

KID'S CLUB

Daycare & Preschool Enrollment Form

Name of child: _____ Birthday: _____

Mother/Guardian's name: _____ Phone: _____

Mailing address: _____ E-mail: _____

Place of employment: _____ Work phone: _____

Father/Guardian's name: _____ Phone: _____

Mailing address: _____ E-mail: _____

Place of Employment: _____ Work phone: _____

Child lives with: Mother ____ Father ____ Step Parent ____ Grandparents ____ Other ____

Foster Parent ____ Social Worker: _____ Phone: _____

Other children living with child:

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Emergency contacts other than parents/guardians:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

People allowed to pick up child from Kid's Club: _____

People **NOT** allowed to pick child up from Kid's Club (we need legal documentation of custody to keep parents from child): _____

Special needs: _____

Allergies: _____

Medications: _____

Physician's Name: _____ Phone Number: _____

Child's favorite toys/activities: _____

State of Montana
Department of Public Health and Human Services
Quality Assurance Division – Licensure Bureau
Child Care Licensing

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Father / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Physician / Medical Care Source: _____ Contact Number: _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ Name: _____

Name: _____ Name: _____

– SEE REVERSE SIDE –

WRITTEN CONSENT IS GIVEN FOR:

☐ **Yes** ☐ **No** EMERGENCY MEDICAL CARE

☐ ADMINISTRATION OF PRESCRIPTION MEDICATIONS

**Medication Authorization form and Medication Administration Log
Must be completed**

☐ ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

**OTC Medication Authorization Form and Medication Administration
Log must be completed**

☐ ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:

Please Specify:

☐ **TRIPS:** ☐ **Yes** ☐ **No** TRANSPORTATION BY THE FACILITY FOR TRIPS

☐ **Yes** ☐ **No** DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

HEALTH HISTORY

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with passing urine / bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

YES NO
Allergies or reaction: (food or other) ☐ ☐

Please Explain:

YES NO
Other Health Concerns (special disabilities): ☐ ☐

Please Explain:

SIGNATURE OF PARENT OR GUARDIAN

DATE

KID'S CLUB

Permission Slips

My child, _____, has permission to go on walking field trips to and from the City Park, Community Garden, Columbus Swimming Pool, Public Library and other nearby destinations. In some instances, the Kid's Club passenger van may be used. All children are required to wear seatbelts.

I understand when my child travels by vehicle for pre-school or summer program field trips, out of our immediate local area, I will be notified in advance.

My child (4yrs of age & older), _____, does / does not have permission to go swimming with Kid's Club, at the Columbus Swimming Pool, during the summer months. Kid's Club staff will walk the children to the pool, remain poolside for the duration and walk the children back to Kid's Club.

I, _____, consent to and authorize the use and reproduction of photographs and/or audiovisual materials of my child by Kid's Club for the use of publicity media, whether print or electronic format (Brochures, Newspapers, Website, Facebook, etc).

Signature: _____

Date: _____



Authorizations

The following authorizations are necessary for Kid's Club staff to act in your child's best interests at all times. Please complete and sign each one.

Child's name: _____

Pick up Authorizations: I hereby authorize

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

To pick up my child from Kid's Club activities. If these instructions should change, I will let Kid's Club know in advance and in writing. Please note any special instructions and the names of persons not authorized to remove your child from the center and legal documentation of custody/restraining order or guardianship.

People **NOT** authorized to pick my child up: _____

Signature of parent/legal guardian: _____ Date: _____

Medical Emergency Authorization:

I authorize _____ do not authorize _____ Kid's Club staff to administer first aid treatment to my child.

I authorize _____ do not authorize _____ Kid's Club staff to transport or have ambulance transport to Stillwater Billings Clinic Hospital and authorize treatment by the doctor on call.

Child's Insurance: _____ Policy #: _____

Signature of parent/legal guardian: _____ Date: _____

NON-INGESTIBLE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth ____/____/____
Program Name _____ Today's Date ____/____/____

I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):

- ☐ Diaper Rash Cream/Ointments
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Cortisone/Anti-Itch Creams/Ointments
- ☐ Medicated Lip Treatments
- ☐ OTC Antibiotic Creams/Ointments
- ☐ Burn Creams/Sprays
- ☐ Other Non-Ingestible OTC's: (Please Specify) _____
☐ _____
☐ _____
☐ _____

To administer a non-ingestible over the counter (OTC) medication:

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions _____ Refrigeration Y/N

Parent/Guardian Signature (required) _____

* **This document must be updated on an annual basis.**

Unused Medication: Returned to Parent Y/N or Discarded Appropriately (circle one)

By: _____ Date ____/____/____

*Keep in the child's file when medication is finished.

