

CHILDCARE MEMO

To: Interviewing Parents
From: Executive Director
Re: Introducing Kingdom Kids Childcare to your family

Welcome! Thank you for your interest in joining the Kingdom Kids family. Whether you are changing facilities or starting daycare for the first time, I understand how traumatic it can be for both the parents and children involved. Finding a childcare that meets your child's needs and at the same time finding a facility of providers that you feel you can entrust with your child can be very nerve racking. I feel it is very important for the parents and the provider to have a very open and friendly relationship to best meet the needs of the children.

Kingdom Kids Childcare opened in November 2018 and consists of four classrooms: infants six weeks to eleven months, infants 12 to 23 months, toddlers 24 months to 3yrs and preschool 3 & 4yrs, with wrap around care. A summer program is also offered. This facility offers care to ages six weeks-4 years old in several capacities. Over the course of the next two years, Kingdom Kids expects to see substantial growth and expansion. It is our desire to add extended hours (Before & After School & Evening Care) as well as transportation in the future.

Kingdom Kids is a privately held company and daily operations will be run by the owner Spring Jackson. Ms. Jackson has over 12 years of experience working with and caring for young children in a childcare center, her personal In-home childcare business and as a foster parent. Spring has taken countless classes and course work in early childhood education. Spring has received a Child Development Associate certification from the Council for Professional Recognition, a national credentialing program. Although Spring has fostered, hosted or cared for in some capacity all ages of children, her expertise and heart is with the early childhood group. Spring is also a part of national and local groups for the advancement and quality of early childhood providers such as NAEYC, IA-AEYC, CACFP, Iowa CCR&R, QRS, NBCDI and Healthy Care Iowa.

Thank you so much for considering Kingdom Kids Childcare to provide superior childcare for your family. We welcome you to the Kingdom Kids family and hope that we will be able to see your kids through the delicate "first years" of life. We take pride in making sure that you partnership with is a lasting, resourceful, nurturing and safe environment for parents and your children.

"Some of the best years of life are spent as a child and later our scholastic years..." As adults in a fast-paced society, we sometimes forget just how precious and brief those years are."

At Kingdom Kids Childcare, we believe in the value and uniqueness of each child we serve. Our childcare experience is designed to promote each child's own individual social, emotional, physical, and cognitive development. As caregivers and educators, our mission is to provide a safe and developmentally appropriate learning environment, which fosters a child's natural desire to explore, discover, create, and become a lifelong learner.

Spring Jackson

Executive Director, Kingdom Kids Childcare, LLC

ENROLLMENT APPLICATION

Center #: _____

Enrollment Date: _____ Desired Start Date: _____

CHILD INFORMATION

Child's name (First, Middle, Last): _____

Nickname: _____ Age: _____ Date of birth: _____ Gender: _____

Child lives with (Name): _____ Relationship to child _____

Child's home address: _____

Home phone: _____ Has child been in care before? _____

PRIMARY CONTACT

Primary parent/Guardian #1: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____ Email: _____

Home address: _____

Mailing address (if different than above): _____

Employer: _____ Employer address: _____

Work phone: _____ Driver's license #: _____ State: _____

Other parent/Guardian #2: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____ Email: _____

Home address: _____

Mailing address (if different than above): _____

Employer: _____ Employer address: _____

Work phone: _____ Driver's license #: _____ State: _____

SCHEDULING/ATTENDANCE

Please indicate your child's tentative schedule. This information is needed to ensure adequate staff is available to care for your child. This information can be modified based on your family's needs.

*B = Breakfast, L = Lunch, SN = Snack

DAYS	HOURS OF ATTENDANCE		MEALS REQUESTED
MONDAY	am/pm to	am/pm	B, L, SN*
TUESDAY	am/pm to	am/pm	B, L, SN*
WEDNESDAY	am/pm to	am/pm	B, L, SN*
THURSDAY	am/pm to	am/pm	B, L, SN*
FRIDAY	am/pm to	am/pm	B, L, SN*

EMERGENCY CONTACTS AND AUTHORIZED RELEASE

Please list the name(s) of individuals authorized to pick up your child. Your child will only be released to the guardians listed above and authorized individuals listed below. If the person listed below is also an emergency contact, please indicate by checking the appropriate box. Please do not list guardians or parents included in the section above. Changes to authorized release list must be made in writing or submitted via email.

Name #1: _____ Phone: _____

Relationship to child: _____ Relationship to parent or guardian: _____

Home address: _____ Emergency Contact

Name #2: _____ Phone: _____

Relationship to child: _____ Relationship to parent or guardian _____

Home address: _____ Emergency Contact

Name #3: _____ Phone: _____

Relationship to child: _____ Relationship to parent or guardian: _____

Home address: _____ Emergency Contact

Desired family code word (all authorized pick-ups must be able to provide this word)

Is there any additional information we should have to better serve your family's needs?

Kingdom kids Childcare an equal opportunity provider. We accept applications for admission and employment without regard to race, gender, national origin, color, creed, physical or mental disability or any other protected status. Completion of enrollment application does not guarantee enrollment.

Is there any additional information we should have to better serve your family's needs?

Date: _____

PARENTAL CONSENT AND MEDICAL TREATMENT AUTHORIZATION

Name of child/youth: _____ Grade: _____ Age: _____

Address:

Street/Apt Number	City	Zip Code
-------------------	------	----------

As the parent(s) (or legal guardian) of: _____, I/we hereby consent to my/our child/youth to participate in activities with his/her class or group, including off-campus field trips, all of which carry a certain degree of risk, for the calendar year ____ (or school year ____). In consideration for my/our child/youth being allowed to participate in activities and field trips, I/we assume responsibility for the ordinary and reasonable risks associated with the activities and field trips and hereby agree to release and hold Kingdom Kids Childcare, its employees and volunteers harmless from and all claims arising from my/our child/youth's participation.

Please indicate and restrictions on your child/youth's activities:

_____ I represent that my/our child/youth is physically fit and had the necessary skills to safely participate in these activities.

_____ I represent that my/our child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child/youth to travel to and from these events in transportation provided by volunteer drivers.

It is my understanding that Kingdom Kids will attempt to notify me in case of a medical emergency involving my/our child/youth. If the Church cannot reach me/us, then I/we authorize the Church to seek and procure medical treatment for my/our child/youth, from a medical doctor or other health-care professional, and I/we give my/our permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I/we will pay for any medical expenses so incurred.

I/we will notify Kingdom Kids if I/we feel there are any health considerations that would prevent my/our child/youth's participation in any particular activities listed above.

My/our child/youth had the following allergies or other health considerations:

Insurance Company: _____ Policy/ Group # _____

Signature of Parent or Guardian: _____ Telephone No: _____

Date: _____

ABSENT PARENT PERMIT FOR EMERGENCY MEDICAL/SURGICAL CARE

In the event that my child (listed below) may require medical and/or surgical care when I am unable to be reached, I hereby authorize evaluation, treatment, and anesthetics, as deemed necessary by the _____ Hospital, and attending physician for the following child:

Child's Name _____ DOB: _____ Age: _____

Allergies: _____

Present Medication: _____

Medical History: _____

Surgical History: _____

Other Pertinent Information: _____

Family Physician: _____ Phone Number: _____

Address: _____

Family Dentist: _____ Phone Number: _____

Address: _____

Family Medical Insurance Co: _____ Policy #: _____

Person(s) able to provide authorizing signature when parent(s) are unable to be reached:

Name: _____ DOB: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Relationship to the child: _____

This form is provided for parent's convenience in their absence. Authorization is valid beginning _____ and ending _____.

Authorizations must be renewed after one year from the date documented below:

Date of Permission Signature: _____

Parent's Signature: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Mom's Cell #: _____ Dad's Cell #: _____

AUTHORIZATION IS TO BE LEFT WITH THE RESPONSIBLE ADULT AND PRESENTED TO THE HOSPITAL STAFF AT THE TIME EMERGENCY MEDICAL AND/OR SURGICAL CARE IS REQUIRED.

Signature of Parent or Guardian: _____ Telephone No: _____

Date: _____

MEDICINE ADMINISTRATION POLICY

If a child's doctor requires that medicine (including over-the-counter medications and prescriptions) be taken while the child is at Kingdom Kids Childcare, a doctor's note is required. Medicine will be administered to the child at **noon only**, unless a prescription requires more than three daily doses. A Medicine Authorization Form must be completed by the parent on a monthly basis, as the form expires the last day of each month. Medicines, creams and ointments may not be kept at the center unless a current Medicine Authorization Form is completed.

It is the parent's responsibility to:

1. Provide a medicine spoon etc. with the child's name in it.
2. Place medicine in the designated locked box each morning and pick up every evening. No medicines, including ointments and creams, may be kept in diaper bags in the center. All medications must be placed in a locked box.
3. All medications must be in the original container with the child's name, medication name, directions or other pertinent information clearly labeled on the container.
4. Ensure infant bottles contain no medications. Prescription medicine will be given only to the person whose name appears on the prescription label and the dosage instructions per label should match the parent's instructions on the Medicine Authorization Form. Children must complete a minimum of 24 hours of medication away from the center before Kingdom Kids staff can administer the medication. This is to avoid the possibility of a negative reaction to new medication occurring at the center.

Parent Signature: _____ Date: _____

SICK POLICY

If your child has any of the following conditions or symptoms, we will contact you to pick up your child in order to prevent infection of other children and staff, and to provide comfort for your child:

- Temperature of 101 degrees.
- Any rash suspicious of an infectious disease.
- Vomiting accompanied by other symptoms (fever, rash, diarrhea, irritability, etc.).
- Any skin rash, lesion or wound with bleeding or oozing of fluid or pus.
- Conjunctivitis, also called pink eye, with white or yellow discharge.
- Mouth sores with drooling.
- Any condition preventing the child from participating comfortably in usual program activities.
- Scabies, head lice or other infestation.
- Constant, uncontrolled nasal discharge or constant, uncontrolled productive cough (raising phlegm).
- Any contagious illness that is reportable to the Department of Public Health (measles, tuberculosis, whooping cough, etc.).

If a child is excluded for any of the above reasons, the following conditions must be met in order to return to the program:

- A child must be free from fever (without the use of Tylenol or similar product), vomiting and/or diarrhea for a full 24 hours.
- Any child prescribed an antibiotic for a current bacterial infection must take the prescription for a full 24-hour course before returning.
- A child must be able to participate comfortably in all usual program activities, including outdoor time.
- A child must be free of open, oozing skin condition unless 1) a health provider signs a note stating that the condition is not contagious and 2) the involved area(s) can be covered by bandage without seepage or drainage through the bandage.
- A child excluded because of reportable lice, scabies or other infestation may return 24 hours after treatment has begun with a note from a doctor stating the child is larvae or nit free. (The note must be from a physician other than the child's parents).
- If a child was excluded because of a reportable contagious illness, a doctor's note stating that the child is no longer contagious is required prior to readmission. (The note must be from a physician other than the child's parents).

The final decision on whether to exclude a child from the program is made by the Executive/ Associate Director of Kingdom Kids Childcare.

Parent Signature: _____ Date: _____

ALL ABOUT YOUR CHILD DEVELOPMENT & ROUTINE

We want to provide your child with the best care possible.
Please help us to get to know your child by filling out this questionnaire. Thank you!

Child's Name _____ Date of Birth _____

Facility _____ Room _____

DAILY ROUTINES

SLEEPING

• Please describe your child's usual bedtime routine (including what *time* and *where* he/she usually sleeps). _____

• How do you know that your child is sleepy/tired? _____

• Does your child have any difficulties falling asleep? _____ if yes, what is helpful? _____

• About how many hours of uninterrupted sleep does your child get each night? _____

• Does your child nap? _____ How many hours on average? _____

• Does your child sleep with a special blanket, toy, pacifier, song? _____

• Do you have any concerns about your child's sleep habits? _____ if yes, please explain: _____

EATING

• Does your child generally enjoy eating? _____ Do you consider your child a good eater? _____

• What are some of your child's favorite foods (temperatures, textures, etc.)? _____

• Is your child on any special diet? _____

• If your child has any food allergies, please list here: _____

① *If child has food allergies, ensure a **Feeding and Nutrition Care Plan** is established and on file.*

• Are there any other foods you do not want us to offer your child? _____

• Are there foods from your home/culture that you would like us to offer? _____

• What does your child eat with? hands spoon fork

• What does your child use to drink? bottle sippy cup regular cup

• Do you have any concerns or questions about your child's eating habits? _____ if yes, please explain: _____

TOILETING

• What does your child usually wear during the day? underwear diaper Pull-ups for naps?
• Families use a variety of words to describe bathroom activities. Indicate the words your family uses for:

urine _____ bowel movement _____ genital area _____

• Do you have any questions or concerns about your child's toileting habits? _____ if yes, please explain: _____

PLAY

• What is your child's favorite toy/object or song? _____
• Does your child enjoy playing with others? _____ does your child do well playing alone? _____
• What activities and toys does your child enjoy? _____

HEALTH

• Does your child have any health problems? _____ if yes, please explain: _____

• Is your child taking any medication(s) regularly? _____ if yes, please list: _____

*① If medications are to be given while in care, ensure a **Medication Administration Form** is utilized and on file for your child.*

• Does your child have a chronic health condition or specific health needs? (please be specific)

*① If yes, ensure a **Special Health Care Plan** is established and on file for your child.*

• Does your child have frequent ear infections? _____ diarrhea? _____

• Do you have any concerns about your child's health? _____ if yes, please explain: _____

Children in group care may become ill with colds, viruses, etc. several times per year. At times, we are required to ask parents to keep their children out of childcare until treatment begins or there are no symptoms. Please see our *Exclusion* policy.

GENERAL DEVELOPMENT

- Do you have any concerns about your child's:
 - hearing and/or vision?
 - speech and language development?
 - ability to move?
 - overall development?
 - What languages are spoken at home? _____
 - What is your family's cultural identification (values, traditions)? _____
-

SOCIAL AND EMOTIONAL DEVELOPMENT

- Has your child ever been in group childcare? Yes No If yes, how many different settings? ____
 - How does your child respond in group situations? _____
 - What can we do to help your child adjust to childcare? _____
-
- How would you describe your child's temperament and personality? _____
-
- How do you comfort your child? _____
 - Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____
 - Does your child fear certain things? _____
 - How is your child disciplined? _____
 - What works best when you discipline your child? _____
 - Do you have any questions or concerns about your child's social/emotional development or behavior? ____ if yes, please explain: _____
-
- What educational/developmental experiences would you like us to emphasize with your child (for example, language development, social relationships, kindergarten readiness skills, physical or self-help skills, etc.)? _____
-

Parent's Signature: _____ **Date:** _____

INFANT FEEDING PLAN

Must be completed for all children younger than 15 months old.

As your child's caregiver, an important part of my job is feeding your baby. The information you provide below will help me to do my very best to help your baby grow and thrive.

Child's name: _____ Birthday: _____

Parent/Guardian's name(s): _____

<u>TO BE COMPLETED BY PARENT</u>	<u>TO BE COMPLETED BY TEACHER</u>
<p>At home, my baby drinks (check all that apply):</p> <p><input type="checkbox"/> Mother's milk from (circle) <input type="radio"/> Mother <input type="radio"/> bottle <input type="radio"/> cup <input type="radio"/> other</p> <p><input type="checkbox"/> Formula from (circle) <input type="radio"/> bottle <input type="radio"/> cup <input type="radio"/> other</p> <p><input type="checkbox"/> Cow's milk from (circle) <input type="radio"/> bottle <input type="radio"/> cup <input type="radio"/> other</p> <p><input type="checkbox"/> Other: _____ from (circle) <input type="radio"/> bottle <input type="radio"/> cup <input type="radio"/> other</p> <p>How does your child show you that s/he is hungry?</p> <p>_____</p> <p>How often does your child usually feed?</p> <p>_____</p> <p>How much milk/formula does your child usually drink in one feeding?</p> <p>_____</p> <p>Has your child started eating solid foods? If so, what foods is s/he eating?</p> <p>_____</p> <p>How often does s/he eat solid food, and how much?</p> <p>_____</p>	<p>Clarifications / Additional Details:</p> <p>_____</p> <p>_____</p> <p>At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule? (circle) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is baby receiving solid food? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is baby under 6 months of age? <input type="radio"/> Yes <input type="radio"/> No</p> <p>I have asked: Did the child's health care provider recommend starting solids before 6 months? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If NO:</p> <p>I have shared the recommendation that solids are started at about 6 months. <input type="radio"/> Yes <input type="radio"/> No</p>

Child's name: _____ Birthday: _____

I want my child to be fed the following foods while in your care:

	Frequency of Feedings	Approximate Amount per Feeding	Will you bring from home? (must be dated)	Details about feeding
Mother Milk				
Formula				
Cow's Milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (chose as many as apply):

- hold my baby
 use the teething toy I provided
 use the pacifier I provided
 rock my baby
 give a bottle of milk
 other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

___ Return all thawed and frozen milk/formula to me. ___ Discard all thawed and frozen milk/formula

We have discussed the above plan and made any needed changes or clarifications.	
Teacher Signature: _____	Date: _____
Parent / Guardian Signature: _____	

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials

INFANT/TODDLER SAFE SLEEP POLICY

A safe sleep environment for infants reduces the chances of sudden infant death syndrome (SIDS) or other sleep related infant deaths.

According to Iowa Law, childcare providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the following safe sleep policy:

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants on their **backs to sleep**, unless a signed *Alternate Sleep Position Waiver-Health Care Professional Recommendation* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. We do not accept *Parent Waivers* for infants older than six months. * **-OR-** We accept *Parent Waivers*.
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep. We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib. *

Safe Sleep Environment

9. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants.
Each infant has his or her own crib or sleep space.
10. We allow pacifiers without any attachments. *
__We do not reinsert the pacifier in the infant's mouth if it falls out. *
__We remove the pacifier from the crib once it has fallen from the infant's mouth. *
11. We do not cover infants' heads with blankets or bedding.
12. We do not allow blankets in the crib or sleep space. *
-OR-We allow lightweight receiving blankets. We tuck them in at the foot of the crib or approved

5. We visually check sleeping infants every 15 minutes and record what we see. We document the infant's sleep position, breathing, level of sleep, and body temperature. We check infants 2-4 month of age more frequently. *
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room. We further reduce the risk of overheating by not overdressing or over-wrapping infants. *
7. We provide all infants supervised "tummy time" daily.
8. We follow National health and safety performance standards; Guidelines for early care and education programs, regarding breastfeeding. We further encourage breastfeeding in the following ways: Encouraging parents to visit the facility to breastfeed and/or follow health procedures regarding breastfeeding and the wishes of parents to ensure the best nutrition for your child.

