

Kids Place, Inc. Early Childhood Center – Millertown Pike Family Registration Form

Enrollment Date _____

Child's Name	SS# If on Certificate Program	Date of Birth	Weekly Rate

Certificates and Social Security Numbers are necessary for certificate children prior to enrollment!

Total \$

Early Childhood Fees - 2017

- Infants (6WKS – 2 YEARS) \$165.00 / Week
- Toddlers (2 – 3 YEARS) \$150.00 / Week
- Preschool (3 YEARS UP*) \$135.00 / Week
- Preschool (E. Knox) \$75.00 / Week
- Registration \$35.00

*Prices are determined by the classroom they are in.

All fees must be paid in advance by Friday for the next (up and coming) week. Please give your cash or check made out to KIDS PLACE INC. to the site director. You will receive a receipt for each payment. If you drop off your money after Friday at 6:00 pm., it will not be credited until the next week. A **\$5.00 LATE FEE** will be charged for all payments made late! Please keep your weekly fees current. Your child could lose his or her space for continual late or non-payment of fees. **Any child whose fees are two weeks behind will lose service until fees are caught up!**

** All Parents are to notify the daycare when children are going to be absent.

Kids Place accepts payment from the TN Child Care Certificate Program. Certificate Program Guidelines;

- **Certificate children are not allowed to miss more than 5 days / month. If absences exceed this amount, you will be responsible for the fees for the entire month. The state is very strict on this policy!**
- **Keep your director informed of your job standing, certificate eligibility, and status.**
- **You are responsible for all additional monies that the state does not reimburse us for childcare.**

I have filled out a Family Enrollment Form and agree to the day care fee policies and fees. My fees are \$_____ / week. If I fail to pay on time I understand there is a \$5.00 late charge.

Kids Place takes pictures throughout the week. By registering to attend Kids Place, you agree to your child's pictures being used for promotional purposes, which could include our website and other social media sites.

_____ By initialing I am choosing not to participate in the infant USDA/CACFP program.

Guardian Signature _____ Phone # _____

Registration Collected \$_____ Date _____

General Information

Child's name _____ Date of birth _____

Address _____ Best Phone # _____

Grade _____

Parent/Guardian Information

Guardian

Name _____ Best Phone # _____

Address _____

Where employed _____ Work telephone _____

Guardian

Name _____ Best Phone # _____

Address _____

Where employed _____ Work telephone _____

If parents are divorced, which parent has custody of child? _____

For the child's safety, list other persons to whom child may be released:

1. _____ Phone _____

2. _____ Phone _____

Background Information

Other children and adults in the home

Age

School children attend

Hobbies & Interests: _____

Does your child play with other children? _____ If not, how does the child react? _____

Is the entire family together for any part of the day? _____

Has your child experienced any of the following in the past year?

Moving _____

Divorce _____

Change of school _____

Serious illness _____

Death in the family _____

Birth in family _____

How would you describe your child?

Active _____

Quiet _____

Shy _____

Friendly _____

Is there any other information I should know about your child? _____

General Information (cont.)

The following individuals (other than parents) are authorized to pick up the named child and to work with Kids Place staff in the event of an emergency, unforeseen circumstances, or illness:

Name _____ Best Phone # _____
Address _____
Where employed _____ Work telephone _____

The staff of Kids Place has my permission to administer first-aid, including (triple antibiotic ointment, band-aids, peroxide, Benadryl stick, & sunscreen) and seek further medical care for my child in an emergency. I will be notified as soon as possible by a Kids Place staff member. I am responsible for all costs of medical treatment that my child receives.

I understand that my child will be participating in many supervised activities, some of which may result in injury. I will not hold Kids Place, Inc. or the Kids Place staff liable for any injuries that may occur while participating in our program.

Guardian's Signature _____ Date _____

Medical Insurance Company _____

Policy Number _____

Name of physician _____ Phone _____ Address _____

Take child to emergency hospital _____

Please write any special conditions or allergies of which we should be aware: _____

My Child's immunizations are up to date and in the office of _____ school.

My child, _____ has permission to participate and attend field trips planned by the Kids Place program. A notice will be posted at least one day in advance if there is a change in plans or destination.

I will make other arrangements for care if my child cannot participate in that field trip.

I have received a copy of DHS Licensing Requirements and a copy of Kids Place, Inc. Parent Handbook and agree to all of its terms. I understand that I pay my day care fees in advance by Friday for the proceeding week. If I fail to pay on time I understand there is a \$5.00 late charge for each day late. I have filled out a Family Enrollment Form and understand my day care fees to be \$ _____ / week.

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On site pre-enrollment visit date: _____

Guardian Signature _____ Date _____

Site Director Signature _____ Date _____

Child's Health History Checklist

Child's Name _____ Date of Birth _____

Medical History: Check all that applies to your child

Measles	Mumps	Chicken Pox	Whooping Cough
Asthma	Tonsillitis	Ear Infections	Free Bleeder
Meningitis	Seizures	Reaction to TB Skin Test	

Allergies: _____

Is there any evidence of:

Check all that applies to your child

_____ Hearing problems

_____ Vision difficulties

_____ Speech difficulties

_____ Kidney problems

_____ Learning difficulties

_____ Behavior difficulties

If you checked any of the above, please give additional information below.

Inform us below of any other medical situations that pertain to your child:

Previous Hospitalization _____

Serious Illnesses _____

Medications Taken Regularly _____

Any other medical condition / special problem we would need to be aware of _____

When did your child have their last tetanus shot? _____

When was their last visit to the doctor? _____

Guardian Signature _____

Early Childhood Information

Eating Habits

At what time does the child eat breakfast? _____ Dinner? _____ Supper? _____

Between-meal snacks? _____ Does he feed himself? _____

What is his general attitude toward eating? _____

If he refuses to eat, how is this handled and by whom? _____

Favorite foods _____ Disliked foods _____

Foods he is allergic to _____

If the child is an infant, give information about the formula, bottle schedule, etc.

Sleep Habits

Has room alone _____ Shares with other children _____ Rooms with parents _____

At night sleeps from _____ to _____ Average hours _____

Naps from _____ to _____ Average hours _____

Attitude toward going to bed _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed? _____

Does he wet the bed? _____ At nap time? _____ At night? _____

If so, how is this handled? _____

Toilet Habits

Time at which child is taken to the bathroom _____

Does he take himself? _____ Time of bowel movement? _____ Regular? _____

Constipated? _____ Does he tell you when he needs to go to the toilet and go willingly? _____

Can he manage his clothes himself at the toilet? _____

What word does he use for urinating? _____ BM _____

Speech and Physical Growth

Does he talk well? _____ Fairly well? _____ Not very well? _____ Not at all? _____

Does anyone read to him? _____ How regularly? _____ At what age did he creep? _____

Crawl? _____ Walk? _____

Circle the following that apply: active quiet thin average-weight heavy

tall average-height short friendly unfriendly

Give below or on the back side of this form any additional information that will aid in caring for your child: