare.com)**

**WEEKLY PAYMENT DETAIL** (completed by center)

I authorize Kiddy Kollege Child Care Center to automatically bill the card or account listed weekly as specified for child care services for the following children:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Total Recurring Payment: \$ \_\_\_\_\_ + Any other accrued fees including but not limited to: late, overtime, activity, & termination notification

Start On: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ *All recurring payments will end upon termination of child care unless indicated otherwise in writing*

**PAYMENT INFORMATION** (completed by parent)

**CREDIT/DEBIT CARD**

Name on Card (Cardholder): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_\_ 3-digit Code \_\_\_\_\_ (CVV)

**-OR-**

**ELECTRONIC CHECK (e-check)** – *A Voided Check or Deposit Slip must be attached for Checking Account*

Name on Account (Account holder): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number (9-digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

*Receipts/Statements are available as needed at [www.MyProcare.com](http://www.MyProcare.com)*

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_



# PARENT & PROVIDER AGREEMENT

The following contract pertains to the policies and procedures set forth in the Family Handbook governed and enforced by Kiddy Kollege Child Care Center. It is the Parent's responsibility to read the Handbook completely and understand the policies and procedures within the handbook before signing this acknowledgement of understanding. It is also the Parent's responsibility to abide by all the policies and procedures stipulated within the Handbook. This parent and provider agreement is a Legal and Binding Contract, this contract verifies a meeting of the minds and obligates its signors to the conditions set forth. **Failure to abide by any of the terms set forth within the handbook, especially including termination and financial obligations will result in legal action.** I understand a **TWO WEEK WRITTEN** notification is required to terminate this agreement.

## AUTHORIZATION FOR AUTOMATIC PAYMENTS

Kiddy Kollege uses Tuition Express to process automatic child care tuition payments. This form gives Kiddy Kollege the authorization for automatic tuition billing through the Tuition Express Merchant. Parents may choose either a Credit/Debit Card or a Checking or Savings Account for their auto billing account (*Separate form required*). Parents who do NOT sign up for automatic payments will be required to pay a deposit equivalent to one week of tuition for each child enrolling.

- I wish to enroll with Tuition Express for automatic tuition payments and have my deposit fees waived
- I DO NOT wish to enroll with Tuition Express for automatic tuition payments and agree to pay a deposit of \$ \_\_\_\_\_  
*Deposit fees are due before your child may attend care.*

## ENROLLMENT DOCUMENTATION

- Immunization Record
- Enrollment Form
- Release Form
- Health Assessment
- Field Trip Permission Form
- Parent Provider Agreement
- Auth for Emergency Medical Care
- CACFP Enrollment Form

## ENROLLMENT FEE & DEPOSIT

All new summer program families must pay a summer registration fee of **\$35.00+\$10.00 per additional child**. All returning Kiddy Kollege families must pay a summer registration fee of \$10.00 per child. By signing this agreement you are acknowledging this fee and agree to pay the Registration Fee. The Registration fee is needed along with the Enrollment form to hold a vacancy.

## ACTIVITY FEE

All summer program participants will be required to pay an activity fee in addition to their weekly care costs. If paid all at once the fee is \$175.00 for all activities, if paid weekly the activity fee is \$20.00 per week. Please indicate how you wish to have your activity fee billed.

- I would like to pay the \$175.00 activity fee in full at enrollment.
- I would like to pay the activity fee in weekly installments of \$20.00. The first installment will be due with the first week of tuition.

## FINANCIAL AGREEMENT

Registration Fee + Activity Fee + First Week Tuition + Non-Auto Pay Deposit = **TOTAL DUE**

<u>CARE FOR (CHILD'S NAME)</u>	<u>TYPE OF CARE</u>	<u>WEEKLY RATE</u>
<b>APPLICABLE DISCOUNTS</b>		
<b>TOTAL WEEKLY COST OF CHILD CARE</b>		

I/We agree to pay the child care costs to Kiddy Kollege Child Care as listed above. I/We acknowledge that the total cost of child care will be due at minimum weekly before care is rendered. I/We understand a two week notice is required to terminate service at any time; failure to give such notice will incur a fee equivalent to the total weekly cost of care multiplied by two in addition to any other outstanding balances. I/We also understand failure to pay in full will result in legal action at the expense of the responsible party.

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Erika Pryor-Tomlin, Kiddy Kollege Child Care  
Provider's Name (Please Print)

\_\_\_\_\_  
Provider's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date