

# KIDZ KAROUSEL ENROLLMENT AGREEMENT

## KIDZ KAROUSEL

LOCATION : \_\_\_\_\_

Completion of this Agreement along with a registration fee is required for enrollment. This information is necessary for Kidz Karousel Learning Center to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs. The registration fee will secure your child's spot for 1 month. \*Does not include Newborns\*

### Child Information (1515.A.1a)

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

Child's First Name		Child's Middle Name		Child's Last Name	
Age:	DOB:	Sex:	Address (Please include City and Zip Code):		
Phone Number to be reached:		1 <sup>st</sup> Parent or Guardian point of contact:		2 <sup>nd</sup> Parent or Guardian point of contact:	
Does your child attend school/childcare? Yes      No		Date of Admission:		Date of Withdrawal:	
If yes where?		What is/was your reason for leaving?		Where did you here about us?	

\*If both parents have custody of child please indicate which parent should be notified as first point of contact above

~Is English your primary language? YES NO If NO, what is your primary language? \_\_\_\_\_

### Primary Contact Information (1515.A.1b,c)

(Include Parents and Guardians)

Kidz Karousel may elect to send out e-mail/text messages to all families regarding important information that may need to be given at short notice. By including my e-mail address, I authorize Kidz Karousel to send such e-mails to my e-mail address below and cell # for text.

Is parent/guardian a KKLC employee? Yes No Employee Name: \_\_\_\_\_

Primary Parent/Guardian:		Relationship to Child:	Work Phone Number:	Cell Number/Carrier*:
Home Address (Please include City and Zip Code):				E-mail address:
Employer Name & Address:				Work Phone Number/Extension:
Other Parent/Guardian:		Relationship to Child:	Work Phone Number:	Cell Number/Carrier*:
Home Address (Please include City and Zip Code):				E-mail address:
Employer Name & Address:				Work Phone Number/Extension:

\*Kidz Karousel is not responsible for any cell phone overages due to text message communication. Carrier may charges may apply.

### Emergency Contact and Release Persons (1515.A.1d, 1515.A.3) (Do not include Parents or Guardians)

If possible, please notify the center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide a photo ID at time of pick up.

<b>Name #1:</b>		Relationship to Child:	Home Phone Number:	Cell Phone Number:
Home Address:		Employer Name:		Work Phone Number/Extension:
<b>Name #2:</b>		Relationship to Child:	Home Phone Number:	Cell Phone Number:
Home Address:		Employer Name:		Work Phone Number/Extension:
<b>Name #3:</b>		Relationship to Child:	Home Phone Number:	Cell Phone Number:
Home Address:		Employer Name:		Work Phone Number/Extension:

- ➡ The persons designated in this section will be contacted by KKLC and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. In addition, release person must be 18 years of age or older.
- ➡ Center staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify center staff in writing in advance. Your child will not be released without prior authorization. A telephone authorization shall be confirmed with the custodial parent at a previously designated telephone number.

# KIDZ KAROUSEL ENROLLMENT AGREEMENT

Child's Name: \_\_\_\_\_

## Emergency Medical Treatment (1515.A.2)

In case of medical or other emergency while my child is under the center's supervision, I understand that KKLC staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize KKLC to act on my behalf and to take the emergency measures including those listed below if deemed necessary by KKLC staff or by medical authorities for the care and protection of my child. I hereby authorize Kidz Karousel, LLC to care for my child during the time he or she is in the facility in accordance with the provisions of LA civil code ART2997 (6), I hereby authorize Kidz Karousel, LLC to:

- Consult the physician or dentist named on the previous page if I cannot be reached
- Administer first aid and/or cardiopulmonary resuscitation.
- Administer medication for excessive fever or severe allergic reaction/outbreak
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of KKLC's facility.
- Release my child to designated persons listed in above sections

Parent/Guardian Signature \_\_\_\_\_

## Child's Medical History (1515.A.1g)

Height:	Weight:	Hair Color:	Eye Color:	Distinguishing Marks:	Date of Birth:
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We would like to provide the absolute best care possible. Please answer the questions below so that we may better prepare to meet your child's needs.

