

CHILD'S ADMISSION RECORD Admittance Date: _____

Rate Charged \$ _____ Classroom Enrolled In Today: _____

Circle days of week & times needed: M T W TH. F Approx. Drop-off _____ am/p.m. Pick up _____ am/p.m.

Child's Name (F. M. L.) : _____ Nickname: _____

Birthday _____ Current Age _____ Sex: Male Female

Father's Name: _____ Cell Phone _____

So we can send you text messages list -- Name of cell company _____

Home Phone _____ IF emergency, how to contact you? _____

Home Address: _____ City, State, zip(if not Sand Springs) _____

Employer: _____ Wk. Phone (Ex.): _____ Dad's E-mail Address(es) _____

Mother's Name: _____ Cell Phone _____ Name of cell company _____

So we can send you text messages list -- Name of cell company _____

Home Phone _____ IF emergency, how to contact you? _____

Home Address: (if different) _____ City, State, zip(if not Sand Springs) _____

Employer: _____ Wk. Phone (Ex.): _____ Mom E-mail Address(es) _____

Family Information. Add any other information on a separate piece of paper if needed. Speak with the Director for any special Custody arrangements.

Emergency Contact, & Pick Up: 2 people you authorize to make emergency decisions about this child if parents **cannot** be reached & pick up and drop off child. Include name, relationship, and Phone number.

Keep the Office informed of **any changes** in your child's daily routine, family life, or events that might affect their temperament, health or emotional wellbeing.

Current phone numbers & Parent Information are vital to your child's stay with us.

Referral Information: How did you hear about our daycare? Phonebook Church School Newspaper Friend
Family Current Client _____ Or Other _____

If a specific person please provide their name so we can thank them.

**Additional Pages to the Enrollment Packet will be available when you enroll your child at our Center.
Competing these forms does not guarantee a place for children. All paperwork must be turned in and approved before beginning classes.**

Kids Castle Preschool & Daycare Center, 3501 Skylane Drive, Sand Springs, OK 74063

Check list to enroll:

Name(s) _____

___ **\$25.00 PER CHILD REGISTRATION FEE** is DUE to Begin Class or hold a spot.

___ **\$ 10.00 PRESCHOOL SUPPLY FEE**

___ **Shot Records / Immunizations**

___ **Food Program Paper Work**

___ **Custody / Legal Paperwork. (If applicable)**

___ **Infants Meal Plan – Any child under 12 months old.**

___ **Weekly Fee is Due every Monday at the beginning of the week**

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School Information: CIRCLE answers. **Pre-K & Kindergarten to 6th Grade Elementary School**

Does Child attend School: Yes No. **Attend Kids Castle:** *Before & After School or After School Only*

Circle which School: Pratt Limestone Angus Valley E C E C – 4's & Cap Grade in School: _____

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Health History & Medical Report: Please give us a brief health history on your child so we can provide the best care options for this child.

Does your child have any mental or emotional problems YES NO

Any physical disabilities, YES NO

Any speech delays or developmental delays, ADD, ADHD, etc. ?

Health Problems such as Seizures, Asthma, Diabetes _____

Does your child take daily medication and why? _____

Allergies: Describe any allergies, including any foods, which have caused adverse reaction, seasonal (pollen, mold, insect bites or stings). **LIST:**

Food Allergies: _____

Medical Allergies: _____

*** **Immunizations: Furnish a current copy of your child immunization card.**

TELL US ABOUT YOUR CHILD: DHS requires childcare centers to keep statistical records on its student body. Please answer the following questions.

Ethnic Group: African American -- Asian – Caucasian -- Hispanic -- Native American -- Other _____

Does Child speak/understands any language besides English? If so, which.

Other Information you feel would help us understand your child:

Use extra paper if needed.

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Who Pays the Bill?? ALL TUITION PAYMENTS ARE DUE IN ADVANCE !

Payment Or Financial Information : All Days Must Be Paid For In Cash Every Day Or Payment Proof Provided Before Service.

 Private Pay: Weekly or Monthly:

Payment is Due every Monday Morning When service begins.

 Tribal Authorization for Payment

Which Tribe: _____, provide documentation. {Only pays for tuition, NOT extras.}

 DHS ACCESS Card working and Authorization approved.

DHS Daycare: Provide documentation. {Only pays for tuition, NOT Extras.}

All DHS & Tribal Copays are due on the 1st of EVERY MONTH.

CoPays are LATE on the 5th of every month. After the 10th of the month you will be terminated.

If you are given a COPAY, this is how it works: DHS & Tribal Copay Calculation Example. For this example DHS is used for both DHS & Tribal.

Child #1 is 10 months old x \$30 per day = \$30 / day x 20 days per month.	= \$600 per month
Family Copay is \$120.00 per month.	-- \$120.00
Family Pays the 1st \$120 per month.	-----
DHS or Indian Tribe will pay everything after that.	
DHS or Indian Tribe will pay, for this month	\$480.00.

Family pays for the 1st 4 days of the month (\$30*4=\$120.00). DHS will begin paying the bill, on day #5. If child is only here 3 days this month family will pay ENTIRE BILL. The more days per month child is here the better DHS will see you need help and pay the bill.

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Permission & Authorization

Child's Name : _____

Privacy: All the personal information you provide is kept private & confidential. This institution is a equal opportunity provider.

Authorization For Emergency Medical Care: If a medical emergency occurs, I/we hereby authorize the person in charge at Kids Castle Preschool & Daycare to: provide basic first aid; call Emergency Medical Personal; and/or transport my/our child to the nearest medical facility, whichever is deemed appropriate, for medical or surgical care for our child. The expenses related to emergency medical treatment or care will be accepted & paid by the parents or guardians.

Authorization For Transportation: I hereby give my permission for Kid's Castle, or it's assigns, to transport my child. This includes to & from school; emergency medical transportation; and other events deemed necessary. I relieve Kids Castle Preschool & Daycare and any representative thereof from all responsibility in case of accident or injury.

Authorization For Photographs; Digital; Audio; Electronic Media; I give my permission for Kid's Castle to photograph / videotape, electronic media, film or other digital means, my child. I consent without further consideration or compensation to the use (in full or in part) of all videotapes/pictures taken of my child, and/or recordings made of my child's voice and/or written extraction; in whole or in part, of such recordings or musical performances for the purposes of illustration, broadcast, or distribution in any manner related to Kid's Castle activities. I/we hereby give consent for our child's likeness to be used in the school directory. I/we further understand that if I DO NOT WANT our child's name or likeness used I will submit in writing my choice not to have my child participate in these type of activities.

Activities & Equipment: I hereby give my permission for my child to use and play with all indoor and outdoor equipment and to participate in all Kids Castle Preschool & Daycare sponsored activities including field trips and sports. Any parental restrictions to this agreement must be presented in writing to the Director's Office.

Other Agencies: In order for us to partner with you to promote your child's overall development, we must have your permission for your child to participate in some additional free services and activities. If at any time you wish to withdraw permission for any or all of these free services, you may do so in writing. I give permission to the Kids Castle Preschool & Daycare staff to consult with health and child development professional regarding my child's needs. I give permission for my child to participate in activities and observations by student teachers, consultants and other child related agencies.

General Policies: It is the responsibility of the Parent or Guardian to read thoroughly and become familiar with all the policy notices in the Enrollment Package; Newsletters; Handouts; and other material passed out by the school. It is recommended that you keep these papers for later reference if needed.

Financial Information: I agree to pay the registration fee at the time of enrollment. This enrollment fee is not refundable. I agree to pay in advance each week's tuition. I am aware that all tuition and fees are due on Monday of each week. I am aware that I will be charged a late payment fee for payments received after Monday. I am aware that I will be charged a fee for late pick-ups, after the official closing time.

You, the parents are responsible for all charges incurred at Daycare. This includes Tuition, Late Fees, Bank Fees, Damages, Reimbursement, and Collection Fees. Tuition Payments are due in advance. Fees are due on Monday for the week beginning. We will accept most third party payers, to pay on your behalf. However, you are ultimately, and solely responsible for the charges on this account. You are responsible for all charges & fees not paid by a Third Party Payer, regardless of reason for denial or agency reasons for denying payment.

COLLECTION: In the event of accounts turned over for Collection, the parents are responsible for all collection, legal fees or other charges. Accounts will be turned to collection 5 days after child has ceased to attend daycare. All funds paid are Non-Refundable. There are no reductions in fees for holidays or absences.

This agreement & application must be completed & signed before child may begin.

X _____ / / date
Signature Of Parent Or Guardian

X _____ / / date
Signature Of Parent Or Guardian

For Security Identification, during check-in & check out times; telephone messages, etc., provide the following. You may be asked for S S# if you phone in medicine permission, pick-up changes, school changes. This is for your child's protection.

SUPPLY LIST

Bring New School Supplies By 1st day of class.

INFANTS

A **Small** Tote Bag Or Diaper Bag. Diapers - Large Package. Diaper Wipes - 80 Count Refill & 1 hard
Plastic wipe box for storage. **Bring New Wipes On The 1st Of Each Month**
LOTS Of Extra Clothes 1 Favorite NAP TIME Pacifier 3-4 Clean Bottles Every Day.
If Not Signed Up To Use Kids Castle Baby Foods. Baby Formula, Cereal & Jar Food

TODDLERS – 1'S

A **Small** Tote Bag Or Diaper Bag. **Shoes – Every Day For Recess, Required.**
Diapers - Large Package. LOTS Of Extra Clothes
Diaper Wipes - 80 Count Refill & 1 hard Plastic wipe box for storage.
Bring New Wipes On The 1st Of Each Month

2 YEAR OLDS

A **Small** Tote Bag Or Diaper Bag. Shoes – Every Day For Recess, Required.
Diapers - Large Package. Diaper Wipes - 80 Count Refill
LOTS Of Extra Clothes

POTTY TRAINING CHILDREN

Set Up a Plan with the Class Teachers. Pull-Ups or Training Pants LOTS MORE Clothes.
Bring New Wipes On The 1st Of Each Month

2-3-4-5 EVERY DAY BRING:

- **A Back pack :** Your child **MUST** be able to carry it by themselves. Big enough for homework folder in and ***NO WHEELS.***
- **Spare Clothes:** 1-2 full sets, pants, shirt, socks, underwear. (Extra Shoes optional)
- **Homework Folder:** with papers signed nightly.
- **NAP MAT** - for nap time. Cloth sleeping bag. Bring every Monday and take home on Friday to wash.