- sleep space and along the sides of the mattress. We place infants on their backs with their feet at the foot of the crib or sleep space.
13. We do not allow objects other than pacifiers in the crib or sleep space.
14. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them and ask them to sign a statement saying they received and reviewed the policy. We encourage families to follow the same safe sleep practices to ease infants' transition to childcare. *
15. We post a copy of this policy or a safe sleep practices poster in the infant sleep room where it can be easily read.

**Indicates we follow this best practice recommendation.*

Effective date: _____ **Review date(s):** _____ **Revision date(s):** _____

Distribution: We give parents/guardians a copy of the policy. We give all staff, substitutes and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

I, the undersigned parent/guardian of _____ (child's full name), have received a copy of the facility's *Infant/Toddler Safe Sleep Policy*. I have read the policy and discussed it the facility director/owner/operator, or other designated staff member.

Child's Enrollment Date: _____

Parent/Guardian Signature: Date: _____

Facility Representative Signature: Date _____

DISCIPLINE & BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. **DO** praise, reward, and encourage the children.
2. **DO** reason with and set limits for the children.
3. **DO** model appropriate behavior for the children.
4. **DO** modify the classroom environment to attempt to prevent problems before they occur.
5. **DO** listen to the children.
6. **DO** provide alternatives for inappropriate behavior to the children.
7. **DO** provide the children with natural and logical consequences of their behaviors.
8. **DO** treat the children as people and respect their needs, desires, and feelings.
9. **DO** ignore minor misbehaviors.
10. **DO** explain things to children on their levels.
11. **DO** stay consistent in our behavior management program.
12. **DO** use effective guidance and behavior management techniques that focus on a child's development.

We:

1. **DO NOT** spank, shake, bite, pinch, push, pull, slap, push, pull, slap, or otherwise physically punish the children.
2. **DO NOT** make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. **DO NOT** shame or punish the children when bathroom accidents occur.
4. **DO NOT** deny food or rest as punishment.
5. **DO NOT** relate discipline to eating, resting, or sleeping.
6. **DO NOT** leave the children alone, unattended, or without supervision.
7. **DO NOT** place the children in locked rooms, closets, or boxes as punishment.
8. **DO NOT** allow discipline of children by children.
9. **DO NOT** criticize, make fun of, or otherwise belittle children's parents, families or ethnic groups.

I, the undersigned parent /guardian of _____ (child's full name) do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's Executive/Assistant Director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Signature of Parent or Guardian: _____

Date: _____

Spring Jackson

Signature of Executive Director

Distribution: one copy to parent(s); signed copy in child's record.

TRANSPORTATION AGREEMENT

I/We give permission for my/our child(ren) _____

to leave Kingdom Kids Childcare in the company of center staff.

This signed statement includes emergency transport, field trips and passage to and from school, etc.

Should travel take place by vehicle, the driver will hold a current driver's license, and the vehicle will be registered and insured according to state law.

Children will be required to wear safety belt at all times while riding in any vehicle to and from the childcare. Children will also be required to refrain from behavior that would endanger themselves, other passengers and/or the driver. Children found in repeated violation of "safe behavior" will no longer be allowed use transportation until an agreement between parent(s), child and center staff is established. If no agreement can be established or behavior continues the child(ren's) contract would be terminated with Kingdom Kids Childcare.

Parent Signature _____ Date _____

FIELD TRIP/WATER ACTIVITY PERMISSION

During the year it sometimes becomes desirable to add to the educational experience of our children through planned visits to areas other than the facility. We request that you grant us permission for your child to participate in any such trip the entire year as we will keep this form on file. However, in the event motor vehicle transportation or lunch outside of the facility is required you will have to fill out individual field trip forms on each occasion. You will be notified prior to each trip and trips will mainly be taken in town to the library or local businesses. Trips will always be pending according to weather.

Water Activities: I give consent for my child to participate in supervised water activities. Water activities vary by child's age and may include sprinkler play, splashing/wading pools, swimming pools or water table play. I will be given a separate permission slip for all off-site water activities.

