



Registration Form

| | | | |
|---------------------|---------|---------------|-------------|
| Grade: | School: | Teacher: | Start Date: |
| Child's Name: | | Address: | |
| City: | | | Zip: |
| Phone Number: | Age: | Sex: | Birth date: |
| E-mail address: | Mom: | Dad: | |
| Mother's Name: | | Work Phone: | |
| Driver's License #: | | Cell Phone: | |
| Employer: | | Work Address: | |
| Father's Name: | | Work Phone: | |
| Driver's License #: | | Cell Phone: | |
| Employer: | | Work Address: | |

Will the billing be split? Y/N

PERSON TO BE CALLED IN CASE OF ILLNESS OR EMERGENCY OTHER THAN PARENTS:

| | | |
|-------|--------|----------|
| Name: | Phone: | Address: |
| Name: | Phone: | Address: |
| Name: | Phone: | Address: |

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD. CHILDREN WILL ONLY BE RELEASED TO A PARENT OR PERSON DESIGNATED BY THE PARENT WITH PROPER ID.

| | | |
|-------|--------|-------------------|
| Name: | Phone: | Driver's License: |
| Name: | Phone: | Driver's License: |
| Name: | Phone: | Driver's License: |
| Name: | Phone: | Driver's License: |

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and the financial agreement. I agree to abide by all of the Kidsville Inc. policies. I agree to and understand that I must give a 2 week prior written notice to withdraw.

SIGNATURE:

DATE:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, **I authorize** the person in charge to take my child to the nearest Emergency Medical Care facility.

Physician's Name:

Phone:

Address:

City:

Zip:

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of *if there is nothing we need to be aware of please write N/A.*

My child's immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current. Vision and hearing screening records are also on file. ***Please request a medication form for any medications that would need to be administered.**

I, _____, give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature:

Date:

Phone Number:

This form must be notarized prior to enrollment.

State of Texas County of _____

This instrument was acknowledged before me on the _____ of _____

By _____ . X _____
Notary Public Signature

Security Code

The City of North Richland Hills has passed a new ordinance that requires each child in care have a security code to be released from childcare. This code will need to be given to staff when somebody other than legal guardian picks the child up from after school care. Please make sure that anyone who picks up your child is aware of the unique code. **The code will be confidential and any word or number will be acceptable. This code can be changed at anytime.**

Student's Name:

Security Code:

Parent Signature:

Date:

Before and After School Activities Authorization

If your child does not have any before or after school activities please leave blank.

List Activities Below:

| | | |
|-------------|--------------------------------|-----------|
| 1. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 2. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 3. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 4. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 5. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 6. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 7. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 8. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 9. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 10. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |
| 11. | Please circle days: M T W Th F | |
| Start Date: | End Date: | Initials: |

I authorize my child to attend the above activities before Kidsville on the days circled.

| | |
|--------------------------|--------------|
| Parent Signature: | Date: |
|--------------------------|--------------|

Teachers will often asked students to assist them before and after school for various reasons. Please list below the teachers that have authorization to sign out your child during Kidsville time. Students will not be allowed to help teachers without this form.

| | |
|-------|-------|
| Name: | Name: |
| Name: | Name: |
| Name: | Name: |
| Name: | Name: |

The teachers and school staff listed above have authorization to sign my child out of Kidsville to assist in school activities.

| | |
|--------------------------|--------------|
| Parent Signature: | Date: |
|--------------------------|--------------|

Parent Notification Checklist

I have been notified regarding the following topics:

Please initial beside each line and sign and date at the bottom.

