

# Skool Kidz Early Education Academy Intake Agreement

Name of Person(s) Legally Responsible for the Center: **Kelvin Jarrett & Cynthia Jarrett**

Date of Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Service Hours allowed Daily \_\_\_\_ Weekly \_\_\_\_ CCDF Voucher **Y or N**

Times you will drop your children off: \_\_\_\_ am/pm -Times you will pick up your children: \_\_\_\_ am/pm

## Admission Policies

The child care center shall accept only children who are at a stage of growth and development which enables them to benefit from its program, and for whose age level the center is staffed and equipped to provide care.

The child care center shall not admit or maintain any child whose needs it obviously cannot meet or whose behavior would be dangerous for other children in the center. Explicit, documented reasons for refusal to admit or provide care to a child shall be provided in written form to parents.

*\*There shall be no discrimination on the basis of race, color, religion, sex, national origin, or handicap.*

## Hours of Operation

The child care center is open from 7:00 a.m. to 6:00 p.m.

## Authorization for Child's Release

Children will be released only to a parent or a person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child's arrival and departure. Parents shall sign the child in and out by name and time of arrival and departure.

## Court Orders

If a court order exists preventing a particular individual from having contact with a child, the center shall comply with the order. There shall be a copy of the court order in the child's file.

## Emergency Medical Authorization

I agree, and by my signature, give consent, that in any case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

## Transportation Permission

In the event of a field trip, or other such activity, I give my permission for my child to be transported by the child care center in a motor vehicle.

I \_\_\_\_\_ and \_\_\_\_\_ parents give my permission for my child/ren to be transported to and from School by the child care center in a motor vehicle.

School Name \_\_\_\_\_ School Address \_\_\_\_\_ ZIP \_\_\_\_\_  
School Name \_\_\_\_\_ School Address \_\_\_\_\_ ZIP \_\_\_\_\_

## Program Description

The program provides developmentally appropriate activities for children. Weekly lesson plans are written and posted for parents' review. Children are provided time to choose their own activities and work independently in learning centers. Teachers serve as facilitators to enhance the children's choices.

**Policy about Children Left After Closing Time**

Children are expected to be picked up by closing time. A charge of \$1.00 per minute will be assessed per child to any family picking a child up after 6:00 p.m. (closing time). If any child is not picked up 30 minutes after closing time, Child Protective Services will be contacted to pick up your child.

**Extracurricular Activities**

In the event of extracurricular activities, I understand that I will be informed prior to the activities and will sign written permission for my child to participate.

**Payment Plan**

Payment is due in advance on Monday of the current week when paying weekly, the first Monday in a two-week period when paying semi-monthly, or the first of the month when paying monthly.

**Meal Plan**

Breakfast will be offered to children who are in attendance at the childcare center before 8:00 a.m. A morning snack, lunch, and afternoon snack will be served daily.

**Parent Conferences/Communication Policy**

Parent-teacher conferences will be scheduled as needed or a parent may request such a conference at any time. In addition, teachers are always available for on-going communication and parents are always welcome at any and all times to observe our program.

**Health Examination**

A health examination including immunizations is required for each child within 12 months prior to admission to the child care center or within one month after admission on the forms provided. Child care center services must be terminated if a health form is not returned within the above stated time period. Health examinations shall be repeated annually for children two years of age and younger.

**Significant Occurrences or Problems**

You will be notified of any significant occurrences or problems which affect your child, including exposure to communicable diseases.

**Discipline Policy**

The child care center uses a positive disciplinary approach with children. Caregivers communicate to children using positive statements, encourage children, with adult support, to use their own words and solutions to resolve conflicts, and communicate with children at eye level and talking to them in a calm manner about what behavior is expected. Recurring disciplinary problems will be addressed with parents and documented in the child's record.

**Policy about Reporting Suspected Child Abuse**

The child care center is required by law to report any suspected child abuse or neglect to Child Protective Services.

**Confidentiality Policy**

All information pertaining to admission, health, family, or discharge of a child is confidential.

**Sick Child Policy**

Children who are sick will not be allowed to attend the program. If your child becomes ill while at the center, you will be contacted to pick up your child. If you cannot be reached, someone from your emergency contacts will be contacted. Your child may not return to the center until he/she is symptom free for 24 hours.

**Policy on Release of a Child to an Intoxicated or Impaired Person**

If an authorized intoxicated or impaired person insists on removing children from the center, the center shall immediately report the incident to the local police agency.

**Policy on Alcohol, Tobacco, Firearms, Illegal Substances**

The use of tobacco, and use or possession of alcohol, illegal substances and firearms is prohibited.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# All about Me Interview

CHILD'S NAME: \_\_\_\_\_ M / F AGE: \_\_\_\_\_

START DATE REQUESTED: \_\_\_\_\_ DAYS NEEDED: \_\_\_\_\_ SU M T W TH F SA HOURS NEEDED: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS DAYCARE? \_\_\_\_\_

HAS CHILD BEEN IN A PREVIOUS DAYCARE? YES / NO

IF YES, REASON FOR LEAVING \_\_\_\_\_

DOES CHILD LIVE WITH: MOM / DAD / BOTH

CIRCLE ALL WORDS THAT DESCRIBE YOUR CHILD'S PERSONALITY:

SERIOUS / HAPPY / QUIET / MOODY / POLITE / FOLLOWER / ARTISTIC / INDEPENDENT / PLAYS ALONE  
COMPASSIONATE / ENERGETIC / OUTGOING / PATIENT / ENTHUSIASTIC / HONEST / TALKATIVE /  
EMOTIONAL LEADER / SHY / ANGER OUTBURSTS / FRIENDLY / ACTIVE / PERFECTIONIST / LOUD /  
THINKER / AFFECTIONATE INTENSE / ADVENTUROUS / LAID BACK / EAGER

DESCRIBE A TYPICAL DAY'S SCHEDULE: \_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD POTTY TRAINED YES / NO

DOES YOUR CHILD NAP? YES / NO

IF YES, WHAT IS THE TYPICAL NAPTIME: \_\_\_\_\_

HOW DO YOU GET HIM/HER TO SLEEP? \_\_\_\_\_

WHAT ARE SOME OF YOUR CHILD'S FAVORITE TOYS? \_\_\_\_\_  
\_\_\_\_\_

HOW DO YOU DISCIPLINE AT HOME? \_\_\_\_\_

DO YOU USE A REWARD SYSTEM? YES / NO \_\_\_\_\_

IS YOUR CHILD A GOOD EATER? YES / NO

**ANY KNOWN FOOD ALLERGIES?** YES / NO

**IF YES, WHAT ARE THEY BE VERY SPECIFIC?** \_\_\_\_\_  
\_\_\_\_\_

ANY KNOWN HEALTH PROBLEMS: \_\_\_\_\_

ANY REASON TO RESTRICT ACTIVITIES: \_\_\_\_\_

## INFANT & TODDLER ONLY

CHECK ONE: I AM BREAST FED \_\_\_\_\_ I AM BOTTLE FED \_\_\_\_\_ I DRINK FROM A SIPPY CUP \_\_\_\_\_

(Attach special instructions for preparing formula)

ANYTHING ELSE I SHOULD KNOW ABOUT YOUR CHILD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Skool Kidz Early Education Academy Enrollment Contract

## Children Contact Info - Parents/Legal Guardians

Child Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

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

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address \_\_\_\_\_ ZIP \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address \_\_\_\_\_ ZIP \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

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

## Emergency Contacts / Transportation Plan

To ensure the safety of your children, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. The person that picks up you children will be required to show photo identification.

Please note: In the event of an emergency, the person(s) below will be contacted if unable to reach parents or legal guardians. **Emergency contact should be someone other than parent/guardian.**

Responsible person(s) who may be called to come for your child in case of illness or other emergency if you cannot be reached:

Name: \_\_\_\_\_ Address \_\_\_\_\_ ZIP \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ ZIP \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ ZIP \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Do you have a backup care provider in case of emergency? (Yes or No) if yes please provide the following:

Provider Name: \_\_\_\_\_ Address \_\_\_\_\_ ZIP \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Your Children's General Health

## CHILDRENS HEALTH RECORD:

(A copy of each child's immunizations and current physical will be needed)

General state of health:

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### Physician Information

Child 1 Name \_\_\_\_\_ Physician name: \_\_\_\_\_ phone number (\_\_\_\_) \_\_\_\_\_  
Physician (Address \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

### Dental Information

Dentist's (1) name \_\_\_\_\_  
Dentist's Address \_\_\_\_\_ ZIP \_\_\_\_\_  
Dentists Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

### General Health Information

Are your child's immunizations up to date? \_\_\_\_\_ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Do your children have any known allergies? If so which ones and what allergies

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Do your children have any medical conditions which Skool kidz should be made aware of?

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Are there any food restrictions? If so which children which foods and which children

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Have your children had experience playing with other children beside their siblings?

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What are some of your children's favorite activities, toys, books, or games?

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Please provide other information that Skool Kidz may need to know about your children?

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Are there any specific concerns?

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## Field Trip Permission

Date: \_\_\_\_\_

I/We hereby give Skool Kidz EEA permission

To take my/our child/en off the premises and on excursions that will take place during regular child care hours.

I understand that I will be notified of any such trips beforehand, those trips will be supervised and that all precautions will be made for the safety and Well-being of all the children.

I also understand that **Skool Kidz LLC** will not be liable for any accident or injury.

Consent is for normal activities unless indicated below.

The following activities may occur during the course of the day

\_\_\_\_\_

### Please initial

Those activities your children have permission to participate in.

Go to a park \_\_\_\_\_ Ride a bike \_\_\_\_\_ Go for walks \_\_\_\_\_ Visit neighbors/Businesses  
Play in water \_\_\_\_\_ Take field trips \_\_\_\_\_

**Note: There will be no swimming in a pool!**

Are there any other activities in which your child should not participate?

\_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Agreement and Consent for Emergencies

As parent/guardian, I consent to have my child receive first aid by **Skool Kidz EEA** staff and, if necessary, be transported to receive emergency care at the nearest medical facility.

I will be responsible for all charges not covered by insurance.

I give consent for the emergency contact person listed below to act on my behalf until I am available.

I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Skool Kidz EEA Discipline Statement

Dear Parent:

We work with parents/guardians of children in my care to determine the cause of misbehavior and deal with behavior positively.

We use strategies that allow the child to take responsibility if his/her actions. In addition, we focus on teaching children appropriate behavior. We do not use threats, bribes, physical punishment, humiliation, isolation or food deprivation

We focus on teaching children how to interact socially and continually the limits in our childcare home.

We expect children in our care to respect others respect the environment and respect themselves.

Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

Each child will be dealt with individually, Consequences will occur immediately after the behavior. As a parent, we ask that you not punish your child at home for misbehavior shown while in our care. Please trust that we will handle the matter at our childcare home.

If your child continually misbehaves, we will contact you to discuss the difficulty or make an appointment to discuss the difficulty with you. We will not discuss the problems in front of your child or other children.

We will keep you posted on all happenings that we are involved in at our childcare home. If we are experiencing behavior difficulties with your child, we will let you know as soon as possible. I hope that together we can create a behavior management strategy which will control the behavior.

In those instances when a behavior is very disruptive or harmful to the child or other children, I will discuss the issue with you. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other childcare arrangements. We will assist you to the best of our ability in finding alternative child care.

**Important Note:** Physical punishment will not be used; food will not be withheld for any reason. Even if requested by the parent.

In response to your child misbehavior I will: Respect your child, establish clear rules, be consistent, use positive language to explain desired behavior, speak calmly while bending down to your child's eye level, redirect your child to a new activity, move your child to a time out chair for no longer than one minute per year of your child's age if necessary.

Thank you for your assistance.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Skool Kidz Permission to Photograph

I, \_\_\_\_\_  
(Parent or Guardian's name)

Give permission for

## Skool Kidz Early Education Academy North

(Name of childcare provider or facility)

To photograph my child,

\_\_\_\_\_  
(Child's name)

For the following purposes:

Type of Use:	(Please check all that apply)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display on daycare bulletin boards, show to current and prospective clients		
Advertisements and flyers		
Display still photos In Tadpoles Application		
Display still photos on daycare website		
<b>Videos:</b>		
Show to current clients		
In Tadpoles Application		

Names a personal information will not be used in any advertising, cards, flyers, websites or daycare bulletin boards. Names and other personal information will only be used in the tadpoles application in messages directly to you concerning your child.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

(Parent or Guardian signature, and date)





**Skool Kidz**

Early Education Academy

## **Attention parents!**

Paperwork that is required for your child to start will include all information below plus the intake agreement and Handbook. Please fill out all information in your packet, if all required information isn't fill out to its entirety or paperwork is missing this could cause for your child to lose his or her space in our program. Paperwork includes:

- **Birth certificate or proof of birth document**
- **Physicals Signed by Physician**
- **Immunization Record (up to date)**
- **Infant feeding plan (signed by doctor) When applicable**
- **Safe Food Transport (Infants only) When applicable**

Skool Kidz will assist in any way that we can to make it easier for you to provide this paperwork.

**Office: (317)820-3900**

**Fax: (317)734-3828**

**Email: [skoolkidzee@gmail.com](mailto:skoolkidzee@gmail.com)**

**Return all paperwork requested before first day of daycare.**

Thank you,

*Skool Kidz Management*