



Welcome to Kiddy Kollege

This packet includes all of the forms we will need **BEFORE** your child can begin care. COMPLETELY fill out each form, mark NA on items that do not apply to you.

Incomplete Forms will be Returned!

*Forms given at the center are **colored**. If you print your own, please disregard the color descriptions*

| FORM | COLOR | INSTRUCTIONS |
|-----------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Enrollment Form | Blue | This form gives us insight about your family. The information from this form will be passed along to your child's classroom teacher. Additional information & persons authorized to pick up may be written on a separate piece of paper. |
| <input type="checkbox"/> Health Forms | Yellow | <ul style="list-style-type: none"> ➤ <i>Medical Record:</i> Complete medical & family information form. EVERY LINE MUST BE COMPLETE ➤ <i>Health Assessment:</i> <u>Must be completed by physician or licensed nurse</u>. Doctor's office must <i>stamp or sign</i> this form. Electronic records are acceptable ➤ <i>Immunization:</i> Shot record must be completed by hand or doctor may print off record. Please <u>sign & date yellow form</u> regardless of method of record type (handwritten/typed). Form MUST BE UPDATED as shots are updated. |
| <input type="checkbox"/> Emergency Medical Care Authorization | Pink | This form gives center permission to seek medical attention for your child. Witness Signature & Insurance Information MUST be included on form |
| <input type="checkbox"/> CACFP Enrollment Form | Green | This form is required by KSDE. Please follow the instructions included with form. Be sure to sign & date form. CHILDREN UNDER 12 MONTHS MUST COMPLETE PAGE 3 |
| <input type="checkbox"/> Authorization for Automatic Billing | Purple | This form gives center permission to automatically withdraw funds from your credit/debit card or checking account using the Tuition Express Merchant. NOT ENROLLING IN AUTOPAY WILL RESULT IN A DEPOSIT EQUAL TO ONE WEEK. |
| <input type="checkbox"/> Parent Agreement <i>(On back of Auto Bill form)</i> | Purple | This form corresponds with the handbook and outlines each family's financial obligation including automatic payments, enrollment fees, and weekly tuition payments. This form will be signed on the first day of care signifying you have read through the handbook and understand your financial obligations and terms for care. |
| <input type="checkbox"/> Release Agreement | | This form includes a photo/media and general release from the family to the center. Please read entirely before signing. Please sign and date both under photo release and general release information. |
| <input type="checkbox"/> Medication Authorization <i>Optional (Available upon request)</i> | | This form gives center permission to administer prescription and/or non-prescription medications as they are needed. ALL MEDICATION REQUIRES AN AUTH FORM. |

FIRST DAY INSTRUCTIONS

- What to Bring:** Parents should only bring the items listed on the **FIRST DAY CHECKLIST ON BACK OF THIS LETTER**
- Building Entry:** Please push "Guest" bottom on Entry system. We will get you setup with an entry code & register your fingerprint within your first week of attendance.
- Signing In-Out:** Parents will be registered in child care system & receive sign in-out instructions on their first day.

REFERENCE INFORMATION

Please save the following contact information in your mobile phone or in another safe place for easy reference.

| | | | |
|--------------------------------|----------------------------------------------------------------|--------------|------------------------------------------------------------------|
| Main Phone (Tyler Road) | (316) 201-4333 | Fax | (316) 927-5707 |
| Website | www.KiddyKollege.com | Email | info@KiddyKollege.com |

Locations

Tyler Road
21st & Tyler Road
1860 North Tyler Road

Country Acres
Central & Tyler Road
383 North Country Acres Ave

Derby
Rock Road & Madison – Derby, KS
1720 East Osage Road

Program Administrator – Erika Tomlin

Thank you again, if you have any questions please call or email, We're here to help!

Supply Checklist

| Infants Only | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 3-4 Pre-made Bottles (Unless on Whole Milk) <input type="checkbox"/> Extra Formula/Milk to keep at facility <i>May use a portion container – no plastic bag</i> | Bottles Must Have: <input checked="" type="checkbox"/> Have lids & be labeled w/child's Name & Date <input checked="" type="checkbox"/> Bottle Bag (<i>Bag will be sent home in same bag daily</i>) We provide Member's Mark Gentle Formula . If you are using our formula, you do NOT need to worry about this section. |
| <input type="checkbox"/> Binky | If needed |
| <input type="checkbox"/> Diapers | At least 1 week worth to keep at facility |
| <input type="checkbox"/> Wipes <u>with Refill Container</u> | As wipes get low, parents will be notified by staff or on lifecubby |
| <input type="checkbox"/> Diaper Rash Cream | Optional |
| <input type="checkbox"/> Sleep Sack – NO BLANKETS FOR INFANTS | For warmth & safety |
| <input type="checkbox"/> Bottle/Lunch Bag | Insulated bag for bottles coming in or out |
| <input type="checkbox"/> NO Diaper Bags PLEASE! | We have limited storage for actual bags |
| Toddlers Only | |
| <input type="checkbox"/> Miracle 360 Sippy Cup (Toddlers ONLY) | \$10 if center supplies |
| <input type="checkbox"/> Diaper Rash Cream | Optional |
| Everyone (Including Infants & Toddlers) | |
| <input type="checkbox"/> Backpack (Not for Infants) | For extra clothing and blankets when they go home |
| <input type="checkbox"/> Nap Mat 1" thick MAX | \$15 if center provides, we don't have storage for thick mats |
| <input type="checkbox"/> Playard or Crib Sheet (Target's fit great!) | Bottom Sheet for Crib or Nap Mat |
| <input type="checkbox"/> 2 <u>Complete</u> Changes of Clothing | In case of accident |
| <input type="checkbox"/> Toothbrush & Cover | Even for Infants w/no teeth |
| <input type="checkbox"/> Toothpaste – Child Approved | Please be sure child approved |
| ALL ENROLLMENT FORMS LISTED ON FRONT ARE NEEDED NO LATER THAN THE FIRST DAY! | |

**PLEASE LABEL ALL OF YOUR CHILD'S
PERSONAL ITEMS!**