



2016-2017 REGISTRATION FORM

Kidsville Inc.
After School Care

GRADE _____ SCHOOL _____ START DATE _____

CHILD'S NAME _____ TEACHER _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ BIRTHDATE _____ AGE _____ SEX _____

E-mail address(Mom) _____ / (Dad) _____

Mother's Name _____ Business Phone _____

Mother's Driver's License # _____ Cell Phone _____

Employer _____ Business Address _____

Father's Name _____ Business Phone _____

Father's Driver's License # _____ Cell Phone _____

Employer _____ Business Address _____

Do you need separate billing? Yes ___ No ___ If yes who is the other person making payments? _____

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 written notice to withdraw.

X _____
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. **Please mark N/A if your child has no health issues.** _____

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.

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

X _____
PARENT SIGNATURE / PHONE # **DATE**

*******This form must be notarized prior to enrollment*******

State of Texas
County of _____

This instrument was acknowledged before me on the _____ of _____

by _____.

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 a 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: _____

X _____
PARENT SIGNATURE **DATE**

BEFORE AND AFTER SCHOOL ACTIVITY AUTHORIZATION

List Activities Below

1. _____ M T W Th F Start date _____ End date _____ initials _____
2. _____ M T W Th F Start date _____ End date _____ initials _____
3. _____ M T W Th F Start date _____ End date _____ initials _____
4. _____ M T W Th F Start date _____ End date _____ initials _____
5. _____ M T W Th F Start date _____ End date _____ initials _____
6. _____ M T W Th F Start date _____ End date _____ initials _____
7. _____ M T W Th F Start date _____ End date _____ initials _____
8. _____ M T W Th F Start date _____ End date _____ initials _____
9. _____ M T W Th F Start date _____ End date _____ initials _____
10. _____ 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.

X _____
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.

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.

X _____
PARENT SIGNATURE DATE

PARENT NOTIFICATION CHECKLIST

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 Kidsville through the onsite telephone.

_____ I understand that if my child is absent **I will notify the director by phone**, so that valuable time is not spent on locating children that do not arrive after school.

Smithfield:817-925-3294

Holiday Heights:817-692-5682

Green Valley:817-925-3173

ACFT:817-692-1088

Summit:682-240-4740

North Ridge:817-675-4329

_____ 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, 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 also understand that **Kidsville is not responsible** for lost or stolen items. Children are not allowed on YouTube or Web Browsers.

_____ I understand that **cell phones are not allowed** at Kidsville. Please call the Kidsville phone 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 licensing 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.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the Kidsville's intention to be open and provide before and after school child care service every weekday of the year 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.

X _____
PARENT 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 **non-refundable deposit fee** of \$20 per week/per child is due during the summer program to hold the weeks that you need care.
2. A **full weekly fee is due whether or not a child attends for the full week**. There will be no credit adjustments or refunds for absences.
3. A **\$25 return check fee** will be charged for each returned check. A money order or online payments may be required for future payments.
4. Payment is required on Monday of each week. **A \$10 late fee will be assessed each Wednesday until payment has been made.**
5. **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 until payment is made.**
6. 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!**
7. We offer full day care when school is out if we have enough parents that need care. If you are interested in this please let us know.
8. 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.
Smithfield: 817-925-3294 **Holiday Heights:** 817-692-5682 **Green Valley:** 817-925-3173
ACFT: 817-692-1088 **Summit:** 682-240-4740 **North Ridge:** 817-675-4329
9. Withdrawal from the program must be submitted by email two weeks prior for tuition charges to cease.

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

X _____
PARENT SIGNATURE

DATE

SERVICES NEEDED(Please Specify):

Drop In: \$25 ____ Before School: \$40 ____ After School: \$73 ____ Both: \$80 ____
Discounted After School: \$66 ____ Discounted Before and After School: \$72 ____

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

Please give documentation to show that this discount applies to you.

Before school care is not available at ACFT or Uplift Summit.

Please email info@kidsvilleinc.com if you have any questions.

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

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: X	Date:
Child's Signature: X	Date: