

## Child Enrollment Pack

**Today's Date:**

How did you hear about us? <input type="checkbox"/> Phone Book <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____ <input type="checkbox"/> Referral/Friend: _____	
Prospective parents may request references; may we give out your first name and telephone number to these prospective parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Child Information:

Child's First Date of Attendance:	List the times your child will be in care on each of the days below. Ex. 9-5 Mon: <input type="checkbox"/> Tues: <input type="checkbox"/> Wed: <input type="checkbox"/> Thurs: <input type="checkbox"/> Fri: <input type="checkbox"/>		
Child's Full Name:	Nick Name:	Date of Birth:	
Child's Home Address:	City:	Zip:	Subdivision:
Child Resides With: <input type="checkbox"/> Mom & Dad <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____			Home Phone:
Previous day care, preschool and/or Montessori schools 1. _____		2. _____	

### Authorized Pick-Up Personnel:

I authorize A Kid's World to release my child to the persons listed below. Valid photo identification such as Driver's License is required upon release.

1st Authorized Person:	Relationship to Child:	Phone:
2nd Authorized Person:	Relationship to Child:	Phone:

Does your child have permission to be released into the care of a sibling(s) under 18 years of age?

Yes    No    Not Applicable   Sibling(s) Name: \_\_\_\_\_

### Public School Information (For School Age Children Only):

What type of care will we be providing for your school age child? <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After School <input type="checkbox"/> Drop-In <input type="checkbox"/> Summer Camp		
Name of Attending Public School:	Grade:	Teacher:
Telephone:	My child's immunization and vision/hearing records are on file at this school. →Initial Here:	

### Permissions - General:

<b>Water Activities:</b> I <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in the following water activities. <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play
<b>Sunscreen:</b> I understand it is my responsibility to apply sunscreen to my child before leaving home. However, I <input type="checkbox"/> give <input type="checkbox"/> do not give consent for the application of sunscreen SPF 15 to be applied in the afternoon if needed.
<b>Insect Repellent:</b> I <input type="checkbox"/> give <input type="checkbox"/> do not give consent for the application of insect repellent that contains no more than 30% DEET to be applied to my child. *Note: Insect repellent is applied only once per day and will not be used on children under 2 months of age.
<b>Media/Photo Release:</b> A Kid's World currently uses internet websites (such as Facebook), local newspapers, marketing brochures, education journals and newsletters to publicize current research projects and center events. I <input type="checkbox"/> do <input type="checkbox"/> do not wish for my child to be included in a picture for above mentioned purposes. This includes the weekly newsletter that is emailed to parents. *Note: Please refer to <i>Video Monitoring System</i> included as part of this packet.

#### For Office use Only

Class:	NCI: <input type="checkbox"/> Yes <input type="checkbox"/> No	TE: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FB <input type="checkbox"/> Contact
Mother's DL #:	State:	Father's DL #:	State:

Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Drop-In	Enrollment Rate:	Camera Access: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	------------------	---

X \_\_\_\_\_ Date Mother's Signature/Or Other Guardian  
 X \_\_\_\_\_ Date Father's Signature/Or Other Guardian

**Parent Emergency Contact Information:**

<b>1st Parent/Guardian to contact for emergency:</b>		Email Address (Please provide an email address that you check daily)	
Name: <input type="checkbox"/> Mom <input type="checkbox"/> Dad			
Address: <input type="checkbox"/> check if same as child's	City:	Zip:	Subdivision:
Employer:	Occupation:	Social Security Number (security purposes) - -	
List telephone numbers below where parent/guardian can be reached while child is in care.			
Call this number first: ( ) -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Call this number second: ( ) -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
May we send text message reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who is your cell phone provider: For non-emergency matters, how would you like to be contacted? <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Doesn't Matter			
<b>2nd Parent/Guardian to contact for emergency:</b>		Email Address (Please provide an email address that you check daily)	
Name: <input type="checkbox"/> Mom <input type="checkbox"/> Dad			
Address: <input type="checkbox"/> check if same as child's	City:	Zip:	Subdivision:
Employer:	Occupation:	Social Security Number (security purposes) - -	
List telephone numbers below where parent/guardian can be reached while child is in care.			
Call this number first: ( ) -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Call this number second: ( ) -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
May we send text message reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who is your cell phone provider: For non-emergency matters, how would you like to be contacted? <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Doesn't Matter			