The undersigned as parent or guardian of _____, I give consent for the participation in Kingdom Kids supervised field trips and Water Activities.

Date

Parent or Guardian Signature

ALTERNATIVE PICKUP POLICY

I, _____ understand that I must fill out an alternative pick permission slip each time someone other than a parent will be coming to pick up my child to allow Kingdom Kids Childcare to release _____

(Child/Children's Name(s))

Parent or Guardian Signature

Date

SUNSCREEN & INSECT REPELLANT CONSENT

It will be necessary at times to apply sunscreen and insect repellent to your child(ren). We must know if your child has any kind of problems with these topical lotions or sprays. Please check the following on what you want us to do for your child.

 No, I do not want you to use these products on my child. I will supply my own insect repellent and sunscreen.

Yes, you may apply sunscreen and insect repellent to my child as needed.

Child's Name

Parent or Guardian Signature

OPEN DOOR POLICY

By mandate of Iowa Code 232.69 and 441 IAC 109.5(237A) the parent has the right of unlimited access to their child during regular business hours and any time their child is in care.

I, _____, the parent/guardian of _____ confirm that I understand that as my child is enrolled in Kingdom Kids Childcare, I have access to my child both in person and by telephone during normal business hours of 6AM-11PM and when my child is in care.

Parent or Guardian Signature

Date

PRINT & MEDIA CONSENT

I give permission for my child _____ to be recognized in print and picture media representing Kingdom Kids Childcare.

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on childcare website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on childcare's Social Media pages	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		

Parent or Guardian Signature

Date

CONFIDENTIALITY POLICY

Kingdom Kids Childcare believes each family has the right to have their personal information kept confidential and private. The following procedures ensure the confidentiality of each child's records:

1. Original enrollment records are kept securely in the center's office. The Executive/Assistant Director is responsible for securing access to the records.
2. Enrollment records will not be released to any party without court order authorization, with the exception of children's parents, guardians, or government agency representatives. Parents, guardians or government agency representatives must formally request original enrollment records via written, notarized letter. All other records, information, affidavits, and/or testimony will only be released to any party as directed by a court order.
3. When a child is no longer enrolled, the child's original enrollment record will be archived.
4. We will not release the name of a child involved in an incident at the center to anyone other than the child's parent and/or guardian, appropriate regulatory agency, or others designated (in writing) by each parent and/or guardian.

Parent Signature: _____ Date: _____

SMOKING POLICY

*Tobacco-Free/Nicotine-Free Policy guidelines for use with
Child Care Centers and Preschools*

Fact and Purpose:

Kingdom Kids Childcare finds that:

- a) Tobacco use is the single most preventable cause of death in the United States
- b) Children are exposed to tobacco advertising that leads to favorable beliefs about tobacco use, plays a role in leading young people to overestimate the prevalence of tobacco use, and increases the number of young people who begin to use tobacco
- c) Electronic cigarettes can increase nicotine addiction among young people and may lead children to try other tobacco products that are known to cause disease and lead to premature deaths
- d) Imitation tobacco products may lead children to use tobacco by desensitizing them to the dangers of tobacco and advancing the false idea of tobacco use as socially acceptable
- e) Tobacco products (extends to all types of tobacco, nicotine, and electronic smoking device (ESD) products), once consumed in public spaces, are often discarded on the ground requiring additional maintenance expenses, diminish the beauty of outdoor grounds, and pose a risk to toddlers due to ingestion
- f) The prohibition of tobacco and nicotine use at all times will serve to protect the health, safety and welfare of staff, students and visitors.

Policy

Kingdom Kids Childcare facilities and grounds, including Kids Kab vehicles, are off limits for tobacco and nicotine use including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, snus, Electronic Smoking Devices (ESD) and nicotine products that are not Food and Drug Administration (FDA) approved for tobacco cessation. This requirement extends to students, employees, and visitors. This policy applies at all times, including [preschool/childcare]-sponsored and no n- [preschool/childcare] sponsored events. Persons failing to abide by this policy are required to extinguish their smoking material, dispose of the tobacco/nicotine product or leave the [preschool /childcare] premises immediately. It is the responsibility of the administration/upper management to enforce this policy.

Effective Date:

This policy statement is effective immediately upon the date of enrollment.

Parent or Guardian Signature

Date

MEDICINE ADMINISTRATION

If a child's doctor requires that medicine (including over-the-counter medications and prescriptions) be taken while the child is at Kingdom Kids Childcare, a doctor's note is required.

Medicine will be administered to the child at **noon only unless** a prescription requires more than three daily doses. Medicines, creams and ointments may not be kept at the center unless a current Medicine Authorization Form is completed.