1. Special medical conditions: \_\_\_\_\_
2. Chronic Illnesses: \_\_\_\_\_
3. History of serious injuries or hospitalizations of which we should be aware: \_\_\_\_\_
4. Diabetes:  Yes  No  
If your child has diabetes, please notify the Center Director.
5. Special Dietary needs: \_\_\_\_\_
6. Physical restrictions: \_\_\_\_\_
7. Is your child able to fully participate in all of the activities offered by KKLC? \_\_\_\_\_
8. Does your child function at the level of other children in his or her age group? \_\_\_\_\_
9. Is your child able to walk?  Yes  No Explain: \_\_\_\_\_
10. Can your child effectively communicate his/her needs? \_\_\_\_\_
11. Does your child require any assistance at mealtime? \_\_\_\_\_
12. Does your child rest in the middle of the day? \_\_\_\_\_
13. Is your child toilet trained?  Yes  No If so, does he/she need assistance? \_\_\_\_\_
14. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc?  Yes  No  
Explain: \_\_\_\_\_
15. Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  Yes  No  
Explain: \_\_\_\_\_
16. Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in KKLC's group care setting? Explain: \_\_\_\_\_
17. Does your child have an IEP? (Individualized Education Plan) \_\_\_\_\_
18. Does your child have any other Developmental/Educational Screenings? \_\_\_\_\_

Please indicate if your child receives any of the following supports:

Physical Therapy     Speech Therapy     Occupational Therapy     Applied Behavior Analysis     Mobility Device  
 Communication Device     Feeding Tube     Visual Support     Auditory Support  
 Would you like your child's therapists to deliver services @ the center?  YES     NO

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Child's Name: \_\_\_\_\_

## Immunization/Medical History

\*\*\*Please attach an up-to-date Immunization Record to the back of this packet.

➔ Kidz Karousel requires all children in its care to be immunized

Please note if your child had any of the diseases listed below:	Date	Please note screening tests performed:	Date
<input type="checkbox"/> Bronchiolitis/Pneumonia	_____	<input type="checkbox"/> Vision	_____
<input type="checkbox"/> Chicken Pox (Varicella)	_____	<input type="checkbox"/> Hearing	_____
<input type="checkbox"/> Hepatitis	_____	<input type="checkbox"/> Speech	_____
<input type="checkbox"/> Scarlet Fever	_____	<input type="checkbox"/> PPD Test	_____
<input type="checkbox"/> Measles Rubeola	_____	<input type="checkbox"/> Sickle Cell Anemia	_____
<input type="checkbox"/> Rubella (German Measles)	_____	<input type="checkbox"/> Developmental Screening	_____
<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Educational Screening	_____
<input type="checkbox"/> Pertussis (Whooping Cough)	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> HIV / Aids	_____	*If your child has had a Developmental Screening or Educational Screening, you must speak with the Director about the results/findings of this test.	
<input type="checkbox"/> Other Serious Illness	_____	Failure to do so may result in dis-enrollment.	

**Please note your child's illness history** (please check all that apply):

<input type="checkbox"/> Frequent Colds/Upper Respiratory Infections	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Frequent Skin Rashes	<input type="checkbox"/> Frequent Nosebleeds	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Lung Disease/Shortness of Breath	<input type="checkbox"/> Seizures/Convulsions	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Asthma/Breathing Problems	<input type="checkbox"/> Abdominal (stomach) Pains	<input type="checkbox"/> Urinary Tract Infections
<input type="checkbox"/> Persistent Diarrhea	<input type="checkbox"/> Persistent Constipation	<input type="checkbox"/> Vision/Hearing Problems
<input type="checkbox"/> Other: _____		

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

\_\_\_\_\_

\_\_\_\_\_

**Allergies (Please List)**

<input type="checkbox"/> Medications _____	Reaction _____
<input type="checkbox"/> Food _____	Reaction _____
_____	_____
<input type="checkbox"/> Respiratory _____	Reaction _____
<input type="checkbox"/> Bee Sting _____	Reaction _____
<input type="checkbox"/> Other _____	Reaction _____

Are any of the allergies severe or life-threatening?  Yes  No

If yes, please provide specific instructions: \_\_\_\_\_

\*The center must always have an EPI-PEN if your child has an allergy severe enough that it requires an EPI-PEN.

**1919.C** If my child has an allergy, I give my permission for my child's name & picture to be posted throughout the center.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# KIDZ KAROUSEL ENROLLMENT AGREEMENT

Child's Name: \_\_\_\_\_

## Child's Medical Care Provider/Facility

Primary Care Physician (PCP) Name:	Practice/Clinic Name:
PCP Address:	Phone:
Preferred hospital/clinic for acute care and emergency care:	
Dentist Name:	Practice/Clinic Name:
Address:	Phone:

\*If your child doesn't have a dentist, please list yours.

## Medical Policy

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated yearly and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, I must notify center immediately and my child may return only with a physician/health care professional's note indicating that my child is no longer contagious. **However, it is the centers policy that all children remain 24-hour symptom free from the childcare center regardless of doctor's note.**

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

## Tuition/Financial Agreement

**\*TO BE FILLED OUT BY ADMINISTRATION\***

I understand that my weekly/monthly tuition fees are as follows:

Child	Tuition	Discount Type	Discount	Net Tuition
	\$		\$	\$

1. A nonrefundable annual registration fee is due at the time of enrollment and payable each year by Sept. 1. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
2. A late pick-up fee of \$5.00 for the first minute and an additional \$1.00 per minute per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide afterhours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
3. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.
4. I agree to pay the full tuition fee even if my child is absent for one or more days.
5. All tuition is due in advance of services rendered. Tuition payments received after the close of business the Friday prior to service shall be assessed a late fee. If tuition is not paid in advance as listed above, a late fee of \$30.00 will be assessed per day until tuition is paid in full. If I choose to pay tuition monthly, I understand that tuition is due on the last day of the prior month and is considered late as of the close of business on that day. A \$30.00 late fee will be assessed per day until tuition is paid in full. If the last day of the month falls on a weekend or holiday, tuition will be due on the first school day of that month.
6. If your child regularly attends elementary school but school is not in session due to a school holiday, closure, or early release, he or she may attend a full/half day at the center for an additional \$ \_\_\_\_\_ per day. When school is not in session for the entire week, full-time tuition is \$ \_\_\_\_\_ per week.

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Child's Name: \_\_\_\_\_

7. Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
8. My child may have the opportunity to participate in a special program or fieldtrip. This may result in an additional fee due before the day of the event and may require completion of a permission slip.
9. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance.
10. I authorize KKLC to initiate electronic debits to my checking account using Tuition Express. If any check or electronic payment is returned unpaid, I authorize KKLC to electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law. Additionally, upon written notice from KKLC, I authorize KKLC to initiate one-time ACH debits to my checking account for any amounts owed that become past due. These authorizations will remain in full force and effect until KKLC has received written notification from me of the termination of my authorizations.

**Credit/Debit Card Number**

\_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_  
(on back of card)

11. Payments from customers with outstanding unredeemed returned checks must be in the form of a money order, cashier's check, or cash. Accounts containing returned checks are subject to immediate termination of service; however, upon payment of applicable tuition, NSF Fee and registration fee KKLC may choose to reinstate your child's enrollment. \*\*NSF Fee \$35.00\*\*
12. All Enrollment / Registration Fees will hold your child's place for 1 month. (Excluding Newborns)
13. I understand that if I receive Child Care Assistance from the State of Louisiana, I am responsible for any amount of tuition that may not be paid by the state. I understand that I am responsible for clocking my child in/out on the TOTS finger imaging machine as well as Procure. If I receive any type of assistance, I agree that I will not receive any reimbursements for daycare overpayment. Credit balances will go towards daycare tuition only.

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

\*CCA Agreement Attached

**Scheduled Attendance**

Please fill out your child's scheduled attendance in the chart below. Tuition fees and staffing will be based upon this information. I understand that if my child's schedule changes, you must notify the center director.

	In	Out
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

**Transportation Information (School-Age children ONLY)**

<b>School:</b>		<b>Grade:</b>	<b>School Phone:</b>
<b>School Address:</b>		<b>School Start Time:</b>	<b>School End Time:</b>
<b>Bus #:</b>	<b>Bus Driver's Name:</b>	<b>Bus Driver's Phone Number:</b>	

# KIDZ KAROUSEL ENROLLMENT AGREEMENT

Child's Name: \_\_\_\_\_

## Schedule & Transportation Acknowledgements:

### Transportation Changes:

I agree to notify the center if my school-age child will not arrive by scheduled school bus on a particular day.

\_\_\_\_\_  
Parent Initial

### Regular Schedule:

Tuition is based on the child's regular schedule. I will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not pro-rated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days.

\_\_\_\_\_  
Parent Initial

### Absences:

I will notify the center by 9:00am when my child will be absent.

\_\_\_\_\_  
Parent Initial

## Admissions Agreements

KKLC reserves the right to alter its policies and program at any time.

I understand that if there is a change in any information provided in this Agreement, I will promptly update such information.

I consent to KKLC communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.

### Registration Fee/Supply Fee

I understand that there is an annual registration fee. I further understand that registration will be due by Sept. 1 for the upcoming school year. I understand that Kidz Karousel, LLC cannot guarantee my child's placement in the program for the upcoming school year unless I pre-register and pay the annual registration fee. I understand that this registration fee is from August-July each year. (This does not include Summer Camp. Registration fee will hold your child's spot for ONE month. If you do not enroll within that time frame, your registration fee will be void. (This only pertains to new enrollment September 1- May 1)).

\_\_\_\_\_  
Parent Initial

### Attendance

I understand that my child must arrive at school no later than 9:00 a.m. and that students will not be admitted into the center after 9:00 a.m. Exceptions to this rule will only be for pre-scheduled doctor's/therapist appointments, which will require a doctor's excuse. I understand that I must notify Kidz Karousel ahead of time when my child/children will be arriving late to school due to a pre-scheduled doctor's appointment. Children will not be allowed into the center after 11:00 a.m. for any reason.

\_\_\_\_\_  
Parent Initial

### Consent to Contact

I consent to KK communications by mail, telephone, email, text messages or any other means during & after my child's enrollment.

\_\_\_\_\_  
Parent Initial

### Webcams

I am aware and authorize Kidz Karousel's use of live PB&J web cams in each classroom.

\_\_\_\_\_  
Parent Initial

### Water Activities

I give permission for my child to participate in supervised water activities at the center.

\_\_\_\_\_  
Parent Initial

### Holidays/Center Closings

I understand that Kidz Karousel is closed for the holidays posted at the center and may change from year to year. I agree that I am not entitled to any refund, credit, make-up day or any other allowance for holidays or closures due to unforeseen circumstances.

\_\_\_\_\_  
Parent Initial

### Publicity Release/ Social Media Release / Photographs/Recordings/Information

Kidz Karousel, LLC., its licenses and assignees **MAY / MAY NOT** (please circle one) release information, photographs, reproductions, and/or sound recordings from which my child might be identified. Such use may include advertising and publicity purposes. (Ex. Facebook, Twitter, KK blog, Linked In and any other social media network)

\_\_\_\_\_  
Parent Initial

# KIDZ KAROUSEL ENROLLMENT AGREEMENT

## Snacks & Meals

Excluding Infants, all snacks and meals will be provided by Kidz Karousel. I understand that parents are not allowed to bring any outside food into the center with the exception of infants and children with special dietary needs because of allergies or Religious reasons (signed note from physician is required). The only exception to this will be birthday and holiday parties. Any food items brought into the center for birthdays or holiday parties must be store-bought/pre-packaged with an ingredient label. Food items **MAY NOT** contain peanut/peanut products or be produced in a peanut factory.

\_\_\_\_\_  
Parent Initial

## Proper Attire

I understand that my child is to wear comfortable play clothes to school. The clothes must be easy for my child to manage. Children must wear tennis shoes and socks every day. Flip-flops/Sandals of any kind are not permitted. All children shall have two changes of clothes left at school.

\_\_\_\_\_  
Parent Initial

## Graduation Fee/ Conference attendance

All children going into our Pre-K program must pay a Graduation Fee in the amount of \$30.00 per child in order to participate in graduation activities. The graduation fee is due no later than September 1. (depends on class size) All Pre-K parents are required to attend at least 2 parent conferences on their child/children's progress and be notified of at least one child assessment during the year unless more communication is needed.

\_\_\_\_\_  
Parent Initial

## Assessments & Screenings

I give permission for my child to participate in early learning assessments and screenings administered by KKLC. The results of these assessments will be used by KKLC to measure my child's progress and may be used to evaluate, market and update KKLC's program. I will have access to all results of these assessments.

\_\_\_\_\_  
Parent Initial

## Babysitting

We don't encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. KKLC is not responsible for those services.

\_\_\_\_\_  
Parent Initial

## Withdrawal/Disenrollment Policy

I understand that I may withdraw my child from the center by completing a withdrawal form (available in the office) and returning it back to the Director/Assistant Director. Kidz Karousel requires a 2-week notice of withdrawal. I understand that I am responsible for the payment of tuition regardless of whether or not my child attends the center for the two weeks. I understand that if my child is dis-enrolled from the program I am not responsible for the 2-week notice. (See Handbook for Disenrollment Policy)

\_\_\_\_\_  
Parent Initial

## Transportation

I give Kidz Karousel, LLC permission to transport my child daily in a licensed, Insured Kidz Karousel vehicle to and from the childcare center to school/ and or to and from the childcare center on a field trip.

\_\_\_\_\_  
Parent Initial

## Authority of Executive Director, Director & Assistant Director

The Owners of Kidz Karousel, LLC hereby state that the Executive Director, Director and Assistant Director have complete control, jurisdiction and discretionary power regarding the center policies and procedures. The Owners WILL NOT intervene upon any decisions made by the Executive Director at any time. The Executive Director alone holds the authority and discretion about whether a conference is necessary with the Owners. The Owners hold the complete trust and confidence of the management staff to make any and all decisions regarding center policies and procedures.

\_\_\_\_\_  
Parent Initial

## Emergency Medication Authorization

I hereby authorize Kidz Karousel and its representatives, to administer emergency medication (Acetaminophen or EpiPen) in the event that my child has excessive fever or a severe allergic reaction/outbreak.

\_\_\_\_\_  
Parent Initial

## Acknowledgement of Receipt

I certify that I have received a pre-enrollment visit, center tour, community resource list, and medical home information.

\_\_\_\_\_  
Parent Initial

KIDZ KAROUSEL ENROLLMENT AGREEMENT

**Parent Handbook**

I certify that have received a copy of Kidz Karousel, LLC. Parent Handbook (available online).

\_\_\_\_\_  
**Parent Initial**

I certify that I have read, understand and accept all the terms and conditions described in this Agreement. This agreement will be effective on \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date