**Secondary Emergency Contact Information:**

If parent/guardian cannot be reached, please contact the following:

1st Contact Name:		Relationship to Child:	
Address:	City:	Zip:	Subdivision:
Call this number first: ( ) -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Call this number second: ( ) -		This # is: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	

**Permissions - Field Trips (Preschool-School Age Children):**

<b>Field Trips:</b> I <input type="checkbox"/> give <input type="checkbox"/> do not give consent and give authorization for my child to attend field trip(s) with his or her age group, at any time during the current school year. I understand I will be notified in advance of any field trip(s).
--

**Permissions - Transportation/Emergency Care:**

<b>Transportation:</b> I give consent for my child to be transported and supervised by A Kid's World employees for the following: (Check all that apply) <input type="checkbox"/> field trips (where applicable) <input type="checkbox"/> to/from public school <input type="checkbox"/> Emergency Medical Transport*		
*Child Care Licensing mandates our facility to have written permission on file to transport children in the event of a medical emergency situation.		
In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child. I authorize a designated A Kid's World employee to take my child to:		
Name of emergency care facility:	Address/City:	Phone:
<b>Emergency Evaluation:</b> In the event an accident occurs or emergency situation arises in which we need an immediate opinion of the medical condition, we sometimes call Dr. Kevin Davis with ProHealth Family. Dr. Davis' clinic is located in the building next to A Kid's World allowing for a quick medical assessment while the parent/guardian or EMS are in route, if necessary. This		

service, of course, is free and contingent upon his availability at the time of the accident/injury.

I  give  do not give consent for Dr. Davis to perform a quick assessment of my child's medical situation and act accordingly depending on the nature of the circumstances.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature/Or Other Guardian Father's Signature/Or Other Guardian

**Child's Physician Information:**

Child's Physician:	Practice Name:	Address:
		City/State:
		Phone:

**Medical Condition/Known Allergies:**

List any medical conditions that your child is currently experiencing: (For example, eczema, seasonal allergies, etc.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**\*Note:** Please note any medical conditions such as seizures or special needs situations require a physician's statement of care including instructions on how to handle medical situations pertaining to your child's condition.

List any illness or injuries requiring hospitalization during the previous 12 months:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List any prescription medications that your child is currently taking for long term continuous use.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Does your child currently have any food allergies?  Yes  No

I understand that any **dietary restriction(s)**, regardless of circumstances or age of child, require a physician's note on file.

→Initial Here:

My child DOES NOT have any special needs, dietary restrictions or known medical conditions known at this time.

**Meal Service Registration: (All Children)**

What meals will A Kid's World be preparing for your child? (If your child's attendance will fluctuate, check all that apply)

Breakfast  AM Snack  Lunch  PM Snack  I will provide my own meals

**Meal Service Registration: (For children ages 0-12 months ONLY)**

I authorize A Kid's World to provide infant formula to my baby. I understand the infant formula brand provided by A Kid's World is *Simply Right Baby Care Complete Milk-based Infant Formula with Iron, DHA & ARA, Prebiotics and Lutein*

I will provide infant formula for my child. I understand that I must prepare and provide pre-made bottles daily.

I will provide expressed breast milk for my infant. I understand the breast milk must be provided in pre-made bottles labeled with the date and time.

Infant Cereal Options:

I authorize A Kid's World to provide rice cereal for my infant. I understand the rice cereal provided by A Kid's World is *Gerber Rice Cereal*.

I will provide cereal for my child.

**Nutritional Value:**

A Kid's World is a member of the *Child and Adult Care Food Program* mandated by the Texas Department of Agriculture. The Child and Adult Care Food Program is a voluntary program with strict requirements in regards to meals served, portion sizes, and administrative documentation. All meals served meet the nutritional guidelines of the USDA Child Nutrition Program.

I understand I am responsible for the nutritional value of the food(s) I provide for my child. For a list of approved "outside foods", additional information is available upon request and included in the Parent Policies & Procedures Handbook.  
→Initial Here:

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
Mother's Signature/Or Other Guardian Father's Signature/Or Other Guardian

Parents,

If you have not obtained a physician's statement or a current copy of your child's immunization records. Please complete the bottom portion of this form. You may take this form to your child's physician or for your convenience, we will fax this form to your child's doctor requesting the immunization records on your behalf.

Thank You!

---

### Physician's Statement & Immunization Records Request

Dr. \_\_\_\_\_,

I am requesting the following records for my child

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vision & Hearing Screening Records

Immunization Records

Please fax current immunization records for the above mentioned child.

Immunization record must provide:

1. Child's Name
2. Child's Birthday
3. The number of doses and vaccine type
4. Signature or stamp of the health care professional/clinic

Physician's Statement

I have examined the above named child within the last twelve (12) months and verify that he/she is physically able to participate in a child care program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please fax documentation to, A Kid's World, League City, Texas 77573  
Fax #: 281-554-2834

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
Mother's Signature/Or Other Guardian Father's Signature/Or Other Guardian

**Health Admission Requirement:**

(The following must be presented, along with this Enrollment Pack, when your child is admitted to A Kid's World)

<input type="checkbox"/> Child's Current Medical Insurance Card (if applicable)
<input type="checkbox"/> Current Immunization Record - Not applicable is school age child.
<input type="checkbox"/> Child's Vision & Hearing Screening Test (Preschool Children 4+) - Not applicable if school age child.
<input type="checkbox"/> Physician's Statement (See Physician's Health Statement included with this packet)
<input type="checkbox"/> Parent Health Statement: My child has been examined within the last 12 months by a licensed physician and is able to physically participate in the child care program. I agree to obtain and submit a physician's statement within the next 12 months.
Name of Healthcare professional who examined child within the last 12 months:
Physician's Address: _____ City: _____ State: _____ Zip: _____
Physician's Phone: ( ) - _____
<input type="checkbox"/> Not Applicable - My child is enrolled in public school. See Public School Information for name and address of school.

**Child's Health Information: (HIPAA Privacy Rule)**

List names of individuals authorized to have access to our child's health information:	
1st Name:	Relationship to Child:
2nd Name:	Relationship to Child:
3rd Name:	Relationship to Child:

**Enrichment Opportunities/Acknowledgement:**

<b>Release of Liability:</b>
<input type="checkbox"/> I decline enrichment opportunities at this time. I understand I may register my child for any current enrichments at any time in the future. (SKIP TO CLASSROOM VIDEO MONITORING SYSTEM)
<input type="checkbox"/> I understand that enrichment classes are extra-curricular activities, paid directly to the enrichment vendor(s).
<input type="checkbox"/> I understand that by enrolling my child(ren) in an enrichment activity, now or in the future, I am releasing A Kid's World of any all liabilities associated with said enrichment(s). This includes injuries, account discrepancies, et cetera. Questions regarding liability and liability insurance should be directed to the vendor offering the enrichment.
<input type="checkbox"/> I understand A Kid's World is not responsible for lost or stolen enrichment tuition payments.
<input type="checkbox"/> I am authorizing A Kid's World to release my child(ren) into the care of the enrichment vendor personnel temporarily for the duration of the enrichment activity.
<b>Enrichment Opportunities:</b>

\*Note: Enrichment classes are contingent upon enrollment. Every enrichment vendor has a class minimum necessary to be able to provide said class.

Check box if interested in more information-

D.K.'s Tumblebus: \$38.00 per month - D.K.s Tumblebus is a full-sized bus converted into a gymnasium on wheels. The interior features a monthly cheerful, familiar theme and includes bars, beams, monkey bars, ball pit, mountain climbing, trampoline, cargo net and much more. Children attend one 30 minute session per week and learn tumbling basics and coordination skills.

TOT (Teams of Tomorrow): \$45.00 per month - TOT is a creative and unique way for a student to learn, experience and master all sorts of ball handling tricks! TOT teachers will model, encourage, & inspire your child to be the very best that they can be! Your child will attain many new skills that will instill a drive and motivation that will carry over into all areas of your child's life. Give your child the TOT advantage!

