



# Kid's Academy

## A Child Development Center

Date of Enrollment:

Date of Withdrawal:

Child's Name:

Date of Birth:

Gender:

Parent Name:

Employer:

Street Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Email:

Social Security Number:

Driver's License Number:

Parent Name:

Employer:

Street Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Email:

Social Security Number:

Driver's License Number:

### Authorized to Pick Up:

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

Parent Signature:

Date:



# Enrollment Form Continued...

**Permission Requests:**

Please initial all that apply:

Transportation: I hereby give Kid's Academy permission to transport my child for Emergency Care

Water Activities: I hereby give my consent for my child to participate in Water Activities:

Sprinkler Play

Splashing/Wading Pools

Water Table Play

Photographs: I hereby give my consent for Kid's Academy to use photographs of my child for the purpose of training materials, displays, program promotion, newspaper, and television.

**Acknowledgements:**

Please initial the following:

Parent Handbook: I acknowledge receipt of Kid's Academy's operational policies including those for Discipline and Guidance.

Health-Care Professional's Statement: My child has been examined within the past year by a health care professional and is able to participate in the day care program. I acknowledge that within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to Kid's Academy.

Immunization Records: I acknowledge I must give Kid's Academy a copy of Immunization Records upon enrollment and each time my child receives an immunization.

**School Age Children:**

My child attends the following school:

Name of School:

School Telephone Number:

**Check all that apply:**

His/her immunization record is on file at the school and all required immunizations are current. Vision and Hearing Screening records are also on file.

I hereby give Kid's Academy permission to pick my child up from school to attend the After School program.

Please list any information which the caregiver's should be aware of: (Anything other than Medical)

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# Emergency Medical Care Authorization Form

*Child's Name:*

*Date of Birth:*

Please provide the Name, Address, and Phone Number of person to call in case of an emergency if parents/guardian cannot be reached:

*Name:*

*Relationship:*

*Street Address:*

*City:*

*State:*

*Zip:*

*Phone Number:*

*Alternative Number:*

In the event that I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Kid's Academy to take my child to:

*Name of Doctor:*

*Phone Number:*

*Address of Doctor:*

*Preferred Hospital:*

*Phone Number:*

*Address of Hospital:*

*Insurance Company:*

*Phone Number:*

*Name of Policy Holder:*

*Policy #:*

*Group #*

*Any Known Drug Allergies:*

*Medical Conditions:*

*Parent Signature*

*Date*

*Rev. 9/07*



## Kid's Academy Parent Contract

Please read each statement below, initial, sign at bottom and turn in with your child's paperwork. Thank you.

- A. I understand that I owe full tuition on a weekly basis for my child and agree to pay on time. \_\_\_\_\_
- B. I agree to pay full weekly tuition in the event my child is absent for an entire week. \_\_\_\_\_
- C. I understand that if my child attends at least one day of the week full tuition is due. This includes weeks that have holidays where the center is closed/closes early. \_\_\_\_\_
- D. **If enrolled part time**, I have selected the following days for my child to attend \_\_\_\_\_. I understand that I am required to give advance notice of a requested change in schedule and that my request may not be honored due to lack of space for those requested days. \_\_\_\_\_
- E. **If enrolled part time**, I understand that I may not bring my child any other day except those listed above in statement D. I understand that if I wish for my child to attend another day I may bring them in as long as I have checked for availability. I understand that if I do choose to bring them in that I will owe the daily rate/hourly rate in addition to the weekly rate. \_\_\_\_\_

By initialing each statement above and signing below, I acknowledge that I am clear on the tuition policies and payments required for my child to remain enrolled with Kid's Academy.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_



# Kid's Academy

## Discipline and Guidance Policy

Discipline must be:

- Individualized and consistent for each child;
- Appropriate to the child's level of understanding; and
- Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- Reminding a child of behavior expectations daily by using clear, positive statements;
- Redirection behavior using positive statements; and
- Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- Corporal punishment or threats of corporal punishment;
- Punishment associated with food, naps, or toilet training;
- Pinching, shaking, or biting a child;
- Hitting a child with a hand or instrument;
- Putting anything in or on a child's mouth;
- Humiliating, ridiculing, rejecting, or yelling at a child;
- Subjecting a child to harsh, abusive, or profane language;
- Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

If none of the above helps in changing the child's behavior, the following steps may be taken:

1. Teacher/Director working with the child together and contact with the parents.
2. Conference with director, teacher, and parents present.
3. A second conference at which time the parent may be asked to find alternative child care.

Any or all of the above steps may be skipped or omitted as deemed appropriate, based on the extent of the aggressive behavior and circumstance.

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Parent Signature

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Date



# Kid's Academy Tuition and Policies

1019-A Main Street Buda Texas 78610

512-312-1644

Hours: 6:45-6:30 Monday through Friday

[www.kidsacademycdc.com](http://www.kidsacademycdc.com)

<u>Classroom</u>	<u>Ratio</u>	<u>Weekly Tuition</u>	<u>3 Days</u>	<u>2 Days</u>	<u>*1Day*Drop in only</u>
Young Infants	2:8/10	\$230.00	\$180.00	\$142.00	\$80.00
Older Infants	2:8/10	\$230.00	\$180.00	\$142.00	\$80.00
Young Toddlers	1:5	\$225.00	\$176.00	\$139.00	\$77.00
Older Toddlers	1:8 or 2/15	\$225.00	\$176.00	\$139.00	\$77.00
24-30 months	1:9/11	\$220.00	\$173.00	\$139.00	\$75.00
30-36 months	1:9/11	\$220.00	\$173.00	\$136.00	\$75.00
3 year olds	1:15	\$215.00	\$169.00	\$133.00	\$73.00
4-5 year olds (PreK)	1/18 or 2/30	\$215.00	\$169.00	\$133.00	\$73.00

\*\*\*must be potty trained

Registration Fee \$110.00 one child or \$160.00 per family (2 or more children) one time only fee

Annual Supply Fee per child - \$140.00 – non refundable – due on Oct. 1 each year

Annual Supply Fee prorated based on enrollment date

Late pick up fee – First 5 mins after 6:30 is \$15.00 – each minute after 6:35 is \$1.00 until you have left the building

Late payment of tuition – Tuition is due on Fridays for the following week.

\*A \$10.00 late fee per day will be applied if tuition has not been paid by close of business Monday.

\*Tuesday - \$10.00 late fee

\*Wednesday - \$20.00 late fee

\*Thursday – \$30.00 late fee

Return Check fee is \$35.00

If you choose a 2 or 3 day option your child is required to attend the days selected at enrollment- see contract

If your child misses part of the week or the entire week FULL tuition is due

Weekly tuition remains the same for every week regardless of absences or holidays

Please refer to your Parent's Hand Book for more information.

We require a 2 week paid written notice if you should decide to discontinue enrollment with Kid's Academy

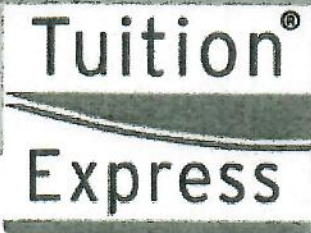
Daily Rate as quoted above – please call in advance for availability – child must be enrolled prior to dropping off

Hourly Rate \$12.00 per hour – please call in advance for availability – child must be enrolled prior to dropping off

All prices are subject to change at anytime.

Tuition and Registration Fee/ Supply are non-refundable.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

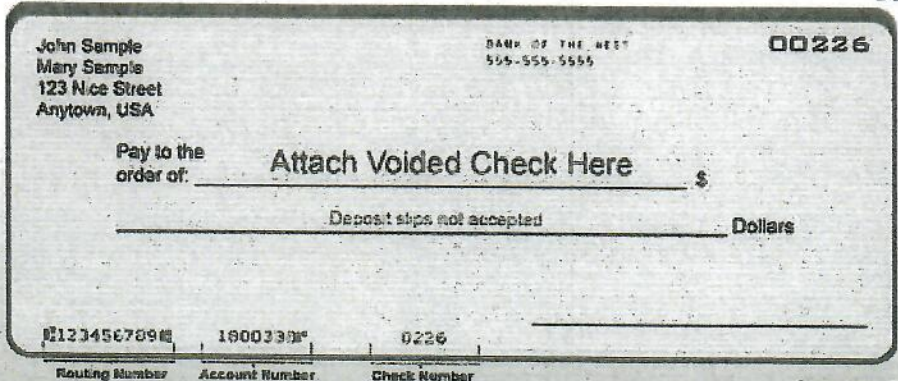
SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings.

Authorized Signature and Date fields.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



## Kid's Academy Covid-19 Waiver

Covid-19 is spread from person to person through contact that is close enough to share droplets generated by coughing, sneezing, speaking and even breathing. Covid-19 can also be spread by touching objects where contaminated droplets have landed. Because of this easy manner of transmission, an infant, child or young person who is infected with Covid-19 can spread the infection to others they come in close contact with, such as members of their household, teachers, other caregivers and other children. Infected persons with mild or even no symptoms can spread Covid-19. These facts are especially important when considering having your child return to childcare.

The staff at Kid's Academy will do what they can to keep this from happening by wearing face masks, washing their hands and children's hands often, using hand sanitizer and disinfecting the toys and classroom frequently throughout the day.

Per Child Care Licensing and Health Department children who have been exposed to Covid-19 must quarantine as advised by the health department. From the day Kids Academy gives notice of a Covid-19 case in your child's classroom or if your child has been exposed to Covid-19 outside the center. During the days of self-isolation full tuition is still due.

I, \_\_\_\_\_, understand the risk involved with letting my child, \_\_\_\_\_, attend Kid's Academy Child Development Center during the Covid-19 pandemic. I understand the staff of Kid's Academy has been trained on Covid-19 and will do their best to keep my child safe.

I understand that full tuition will still be due if my child must quarantine.

Parent's Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



# KID'S ACADEMY

## AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT

(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant)

\_\_\_\_\_ has my permission to apply the following non-prescription  
(Name of Provider) topical skin product to my child,

\_\_\_\_\_  
(Name of Child)

Product Name: \_\_\_\_\_

Known Adverse Reactions (if any):  
\_\_\_\_\_  
\_\_\_\_\_

- The product must be in the original container and, if provided by the parent, labeled with the child's name
- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: \_\_\_\_\_ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_