Parent Responsibility Contract

Please initial each statement and sign at the bottom of the page

_____ *Kid's Club is a state licensed center, as such we are required to schedule on Friday for the upcoming week. Schedules for your child/children are due on Friday by 10am to guarantee a spot for your child/children. We are NOT a drop-in center. Space availability is not guaranteed after the schedule is made. There will be an additional \$.25/hr fee for any child added after 10am Friday, providing space is available.

_____ *Weekly schedules are necessary for planning staff, food & supplies. I understand that I will be billed for the hours I signed my child(ren) signed up for. In the case of needing to cancel child care during the current week, due to illness, activity, personal schedule or otherwise, I understand that I will still be charged for the hours I had my child(ren) scheduled. Staffing is planned only for the times children are scheduled that day. It is important to adhere to the times requested for care for my child(ren).

_____ *Kid's Club is licensed for the hours of operation Monday through Friday 6:30am-6pm. It is important for parents/guardians to respect and adhere to our licensed hours. Any child remaining at Kid's Club beyond our 6pm closing time will be charged an additional \$5 for every 5 minutes. Any child remaining after 6:15pm, will be reported to the local law enforcement agency as well as Child & Family Services.

_____ * I understand that it is necessary for both safety and billing purposes, for me to sign my child(ren) in and out of child care each day on the clipboards.

_____ * I understand that according to Montana Licensing Requirements for Child Care Centers 37.95.139, my child may not attend Kid's Club if he/she has a fever of 100.5* or higher within the last 24 hours (regardless if they are on Tylenol or not), has had or does have diarrhea within the last 24 hours, has vomited or is vomiting within the last 24 hours, or currently has a contagious or communicable illness (I.e. pink eye, hand/foot/mouth disease, influenza, pertussis, strep throat, nits or live lice) and has not been on antibiotics (when prescribable) for at least 24 hours and has a doctor's release to return to daycare.

_____ *For parents of infants and toddlers: I understand that I need to provide bottles, formula, baby food, diapers/pull-ups, change of clothes and wipes. Once the child(ren) are able to eat small pieces of table food and whole milk, Kid's Club will provide the food and drinks.

_____ *I will provide ALL necessary state required paperwork before the first scheduled day of childcare or preschool.

1) Enrollment Packet and Up-to-date Immunization Records

2) Physician Release (required for children under 2 years old)

3) Infant Feeding Schedule & Safe Sleep Policy (required for all children under 19 months old)

I understand my responsibilities and obligations as stated above:

Signed _____ Date: _____

Payment & Price Contract

	<u>Hourly</u>	<u>Monthly **</u>	<u>Daily</u>
8wks-2yrs	\$6.37	\$700.00	\$37.00
2yrs-4yrs	5.73	620.00	33.00
4yrs +	4.29	540.00	29.00
Sibling Discount	3.63	440.00	

Annual Daycare Registration fees: \$30/child or \$50/family

 *4-5yr old Preschool only - \$14/session

*Preschool Registration Fee: \$25/child

*4-5 yr old Preschool w/daily care - \$14/session + hourly rate

*4-5yr old Preschool w/monthly daycare - \$7/session + monthly rate

 *3yr old Preschool only - \$7/session

*Preschool Registration Fee: \$25/child

*3yr old Preschool w/daily care - \$7/session + hourly rate

*3yr old Preschool w/monthly care - \$4/session + monthly rate

 **Monthly billing starts on the 1st of the month. In order to receive the discount of monthly billing, payment is due by the 1st with a grace period up to the 5th of the month. If not paid by the 5th, a \$25 late fee will be added and the child(ren) can't attend daycare until the bill is paid in full.

*All other billing, hourly/daily, is available on Monday. If not paid in full by Friday @ 10am, the child(ren) cannot be scheduled until it is.

*Sibling discounts are available to families with more than one child, who has more than one child scheduled for that day/month. If only one child attends for the day/month, the regular rate will be applied.

*Kid's Club does participate in the Best Beginnings Scholarship program. Our rates are close, but not an exact match to what Best Beginnings will pay. Parents/Foster Parents/Legal Guardians are responsible for any differences on the final bill for the month. Best Beginnings will ONLY pay for what the child is actually physically at Kid's Club. If the child cancels for ANY reason (illness, vacation, Mom/Dad's schedule changed, etc...) or is not here for the full amount of time they were scheduled, Best Beginnings will NOT pay. Parents/Foster Parents/Legal Guardians will be responsible for the time the child was signed up for, as that spot was specifically reserved & staffed for that child.