X \_\_\_\_\_ X \_\_\_\_\_  
Mother's Signature/Or Other Guardian Date Father's Signature/Or Other Guardian Date

### Classroom Video Monitoring System:

Technology has allowed A Kid's World to give parents the opportunity to monitor their child's classroom through computers, video monitors and the internet. By enrolling your child in A Kid's World you agree to allow your child's image to be on the internet. Authorized access permits access by that person to the images of **all** children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this service.

#### →Initial Here:

Would you like camera access for \$3.00 additional per week?  Yes  No: **SKIP TO NEXT SECTION**

\*Note: You can register or cancel at any time in the future.

Every classroom at A Kid's World is equipped with a camera linked to our video monitoring system. This system is live streaming online through CCTV. Upon completion of the Video Monitoring Request Form, you will be given access to the online cameras. The fee for this service is only \$3.00 per week.

To access this service, certain standards must be maintained at all times:

1. An active parental subscription to online video monitoring must be maintained at a cost of \$3.00 per week, which will be itemized to your account weekly.
2. Access codes are issued to parents with an active subscription. Since the cost of the video monitoring subscription is an itemized fee on your account and part of tuition, your account must be current for subscription to be active. In an effort to limit access to the images of the children of the center, parents with an active subscription will only be allowed to view their child's classroom. Authorized access permits access by that person to the images of **all** children within the field of the view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this service.
3. Active subscribers agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or any medium, any images, prints or video image of any portion of the center's premises or any of the center's children without the prior written consent of the center and parents of the children involved. This involves security of the center and the children and should always be observed.
4. Active subscribers agree that only persons, if any, listed below shall have access to online video monitoring. **A Kid's World** allows 1 username per subscription. You agree that it is solely your responsibility to instruct each such person regarding the provisions of this agreement and to take from each such person their express agreement to:
  - a. Not to divulge access information to any person
  - b. Abide by all of the provisions of this agreement

Listed below are the person(s) (first and last names) for whom access is requested for:

1. Name: Relationship to Child:
2. Name: Relationship to Child:

5. Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with

respect to your children, your express waiver of all Rights of Privacy in connection therewith, as well as your agreement that you expressly assume all risks involved in furnishing such images and your release of the center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether neglect or not.

*I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.*

I am a legal guardian of \_\_\_\_\_, enrolled at **A Kid's World**. I have read the above information and understand that cameras have been installed at **A Kid's World** for the purpose of streaming enrolled children over the internet for parents and other authorized user to access. I will not share or disclose my password with anyone except the person(s) listed previously.

I am requesting a subscription to live online video streaming/classroom monitoring and agree to the conditions set forth.

Login information required: (atleast 4 characters long; combination of alphanumeric and special characters suggested)

Username:

Password:

X \_\_\_\_\_ X \_\_\_\_\_  
Mother's Signature/Or Other Guardian Date Father's Signature/Or Other Guardian Date

#### **Enrollment Condition:**

Research shows that children who are placed in consistent environments are better behaved, have better developed friendships and are able to make friends easier than their counterparts. Moving a child from center to center is detrimental to social-emotional growth. It is the goal of A Kid's World to provide a pleasant, stimulating environment to all children enrolled. A Kid's World holds the belief that it takes all of us to create a warm, happy environment. Please acknowledge that you stand behind this belief and agree to do your part in achieving this by:

- Notifying management of any questionable situation or condition
- Keeping open lines of communication between my family and A Kid's World
- Communicating my family's needs and desires

→Initial Here:

I understand that a condition of enrollment is that I volunteer to participate in **AT LEAST ONE** Parent Advisory Committee (PAC) event per year. I agree that 100% participation ensures that my child, along with the other children enrolled, will enjoy successfully planned events throughout the year. (PAC events are outlined below.)

→Initial Here:

#### **Parent Advisory Committee (PAC) Events & Volunteer Opportunities:**

Joining PAC is a great way for your to participate in family activities. PAC will meet to plan seasonal events for the children enrolled. Participation is extended to all family members and friends, including but not limited to grandparents, aunts, uncles, neighbors, etc.

#### **Seasonal Events:**

Participation in ONE event is required, however, we appreciate your participation in more than one event. (Please check all applicable events you would to participate in)

- PAC Fall Fundraiser - Volunteers are asked to vote on the fundraising event and assist in preparing fundraising products for delivery to participants. Volunteers vote on how the funds are to be spent.
- Halloween Festival/Carnival - Volunteers are asked to help plan Halloween festivities/carnival. Festivities generally include game booths, prizes, food and candy galore. Children are encouraged to dress up in their favorite make believe costume.
- Thanksgiving Feast - Volunteers are asked to bring a covered dish to PAC's annual Thanksgiving feast. Prizes given in the

form of "tuition money" coupons for best side dish and best dessert. Parent and staff attendees vote.
<input type="checkbox"/> Christmas Party & Feast - Volunteers are asked to bring a covered dish to PAC's annual Christmas feast. Prizes given in the form of "tuition money" coupons for best side dish and best dessert. Parent and staff attendees vote.
<input type="checkbox"/> Valentine's Day Party - Volunteers are asked to assist in planning and carrying out PAC's annual Valentine's Day events.
<input type="checkbox"/> Spring Kid's Helping Kids Charity Fundraiser/Event & Egg Hunt - Volunteers are asked to donate items for our annual Easter Basket auction and to help plan PAC's annual Easter Egg hunt.
<input type="checkbox"/> Teacher Appreciation Week - Volunteers are asked to help plan festivities for Teacher Appreciation Week.

**What level of participation are you interested in?**

<input type="checkbox"/> General Volunteer - Carries out various tasks as it relates to project. For example, bake cookies, bring candy/prizes, etc.
<input type="checkbox"/> Project Leader - Leads project and coordinates volunteers
<input type="checkbox"/> Project Communicator - Ensures that parents are informed of event details. Assists project leader.
<input type="checkbox"/> Treasurer - Ensures PAC fundraiser money is accounted for and used appropriately for each project.

X \_\_\_\_\_  
 Mother's Signature/Or Other Guardian Date

X \_\_\_\_\_  
 Father's Signature/Or Other Guardian Date

**Parent Policies & Procedures Handbook:**

I understand that the A Kid's World Parent Policies & Procedures Handbook is delivered digitally to the email address that I have provided in this packet as part of the *Parent Emergency Contact Information* section.

I further understand that any changes made to this handbook are provided to me in writing where I will acknowledge with my signature said changes.

If I want a hardcopy of the A Kid's World Parent Policies & Procedures Handbook, I must request it in writing.

**→Initial Here:**

I acknowledge receipt of the facility's operational policies including those for discipline and guidance and Gang Free Zones. Also found in the A Kid's World Parent Policies & Procedures Handbook.

**→Initial Here:**



X \_\_\_\_\_ X \_\_\_\_\_  
Mother's Signature/Or Other Guardian Date Father's Signature/Or Other Guardian Date

### Our Contract with You Center Policies & Procedures Agreement

Child's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

I understand the following fee policies (Please check the following as you read and understand them):

- Deposit:** A deposit in the amount of \$ \_\_\_\_\_ and a registration fee of \$ \_\_\_\_\_ is required to reserve my child's spot. I understand fees related to my child's care starts on \_\_\_\_\_. The deposit amount above will be applied to my child's tuition beginning on the date above. The deposit is forfeited if I withdraw my child's enrollment prior to scheduled start date, as A Kid's World held my child's spot and, in turn, turned away prospective enrollees. If you extend the scheduled start date, an additional deposit will be required. Upon request, your deposit payment can be held for two (2) weeks following the start date listed above.
- Tuition Fees:** My child's tuition rate is \$ \_\_\_\_\_ per  Week  Month. Tuition is due each Monday. If my child is attending on a "drop-in" basis, fees are due at the time of pick up per "drop-in" day. I further understand my payment must be made each consecutive Monday of each week, unless paying monthly, in which case my tuition payment is due the month in advance.
- Returned Check Fees:** I understand A Kid's World will re-deposit a returned check as a courtesy. There will be a **\$30.00 returned check charge** assessed each time the check is returned. If three (3) checks are returned within one (1) year, cash or money order payments will be required for a six (6) month period.
- Late Pick Up Fees:** I understand my account will be charged **\$1.00 for each minute after closing**, beginning at 6:31 p.m. Late fees are assessed regardless of circumstances and are to be paid directly to the teacher on duty at the time of pick up (not A Kid's World). Late payments are paid to the teacher (not A Kid's World) for the teacher's inconvenience.
- Late Payment Fees:** I understand a **\$10.00** late fee will be assessed to tuition payments not received by noon on Monday regardless of my child's attendance. I also understand that my child may not be in attendance until weekly payment is made and that no tuition discount will be given for absences.
- Service Charge:** I agree to a collection service charge of 1.5% per month (18% APR). The first collection service charge will be added exactly one month from the first missed payment. The collection service charge will be 1% of the balance due each month and will continue each consecutive month until the account is current.
- Forfeiture of Discounted Tuition Rate:** I understand if I fail to meet the terms of this Agreement, I will lose my discounted tuition rate and the full currently published tuition rate of \$ \_\_\_\_\_ will go into effect the following week. All other terms of this contract will

remain in effect. i.e.: late payments and service charges. The Director/Owner can, at her discretion, give two (2) forbearances on the forfeiture of the Discounted Tuition Rate.

**Service Ineligibility:** I understand that delinquent account balances result in camera access restriction and ineligibility to participate in enrichment classes and field trips.

**Withdrawal of Enrollment:** I understand that if I decide to withdraw my child(ren) from enrollment from A Kid's World, I must give a **two (2) week written notice**. Furthermore, I understand that the terms of this Agreement are still in effect regardless of enrollment status.

**Additional Collection & Court Fees:** I understand that if I fail to follow this terms of this Agreement, my account will be turned over to the Galveston County Courthouse (GCC) for legal proceedings. On the day the paperwork is filed with the GCC, my account will be charged an additional **collection fee of \$200.00, plus court costs and all postage fees** incurred during the entire collection process. In addition, I will be responsible for all applicable court costs.

**Observed Holidays:** New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Thanksgiving Day After, Christmas Eve, and Christmas Day. **If the holiday falls on a Saturday, we will be closed the previous Friday. If the holiday falls on a Sunday, we will be closed the following Monday.**

**Illness:** I understand I may not bring my child to the facility if (s)he is ill. I have read and understand State Licensing requirements regarding illness and agree to be completely cooperative in the terms set forth. I will be notified if my child becomes ill while in attendance at A Kid's World. I understand I have one (1) hour from the time of notice to pick up my child. **Late fees of \$1.00 per minute will apply after one (1) hour.**

**\*\*VERY IMPORTANT:**

**Absence/Vacation Policy:** So that we can maintain the highest quality of education and care for all children, your child's tuition fees must be paid in full regardless of his/her attendance. This policy applies to absences for any reason including illness, family vacation, and center closings such as observed holidays and severe weather closings.

**Acknowledgement:** I have read and understand the terms set forth. I understand that this document is a signed Agreement between A Kid's World and myself. I will not dispute or negotiate these terms after my child's first day of attendance.

**Policy Acknowledgement:** I understand that the A Kid's World Parent Policies & Procedures Handbook is delivered digitally to the email address that I have provided in this packet as part of the *Parent Emergency Contact Information* section. I further understand that any changes made to this handbook are provided to me in writing where I will acknowledge with my signature said changes. If I want a hardcopy of the A Kid's World Parent Policies & Procedures Handbook, I must request it in writing.

X \_\_\_\_\_  
Mother's Signature/Or Other Guardian Date

X \_\_\_\_\_  
Father's Signature/Or Other Guardian Date

## Illness Criteria

Illness Criteria taken verbatim from Minimum Standards for Child Care Centers, Texas Child Care Licensing Division.

Unless you are licensed to provide get-well care, you must not admit an ill child for care if one or more of the following exists:

(1) The illness prevents the child from participating comfortably in child-care center activities including outdoor play;

(2) The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care;

(3) The child has one of the following, unless medical evaluation by a health-care professional indicates that you can include the child in the child-care center's activities:

(A) Oral temperature of above 101 degrees and accompanied by behavior changes or other signs or symptoms of illness;