It is the parent's responsibility to:

1. Provide a medicine spoon with the child's name in it.
2. Place medicine in the designated locked box each morning and pick up every evening. No medicines, including ointments and creams, may be kept in diaper bags in the center. All medications must be placed in a locked box.
3. All medications must be in the original container with the child's name, medication name, directions or other pertinent information clearly labeled on the container.
4. Ensure infant bottles contain no medications. Prescription medicine will be given only to the person whose name appears on the prescription label and the dosage instructions per label should match the parent's instructions on the Medicine Authorization Form.

Children must complete a minimum of 24 hours of medication away from the center before Kingdom Kids Childcare staff can administer the medication. This is to avoid the possibility of a negative reaction to new medication occurring at the center.

Parent Signature: _____

Date: _____

FEES AGREEMENT

This contract is made between the parent(s)/guardians:

_____ name of parent(s)

_____ address of parents(s)

and Kingdom Kids Childcare for the care of the following children:

_____ child's name and date of birth

_____ child's name and date of birth

_____ child's name and date of birth

The payment for care shall be \$_____ per month/ week/ day/ hour and reflects a schedule as follows:

Arrival time: _____ am and Pick-up time: _____ pm on the following days: _____

The above times and days ***are*** flexible. If parent is going to be late picking up the child, every effort must be made to contact the provider. A late pick-up fee of \$15 after the first minute per child will be charged. There will be an extra \$5 fee charged per 15 min that each child is still in our care up to one hour.

Payment is due to the provider in advance of care and/or paid no later than the following day Monday after occurrence. Accepted methods of payment include cash, credit card, or money order only. If a payment is not made on time, the following fee will apply: \$20

Child Care Assistance Payments

If you are on the Child Care Assistance program, the payment policy is as follows:

- *Families using the state subsidy program (Childcare Assistance) are responsible for paying any and all amounts not covered by Childcare Assistance.*

Payments during Holidays, Vacations, and Other absences:

The provider will not be open for business on the following holidays:

New Year’s Eve	Labor Day	Christmas Eve
New Year’s Day	Thanksgiving Day	Christmas Day
Independence Day	Day After Thanksgiving	

Parents **are not** expected to pay for care on those holidays that fall on Saturday or Sunday.

If a parent plans on taking a vacation and the child will not be in care, the provider must be given _____ weeks’ notice. Parents **are** expected to pay during their scheduled vacations.

When a child is ill, the parents are expected to make every effort to give the provider as much notice as possible. Parents **are** expected to pay on child sick days.

If a child does not arrive for the day and no notice has been given to the provider, parents are still expected to pay.

Additional charges:

The provider will charge additional fees as follows: (i.e., for supplies, summer program, special trips, damaged property, etc.).

Termination Procedures:

This contract may be terminated by the parent(s) or the provider. A 2 week notice prior to the last date of care is required.

The provider may immediately terminate this contract without any notice if payment is not made on time.

Other:

- *If the provider chooses not to enforce any portion of the contract, it does not give up the provider’s right to enforce any other portion of the contract.*
- *The contract can be revised at any time by the provider if necessary.*

Signatures:

The signatures below indicate agreement with this contract and with the written policies of the provider (contained in a separate document). The provider may change policies as needed with advance written notice.

Parent’s name Parent’s signature/date

Parent’s name Parent’s signature/date

Provider’s name Provider’s signature/date

If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.

PRICING INFORMATION

Age Group	Monthly Rate	Part Time	Weekly Rate	Part Time
Infants	\$800	\$400	\$195	\$97.50
Infants (12-24m)	\$800	\$400	\$185	\$92.50
Toddlers	\$740	\$370	\$175	\$87.50
Preschool	\$660	\$330	\$165	\$82.50
Before & After School	\$360	\$180	\$90	\$45

TUITION AGREEMENT

I, _____, am the guardian of a child (or children) enrolled at Kingdom Kids Childcare and am fully responsible for payment of all tuition for such child (or children). I understand Kingdom Kids Childcare has the right to cancel my child care services if I do not meet the below scheduled payments. Furthermore, this agreement may be filed in any court proceeding as judgment for collection.

WEEKLY TUITION PER CHILD / CLASSROOM	
Child's Name	Tuition
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
<i>Tuition Total:</i>	\$ _____
Other Charges	
1. _____	\$ _____
2. _____	\$ _____
<i>Other Charges Total:</i>	\$ _____
Discounts (if applicable)	
_____	\$ _____
Total Weekly Amount Due:	\$ _____
PARENT / WITNESS SIGNATURES	
Parent/Guardian's Signature: _____ Date: _____	
Exec/Assist Director Signature: _____ Date: _____	

RECURRING PAYMENT AUTHORIZATION FORM

Save time! Schedule your tuition payments to be charged to your debit or credit card, or automatically deducted from your bank account. Just complete and sign this form to get started!

