



# YOURKINDACARE

## ENROLLMENT REGISTRATION INFORMATION



Parent Updates _____	(Signature) _____	(Date) _____
Parent Updates _____	(Signature) _____	(Date) _____
Parent Updates _____	(Signature) _____	(Date) _____

Start Date: \_\_\_\_\_  
 Date of Registration: \_\_\_\_\_  
 Date of Termination Status: \_\_\_\_\_

Picture

### CHILD INFORMATION

Name of Child (Last, First, Middle, Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian \_\_\_\_\_

List the family members your child lives with—include names and ages of siblings: \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

### BEFORE & AFTER SCHOOL CARE INFORMATION

Does your child attend school?  Yes  No School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

School Transportation provided by:  School  Parent/Guardian  YourKindaCare (Circle) Pick-up/Drop-off/Both  Other \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

### PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

**Parent/Guardian Signature:**

**X**

**Date:**

**YourKindaCare**

# YOURKINDACARE ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND PICK-UP PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Pick-up" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day. For these persons, check the "Pick-up Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_

Emergency Contact & Pick-up  Pick-up Only

### Optional:

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact & Pick-up  Pick-up Only

### Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact & Pick-up  Pick-up Only

If you want a person who is not identified above to pick up your child, you must notify **YourKIndaCare** in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to sign your child in daily to ensure the safety of the child. If you must pick up your child after agreed time(s), you will be charged a late fee of \$1 per minute until the child(ren) is/are picked up. Excessive late pick-up may result in your childcare services being terminated.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# YOURKINDACARE ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

### **SECTION 1: PAYMENT AND FEES**

**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ **100.00** shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than \_\_\_\_\_ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

**Payments and MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days: (check all that apply)  M  T  W  TH  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**PAYMENTS:** I understand that payment is due and payable, on the first day of attendance each week.

**LATE OR UNPAID PAYMENTS:** If payment in full is not received when due, I agree to pay a late payment fee of **\$40 (Day 1, \$20 each day after)**. All late fees are subject to change with reasonable notice. The school follows specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. **YourKindaCare** cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment. Any unpaid fees may be sent to a third-party collection agency.

**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly sign-in attendance for any day my child is in attendance, I understand that I am solely responsible for the payment.

**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ am to \_\_\_\_\_ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of **\$2 per minute, per child (due at pick-up)**.

**ADDITIONAL FEES:** School age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the Director for details.

**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \_\_\_\_\_ % discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

**METHOD OF PAYMENTS: CASH, MONEY ORDERS, CASHIERS CHECK. NO PERSONAL OR BUSINESS CHECKS. THANK YOU!**

### **SECTION 2: DAILY PRODUCE**

**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated staff member each day. I agree to complete the required computer and/or manual sign-in and sign-out procedures.

**ILLNESS:** I understand that I will be notified should my child become ill anytime at **YourKindaCare**, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

**MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

**INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all payments and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including weekly payments or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Payments, Registration or Activity) are non-refundable.

# YOURKINDACARE ENROLLMENT REGISTRATION INFORMATION

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

**HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, as well as Martin Luther King, Jr. Day (You will be notified of any changes). I agree that I will not receive a refund, credit or any other allowance for holidays. Weekly tuition is still due during holiday closures.

**ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). Regularly contracted tuition is due regardless of weekly attendance (i.e. sickness, vacation, imminent weather, or holiday closures). Absences for more than one week, may be subject to a discounted rate with prior notification and upon the Director's approval.

**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my payments for up to three business days.

## SECTION 4: STATE LICENSING AND OUR POLICIES

**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

**FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Provider and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

These policies have been read and carefully reviewed. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.

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

Parent/Guardian Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Revised 01/04/2026

# YOURKINDACARE ENROLLMENT REGISTRATION INFORMATION

## MEDICAL INFORMATION

### **AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes  No  If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

Appeared before me and produced \_\_\_\_\_ as identification. Date: \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

### **AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS**

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **PARENTS/GUARDIANS OF CHILDREN PRE-SCHOOL AGES**

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child has my full approval.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# YOURKINDACARE ENROLLMENT REGISTRATION INFORMATION

## MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Does our child have any needs that require special accommodations? \_\_\_\_\_
2. Special Dietary Needs: \_\_\_\_\_
3. Is your child able to walk?  Yes  No Explain: \_\_\_\_\_
4. Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_
5. Is your child toilet trained?  Yes  No

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_

Allergies (please check and list all that apply)

Medications Reaction: \_\_\_\_\_

Food Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions: \_\_\_\_\_

***Per state regulations, a written statement is required for waiver of immunization requirements.***

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

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# YOURKINDACARE ENROLLMENT REGISTRATION INFORMATION

## CHILD PROFILE

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

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

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5. Does your child have any medical or physical needs? Explain:

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6. Does your child have any allergies? Explain:

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7. What are the foods your child likes best? \_\_\_\_\_

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8. Least? \_\_\_\_\_

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9. Does your child take naps?

Sleeps in crib  Sleeps in bed

10. What are your child's sleeping arrangements?

Own room  Shares room

11. What words are spoken in your house for toileting? \_\_\_\_\_

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12. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

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13. Has your child had previous preschool experiences? \_\_\_\_\_

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