| | |
|----------------------------|--|
| | I understand that my child will not be able to leave Kidsville with anyone not listed on the registration form. A change in writing must be submitted to add anyone to the pick-up list. |
| | I understand that if someone new is picking up my child that I must notify my child's teacher by the phone that is on site. |
| | I understand that if my child is absent I will notify my site director by phone by 2 pm or a \$5 search fee will be added to your account for each occurrence. Please let us know when your child does not attend so that valuable time is not spent on locating children that do not arrive after school. The number for your site director is on the calendar. |
| | I understand that tuition is due on Monday, the beginning of each week, and will be considered late after Tuesday at close. A late fee of \$10 will be charged each Wednesday until payment is made. Online payment, check and/or money order are the only allowed forms of payment. |
| | I understand that Friday is the only day that electronic devices are allowed at Kidsville. I understand that Kidsville is not responsible for lost or stolen items during after school activities. |
| | I understand that cell phones are not allowed during after school activities. Please call the school cell number or the director if you need to speak with your child. At that time your child can return the call on their personal phone. |
| | I understand that a late fee will be assessed if my child is not picked up by 6:30. The fee is \$3.00 for the first 5 minutes and \$1.00 for each minute thereafter (per child). |
| | I understand that my child will not be able to walk home with anyone under the age of 18 unless a written request is given. |
| | I understand that a copy of the Minimum Standards for Child Care Centers is available for my review at any time. Current DFPS inspections are posted in the red binder. |
| | I understand that the playground is not licensed by DFPS. |
| | I allow my child to play on the playground and participate in activities like: basketball, soccer, jump rope, scooters, cheerleading, and other outdoor and indoor games. |
| | I understand that Kidsville does not provide transportation or water play. |
| | I give permission for Kidsville to use first aid cream and hydrogen peroxide for my child. |
| Child's Name: | |
| Parent's Signature: | |
| Date: | |

Financial Terms and Agreement

1. A **non-refundable registration fee** of \$20/per child is due at the time of registration during the school year and a \$50/per child or \$80/per family registration fee is due during the summer program.
2. A **full-weekly fee is due whether or not a child attends for the week**. There will be no credit adjustments or refunds for absences.
3. A **\$25 return check fee** will be charged for each returned check. Online payment arrangement will be required for future payments.
4. Payment is required on Monday of each week for the week of care.
5. A **\$10 late fee will be assessed *each* Wednesday until payment has been made**.
6. *****Please be aware that if your account becomes more than 2 weeks delinquent a payment plan must be established or your child will be withdrawn from Kidsville services.*****
7. **Parents cannot sign up for full days if there is an outstanding balance.**
8. There will be an additional charge of \$15.00 for full and half day release, if your child attends for the day. **Payment is required in advance!**
9. If your child is absent and you have not notified your Kidsville teacher of your child's absence there will be a search and find fee of \$5 for every occurrence. You can find your Kidsville site number in your parent handbook.
10. **Withdrawal from the program must be submitted two weeks in advance to info@kidsvilleinc.com for tuition charges to cease.**

I, _____, understand the terms above and agree to pay tuition as long as my child is enrolled in the Kidsville's program.
(Parent's name)

Signature:

Date:

Please Specify Services Needed

| | | |
|---|---|--|
| Drop In: \$25 ____ 3p-6:30p | **Before School: \$40 ____ Monday-Friday 6:30a-7:30a | After School: \$73 ____ Monday-Friday 3p-6:30p |
| **Before and After School: \$80 ____ Monday-Friday 6:30a-7:30a Monday-Friday 3p-6:30p | **Disc. Before and After School: \$72 ____ Monday-Friday 6:30a-7:30a Monday-Friday 3p-6:30p | *Disc. After School: \$66 ____ Monday-Friday 3p-6:30p |

*The discounted rate is for BISD employees ____ and/or children on Free or Reduced Lunches ____.

If you selected a discounted rate please put a checkmark next to which discount applies to you. Please provide documentation as to why that discount applies to you.

**Before school care is not available at ACFT.

Code of Conduct

The following are examples of appropriate behaviors of school age children:

- Following directions
- Working out conflicts with peers, or bringing the conflict to a staff person
- Respecting staff and other children
- Using acceptable language
- Staying in a designated area

Example of reinforcements for appropriate behaviors:

- Verbal praise or encouragement
- Additional privileges; such as leading an activity, participating in special activities

The following are examples of unacceptable behaviors of school age children:

- The intent of harm (physical or emotional) to any child or adult (i.e., hitting, scratching, kicking, fighting, teasing, name calling, bullying)
- Continually disregarding the instructions of staff
- Threatening other children or adults
- Leaving adult supervision
- Using abusive or inappropriate language
- Throwing objects

Example of consequences for unacceptable behaviors:

- Remind child of behavior expectations and rules
- Talk to the child about unacceptable behavior
- Redirection from the area where the problem took place
- Parent contact/conference
- Separation from the group and go over this document
- Suspension from Kidsville for 1-3 days
- Expulsion – permanent dismissal from the program
- These consequences may or may not be used in the order that they appear. Management will determine the order.

Please share information on the back of lower portion regarding reinforcement and consequences that are or are not effective with your child.

I have read and discussed the Kidsville Inc. Code of Conduct and Discipline and Guidance Policy with my child. Both of us understand and agree to observe the code.

Parent's Signature:

Date:

Child's Signature:

Date: