



Must call director when you return application to schedule enrollment 903-280-3404 Ms. Dee/ 903-793-5802 Kinder Kollege Learning Center

Once your child is enrolled be sure to clock them in by (step1) select the child button (Step. 2) use the last 4 digits of your phone number (step3) then select the okay button

Kinder Kollege Registration Form

Date of Enrollment: _____

Name of Child: _____ Birthdate: __/__/__ Sex: M__ F__

Full name of Mother: _____

Full name of Father: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____ Cel Phone: _____

Place of work: _____ Hours: _____

Father's Address: _____

Home Phone: _____ Work Phone: _____ Cel Phone: _____

Place of work: _____ Hours: _____

Person(s) to contact incase of emergency/Authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Names of other children in family:

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Has child had previous experience away from home? Yes () No () If yes explain:



Are your Child's immunizations up to date? Yes () No ()

If no please explain: _____

Note: attach a copy of immunization record

Child's Health History

Does child have any known health problems? Yes () No () (If yes attach documentation)

Check (√) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | |


Please list any injuries child has had: _____

Does you child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Do you have any concerns about your child's development? Yes () No () If yes please comment: _____

Please comment on any other medical information/ or special need the child care provider should be aware of: _____

Operation Name Kinder Kollege Learning Center and Daycare LLC <small>Kinder Kollege</small>		Director's Name Shanna Brown-Sims	
Child's Full Name  <small>Where quality child care and learning meets</small>		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:	
Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

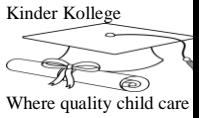
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

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:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date



Child's Information

(Check if allergic)

Substances

MAY
Be
exposed

May
NOT be
exposed

IS
allergic

Is **NOT**
allergic

Not
Sure

Parent(s)

Other
Family
Member

Foods:

Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shell fish							

Environmental:

Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							

Medical:

Penicillin							
Latex							

Other (please list):

Signature

Date:



Child Resume

Child's name: _____ DOB: __/__/__
 Age: ____ Sex: ____ Height: _____ Weight: _____
 Chronic illnesses: _____
 Any known allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, etc.) _____
 Is your child Toilet Trained? _____
 What words does your child use for toilet? _____
 Are any medications given regularly?

 Child's favorite toys, activities, etc.: _____
 Favorite Foods: _____

 Briefly describe your child's behavior: _____

 What makes your child mad or upset? _____
 How does your child show feelings? _____

 What do you find is the best way of handling your child? _____

 How do you discipline your child? _____
 Any disorders/developmental (slow, advanced) diagnosed or suspected? _____
 Any special needs required for your child? _____
 Special family situations? (such as custody specifications, problems arising from situations, etc.) _____

 Anticipated adjustment problems? _____
 Has your child been taking an afternoon nap? _____
 If so, how long? _____
 If not, why no nap _____
 Special toy or blanket for nap time?
 Name of previous daycare provider/center: _____
 Reason for leaving previous daycare setting: _____
 Other comments:
 By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Signature	Date



External Preparations Form

Child's Name		Date:	
Child's DOB		Weight	
Height	Hair Color		Eye Color

I hereby give [Kinder Kollege](#) permission to apply one or more of the following external preparations, in accordance with the directions for use on the container.

- () Baby wipes
- () band-aids
- () Neosporin, bacitrician, or similar ointment
- () bactine or similar first-aid spray
- () * Sunscreen
- () * insect repellent
- () non-prescription ointment (such as A & D, Desitin, Vaseline)
- () * Other: (please specify) _____

* Must be provided by the parent.

I hereby request that [Provider name](#) administer one or more of the above external preparations in accordance with the directions on the container as needed.

I release [Provider name](#) from any liability for administering these preparations.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture or retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider name Signature	Date

Permission to Photograph



Kinder Kollege
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I,

_____ (parent's or guardian's name)

give permission for

_____ (name of child care provider or facility)

to photograph my child,

_____ (child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website/facebook *		
Use still photos in promotional materials		
Videos:		
Display video on facility website and Kinder Kollege Facebook page		
Use videos in promotional materials		
Other (please list):		

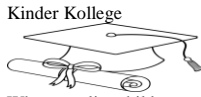
* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

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:

_____ (parent or guardian signature, and date)

KINDER KOLLEGE LEARNING CENTER AND DAYCARE PARENT CONTRACT



Where quality child care and learning meets

Questions About Your Child and Tuberculosis (TB)

Child's Name _____

Date of Birth _____

Your Name _____



Today's Date _____

We need your help to find out if your child has been exposed to the disease tuberculosis, also known as TB. TB is caused by germs. It is usually spread to another person by coughing or sneezing. A person can have TB germs in their body but not have active TB disease. TB can be prevented and treated. Your answers to the questions below will let us know if your child might have been exposed to TB. If your answers show your child might have picked up the TB germs, we will want to give him or her a tuberculin skin test (TST). The skin test is not a vaccination. It will not prevent TB. It will only let us know if your child has the TB germs.

Check the box that matches your answer:	Yes	No	Do Not Know
1. Has your child been tested for TB? If yes, when? Please tell us the date ___/___/___			
2. Have you ever been told that your child had a positive tuberculin skin test (TST)? If yes, when? Please tell us the date ___/___/___			
3. TB can cause fever that can last days or weeks. It can cause weight loss, a bad cough (lasting over two weeks), or coughing up blood.			
a. Has your child been around anyone with any of these problems?			
b. Has your child been around anyone sick with TB?			
c. Has your child ever had any of these problems or do they have them now?			
4. Was your child born in another part of the world like Mexico or Latin America, the Caribbean, Africa, Eastern Europe, or Asia?			
5. Has your child been to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than 3 weeks? Which country or countries did your child visit? _____			
6. Do you know if your child has spent more than 3 weeks with anyone who:			
Uses needles for drug use?			
Has AIDS?			
Was or is in jail or prison?			
Has just come to the United States from another country?			

FOR THE PROVIDER:

If the prior test was negative and the answer to #4 is yes, the child does not need a repeat skin test. If the prior test was negative and occurred at least 8 weeks after the situation described in #3a, 3b, 5, or 6, the child does not need a repeat skin test.

If the prior test was positive, the child does not need a repeat skin test; but a positive answer to #3c would indicate a chest x-ray as soon as possible.

TST administered Yes _____ No _____

If yes, Date administered ___/___/___ Date read ___/___/___ TST reaction _____ mm

TST provider _____



SCHOOL AGE CHILDREN:

My child attends the following school:

_____ Name of School and Address _____ School Ph.#

CHECK ALL THAT APPLY:

- | | | |
|---|---|---|
| <p>His / her immunization record is on file at the school and all
 <input type="checkbox"/> required immunizations and/or tuberculosis test are current.
 Vision and Hearing screening records are also on file.
 Name of sibling(s):</p> | <p>My child has permission to:
 <input type="checkbox"/> ride a bus, and/or</p> | <p><input type="checkbox"/> walk to or from school or home,
 <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.</p> |
|---|---|---|

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ Health Care Professional's Signature _____ Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ Signature - Parent or Legal Guardian _____ Date



VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SIGNATURE _____		DATE _____		
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
<i>R</i>				
<i>L</i>				
SIGNATURE _____		DATE _____		



Where quality child care and learning meets

This is a contract between _____ (Parent(s)) and Shanna Brown-Sims, owner of Kinder Kollege Learning Center and Daycare LLC.

Childcare services will be provided by Kinder College Learning Center and Daycare LLC for (name of child(ren)) _____ on (circle days needed) **Mon. Tues. Wed Thurs. Fri....** from _____ until _____ beginning on _____. All crafts, activities, and meals are included.

The fee for childcare will be \$ _____ per week payable on Monday prior to service being provided. Parent agrees childcare fees are due regardless of attendance. Payments that are not made by this set day will be charged a \$10.00 per day late fee, NO EXCEPTIONS.

(please reads the following and initial by each number as a agreeance to the contract rules):

__(1). Parent agrees to drop off and pick up their child/children at the contracted times listed. All early arrivals and late pick-ups will be charged \$5.00 for the first ten minutes, and \$1.50 per minute any time after.

__(2). Parent agrees to pay an enrollment fee of \$ _____ at the time of enrollment. Parent understands the enrollment fee is *NON-REFUNDABLE*.

__(3). Parent agrees to pay a \$35.00 return check fee in the event a check is returned from the bank plus the \$10.00 late fee per day that payment is not made. Payments after the first return check will be accepted in money order only.

__(4). Parent agrees to provide a 2 weeks' notice prior to any vacation time. Parent agrees to pay childcare fees to hold child's spot during any vacation time or extended leave due to illness, etc. FULL payment must be received whether or not the child attends.

__(5). Parent and Provider agree to provide two week notice of termination of the Childcare Contract. Parent agrees that if a two week notice is not given to Kinder Kollege Learning Center and Daycare prior to withdrawal of the child, the final 2 weeks fees will still be payable to Kinder Kollege Learning Center and Daycare.

__(6). Parent agrees to complete all forms required and given by Kinder Kollege Learning Center and Daycare. Parent agrees to update personal information as it occurs, and Parents understand that the child cannot remain in care without proper documentation on file.

__(7). Parent agrees to provide all supplies requested by Provider. Parent understands if required items are not supplied, they will be purchased by Kinder Kollege Learning Center and Daycare, and the Parent will reimburse Kinder Kollege Learning Center and Daycare for the full cost.

__(8) you will only be allowed **1 Payment Agreement** per year (if you a payment that is behind) if you refuse to uphold the agreement your case will be taken to court and all court fee(s) will be added to your total

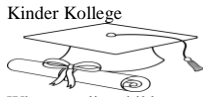
*****I urge you to thoroughly read this contract and realize that it is legal and you will be held liable for each item of the contract. By signing it, you are accepting the terms above.**

Parent Signature: _____

Date: _____

Provider Signature: _____

Date: _____



Where quality child care and learning meets

CCM PROGRAM

This is a contract between _____ (Parent(s)) and Shanna Brown-Sims, owner of Kinder Kollege Learning Center and Daycare LLC.

Childcare services will be provided by Kinder College Learning Center and Daycare LLC for (name of child(ren)) _____ on (circle days needed) **Mon. Tues. Wed Thurs. Fri.....** from _____ until _____ beginning on _____. All crafts, activities, and meals are included.

The fee for childcare will be \$ _____ per month payable on 15th of each MONTH (if your payment isn't paid by this date , you must sign a "Payment Agreement " and have your payment in by the end of the month) prior to service being provided. Parent agrees childcare fees are due regardless of attendance. Payments that are not made by this set day will be charged a \$10.00 per day late fee, NO EXCEPTIONS.

- (1). Parent agrees to drop off and pick up their child/children at the contracted times listed. All early arrivals and late pick-ups will be charged \$5.00 for the first ten minutes, and \$1.50 per minute any time after.
- (2). Parent agrees to pay a \$35.00 return check fee in the event a check is returned from the bank plus the \$10.00 late fee per day that payment is not made. Payments after the first return check will be accepted in money order only.
- (3). Parent agrees to provide a 2 weeks' notice prior to any vacation time. Parent agrees to pay childcare fees to hold child's spot during any vacation time or extended leave due to illness, etc. FULL payment must be received whether or not the child attends.
- (4). Parent and Provider agree to provide two week notice of termination of the Childcare Contract. Parent agrees that if a two week notice is not given to Kinder Kollege Learning Center and Daycare prior to withdrawal of the child, the final 2 weeks fees will still be payable to Kinder Kollege Learning Center and Daycare.
- (5). Parent agrees to complete all forms required and given by Kinder Kollege Learning Center and Daycare. Parent agrees to update personal information as it occurs, and Parents understand that the child cannot remain in care without proper documentation on file.
- (6). Parent agrees to provide all supplies requested by Provider. Parent understands if required items are not supplied, they will be purchased by Kinder Kollege Learning Center and Daycare, and the Parent will reimburse Kinder Kollege Learning Center and Daycare for the full cost.
- (7) you will only be allowed **1 Payment Agreement** per year (if you a payment that is behind) if you refuse to uphold the agreement your case will be taken to court and all court fee(s) will be added to your total, also CCMS will be informed and you will NOT be able to attend another daycare until your fee(s) are paid with Kinder Kollege

*****I urge you to thoroughly read this contract and realize that it is legal and you will be held liable for each item of the contract. By signing it, you are accepting the terms above.**

Parent Signature: _____
Date: _____
Provider Signature: _____
Date: _____

Kinder Kollege



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