CUSTOMER INFORMATION		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	
AUTHORIZATION INFORMATION		
Start on date: ____ / ____ / ____		End on date: ____ / ____ / ____ <input type="checkbox"/> No end date
OPTION 1: CREDIT OR DEBIT CARD	OPTION 2: CHECKING/SAVINGS ACCOUNT	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Cardholder name _____ Card number _____ Expiration date _____ CVV (3-digit number on back of card) _____ By enrolling in this payment option, I hereby authorize Kingdom Kids Childcare automatically charge the credit/debit card listed above, as specified, for the balance due each payment cycle.	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on account _____ Bank name _____ Account number _____ Bank routing # _____ Bank city/state _____ By enrolling in this payment option, I hereby authorize Kingdom Kids Childcare to initiate debit entries to my bank account, as specified, for the balance due each payment cycle. (Please provide a voided check to complete this payment set-up.)	
SIGNATURES		
Customer Signature: _____	Date: _____	

I understand this authorization will remain in effect until I cancel it in writing, and I agree to notify Kingdom Kids Childcare in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand payments may be executed on the next business day. For ACH debits to my checking/savings account, because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand Kingdom Kids Childcare may, at its discretion, attempt to process the charge again within 30 days, and I agree to an additional \$30 charge for each returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. This agreement will terminate if my account should lack sufficient funds for payment or should it be in other than good standing. I certify I am an authorized user of this credit card/bank account. I understand I may withdraw or alter my consent to this recurring payment at any time by contacting center management.

PARENTAL AGREEMENT WITH KINGDOM KIDS CHILDCARE

1. _____ It is my/our desire to have my/our child(ren) enrolled in the childcare program at Kingdom Kids Childcare, LLC.
2. _____ Kingdom Kids Childcare offers half day preschool, before and after school care from August to July to accommodate the school Cedar Rapids Public School schedule. I/we are contracting for (year-round, school year only, summer only) arrangements.
3. _____ I/we also understand that my/our child is being accepted on a two-week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the daycare surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled.
I have received a copy, read it, and understand the Kingdom Kids Handbook. I agree to abide by the policies and procedures set by the childcare.
4. _____ I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare program.
5. _____ I understand that monthly tuition payments are due on the first business day of the month. Payments received after the 5th will be assessed a \$25.00 late fee. Weekly tuition should be submitted no later than Tuesday or there will be assessed a \$25.00 late fee.
6. _____ I/we understand there will be extra charges during school weeks if there is a snow day or late start or early dismissal.
7. _____ I am aware that Kingdom Kids has the right to disenrollment of my child(ren) if I fall one month or two weeks behind on my tuition payments.
8. _____ I am aware that the center opens at 6:30 am and closes at 6:00 pm. I/we have contracted for the hours of _____ to _____. There will be assessed a late fee of \$15.00 (per child) after 6pm & \$5 thereafter every 15 minutes (per child) that I am late picking up my child(ren).
9. _____ My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or staff. The people authorized to pick up my child will be asked to show identification, if they are unknown to a Kingdom Kids staff member, before my child will be allowed to leave. My child must be signed in and out daily. Full names are required, no initials.

10. ____ Before any medication is dispensed to my child, I will provide a written authorization, which includes date; name of child; name of medication; prescription number; dosage; time of day medication is to be given. All medicine will be in the original container with my child's name clearly marked.
11. ____ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, and people authorized to pick up my child.
12. ____ The facility agrees to keep me informed of any incidents including illnesses, allergies, and injuries, adverse reactions to medications, or behavior problems, which may include my child. If my child becomes ill at the center and I am called, I will have my child picked up immediately.
13. ____ I **DO/DO NOT (circle)** wish for the staff to give my child Children's Tylenol. (parent must supply)
14. ____ The facility agrees to inform me prior to any field trips. A year-round consent or non-consent form will be kept in each child's file. Individual field trip slips need to be filled out for trips where transportation and lunches outside of the facility is required.
15. ____ I/we also agree to give a minimum of two weeks written notice (ten full daycare days) of my/our intent to withdraw my/our child/children from the daycare program.
16. ____ If two weeks' notice is not given, I/we agree to make full tuition payment for the final two weeks.
17. ____ Unpaid vacation/sick days cannot be applied to the final two-week period.
18. ____ I/we understand the behavior policy and I/we have read and shared the daycare rules with my/our child/children.
19. ____ I/we understand the Automatic Withdrawal policy.

Signed: _____ Date: _____
(Parent or Guardian)