| Kiddie Kottage Enrol                     | ment Form  | \$25 Enrollr<br>Paid |        |
|--|------------|----------------------|--------|
| Enrollment Date                          |            |                      |        |
| Child's Full Name                        |            |                      |        |
| Nickname                                 | Age        | Birth date           | //     |
| Address                                  |            |                      |        |
| Home Phone Number                        |            | -                    |        |
| Circle Days To Attend:<br>Monday Tuesday | Wednesday  | Thursday             | Friday |
| Father's Name                            |            |                      |        |
| Address                                  |            |                      |        |
| Home Phone                               | Cell Ph    | none                 |        |
| Employer                                 |            |                      |        |
| Address                                  |            |                      |        |
| Phone                                    | Work Hours |                      |        |
| Mother's Name                            |            |                      |        |
| Address                                  |            |                      |        |
| Home Phone                               | Cell Pł    | none                 |        |
| Employer                                 |            |                      |        |
| Address                                  |            |                      |        |
| Phone                                    | Work Hours |                      |        |

Parent's Marital Status:

| Married   | Separated       | Divorced | Single          | Widowed |  |  |  |  |
|---|-----------------|----------|-----------------|---------|--|--|--|--|
| Who does the child live with?                   |                 |          |                 |         |  |  |  |  |
| If divorced, who has legal custody?             |                 |          |                 |         |  |  |  |  |
| May the non-custodial parent pick up the child? |                 |          |                 |         |  |  |  |  |
| Pick Up Auth                                    | orization:      |          |                 |         |  |  |  |  |
| Name:   |                 |          | Phone:          |         |  |  |  |  |
| Name:   |                 |          | Phone:          |         |  |  |  |  |
| Name:   |                 | Phone:   |                 |         |  |  |  |  |
| Unauthorized                                    | d Pick Up:      |          |                 |         |  |  |  |  |
| Name:   |                 |          | Relationship:   |         |  |  |  |  |
| Name:   |                 |          | Relationship: _ |         |  |  |  |  |
| Emergency Contacts Other Than Parents:          |                 |          |                 |         |  |  |  |  |
| Name:   |                 | Phone:   |                 |         |  |  |  |  |
| Name:   |                 |          | Phone:          |         |  |  |  |  |
| Child's Physic                                  | cian:           |          | Phone:          |         |  |  |  |  |
| Hospital Pref                                   | erence          |          |                 |         |  |  |  |  |
| Previous Chil                                   | ldcare Provider |          |                 |         |  |  |  |  |
| Reason For Leaving                              |                 |          |                 |         |  |  |  |  |
| How did you hear about us?                      |                 |          |                 |         |  |  |  |  |

| Does your child have any special needs? Yes or No                                    |
|--|
| If Yes, explain  |
| Does your child have any allergies? Yes or No  |
| If Yes, explain  |
| Is your child potty trained?   |
| Does your child need help?<br>Dress/Undress Eating Washing Hands/Face Going to Potty |
| Does your child have any special fears?  |
| Does your child take a nap?  |
| Does your child require anything to go to sleep?                                     |
| Has your child been away from parents before?  |
| Sitter Daycare Grandparents Other  |
| Favorite Food/Snack  |
| Food/Snack Dislikes  |
| Any Additional Information   |
|  |
|  |

## Kiddie Kottage Enrollment Contract

- 1. Enrollment Fee There is a \$25 enrollment fee per family.
- 2. Method of Payment Payments can be made by cash or check and left in the payment box located by the office.
- 3. Schedule Your child's schedule is required below.
- 4. Rates -

Full Time (5 Days a Week)First Child\$115.00 per weekSecond Child\$105.00 per week

| Part Time (1-4 Days | <u>Per Week)</u> |
|---------------------|------------------|
| First Child         | \$28.00 per day  |
| Second Child        | \$26.00 per day  |

School Age Children Before & After School \$40.00 per week

5. This contract may be cancelled by either party upon receipt of a two week written notice. Parent must come to the office to cancel or change their schedule and/or contract. Contract changes will go into effect on the Monday after the new contract is signed.

6. I have received and read my parent handbook. I understand and agree to abide by all policies and procedures.

Child's Name
Class

Schedule
Monday
Tuesday
Wednesday
Thursday
Friday

Time In
Image: Class
Friday
Friday

Time Out
Image: Class
Friday
Friday

Time In
Image: Class
Friday
Friday

Time Out
Image: Class
Friday
Friday

Time Out
Image: Class
Image: Class
Friday

Time In
Image: Class
Image: Class
Friday

Time Out
Image: Class
Image: Class
Friday

Time Out
Image: Class
Image: Class
Image: Class
Friday

Time Out
Image: Class
Image: Class
Image: Class
Image: Class
Image: Class

Contract Begin Date
Image: Class
Image: Class<

## **Consent for Medical Treatment**

| you are not available to give co  | onsent. In order to a signature on this co  | avoid possible   | our child requires medical treatment delays in treatment as a result of not will provide the hospital with writter   | t          |
|---|---|--|--|------------|
| Child's Name  |   | Age  | Birthday   |            |
| Allergies   |   |  |  |            |
| Regular Medications   |   |  |  |            |
| Special Medical Problems  |   |  |  |            |
| Date of Last Tetanus  |   | _ Are immuni   | zations up to date? Yes 🗆 No 🗆   |            |
| Name of Parent/Guardian   |   |  |  |            |
| Address   |   |  |  |            |
| Home Phone  | _ Work Phone  |  | Cell Phone   |            |
| Name of Parent/Guardian   |   |  |  |            |
| Address   |   |  |  |            |
| Home Phone  | _ Work Phone  |  | Cell Phone   |            |
| Pediatrician  |   | Office P   | hone   |            |
| Hospital Preference   |   |  |  |            |
| Emergency Contact   | Phone   |  |  |            |
| Insurance Company   | Policy Number   |  | Policy Holder  |            |
| the hospital staff to contact me<br>cannot be reached I grant writt<br>emergency medical staff to ren | e or my spouse at the<br>ten permission to my<br>der medical care as<br>ital for any treatmen | e numbers pro<br>/ pediatrician c<br>deemed appro<br>at or medicatio | d involving the minor listed, I reques<br>vided. In the event that I or my spo<br>or family physician or the hospital's<br>opriate. I agree to pay for normal an<br>n received by said child. I also agree<br>are any changes in the above | ouse<br>nd |

This authorization remains in effect until written cancellation is received by the hospital.

Witness

Date

Parent/Guardian Signature