

KIDDIES KARE APPLICATION FOR ENROLMENT

For Office Use Only

Date of Admission: dd/mm/yyyy Date

of Discharge: dd/mm/yyyy

Type of Child Care Required: Full-time

Age Group Placement at Time of Enrolment:

Pre-Casa (2.5yrs-3.5yrs) Casa (3.5yrs-6yrs) Full-time only

<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
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Child Information

Full Legal Name:

Preferred Name:

Date of Birth (dd/mm/yyyy):

Age (years, months):

Home Address(es):

Language(s) Spoken at Home:

Other children in the family enrolled in the centre (list names, if applicable):

Guardian Information

Full Legal Name:

Preferred Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Full Legal Name:

Preferred Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name: Preferred	Full Legal Name: Preferred	Full Legal Name: Preferred
Name: Relationship to	Name: Relationship to	Name: Relationship to
Child: Primary Phone	Child: Primary Phone	Child: Primary Phone
Number: Alternate Phone	Number: Alternate Phone	Number: Alternate Phone
Number: Home Address:	Number: Home Address:	Number: Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix F for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the guardian and Kiddies Kare prior to the child's first day of care.

Has your child ever had his/her eyes tested?

YES NO Result: _____

Has your child ever had his/her hearing tested?

YES NO Result: _____

If your child is not able to participate in certain school activities, please specify:

Immunization Records

Please provide a copy of your child's immunization record to Kiddies Kare prior to your child's first day of care. If you do not have an immunization record, please complete the chart on the next page.

If you have chosen not to immunize your child, a Statement of Medical Exemption form or a Statement of Conscience or Religious Belief form must be completed and submitted to Kiddies Kare. These forms are available on the New Jersey Department of Health's website.

For enrollment, please ensure that your child's immunizations are up to date according to New Jersey state regulations, including:

Diphtheria, Tetanus, and Pertussis (DTaP)

Polio (IPV)

Measles, Mumps, Rubella (MMR)

Hepatitis B

Varicella (Chickenpox)

Children may not attend daycare without proper immunization documentation unless an exemption is on file.

www.nj.gov/health

Vaccine (Age Usually Given)¹	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and Kiddies Kare prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

How did you learn about Kiddies Kare?

Newspaper _____ Flyer _____ Referral _____ Signage _____ Website _____

Google _____ Social Media _____ Walk-In _____ Other _____

TERMS OF CONTRACT FOR KIDDIES KARE

PLEASE READ CAREFULLY

- A child will only be accepted into the program when the Enrollment Form has been completed in full and signed, along with a non-refundable \$141.75 Registration Fee and a non-refundable first month's Tuition Fee, which will be debited upon registration. This Tuition Fee will apply to the first month's fees.
- Fees will be debited on the first business day of each month. Please refer to the appropriate Fee Schedule for discounted payment options.
- A charge of \$50 will be applied against all NSF payments. NSF payments must be replaced by cash, money order, or certified cheque within 5 days from the first of the month.
- If past due Tuition Fees are not received within 30 days, we reserve the right to terminate enrollment.
- A written notice of a student's withdrawal must be received one month prior to the intended date of withdrawal and should be submitted on either the first or last day of the month. Mid-month withdrawals are not permitted.
- When a parent provides one month's written notice of intent to withdraw a child, the balance of fees will be refunded only in cases of advanced payment options.
- No refunds will be issued for holidays, sick days, days missed, or emergency school closures due to unavoidable circumstances throughout the school year.
- Switching days and make-up days due to illness, holidays, absenteeism, or emergency school closures will not be permitted.
- There is a late pick-up charge of \$1.00 per minute after 5:30 PM. Late fees are directed to the supervising staff and are not part of school fees.
- Transportation to and from the program is the responsibility of the parents/guardians.
- We require strict adherence to our established Fee Schedule and payment policies.
- The program reserves the right to limit and terminate enrollment.
- The program reserves the right to release any documents or reports relating to a child.
- In no event shall the program be liable to the parents or children for damages or injuries to persons or property, or any indirect, incidental, or consequential damages, however caused.

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Appendix A: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen Diaper Creams/Ointment Lip balm Hand sanitizers
- Insect repellent Lotions

Kiddies Kare has agreed to provide:	Parent has agreed to provide:
Ex. Sunscreen	
Hand sanitizers	

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd/mm/yyyy)

Signature of Parent

Appendix B: EMERGENCY CONSENT FORM

In case of an emergency resulting from a serious accident or illness, if prompt medical attention is deemed necessary, 9-1-1 will be called. Parents and/or legal guardians will be contacted immediately after this call has been made. The below mentioned child will be taken via ambulance to the nearest medical facility to proceed with any medical treatment. I understand that any medical expenses incurred are my responsibility.

Date (dd/mm/yyyy)

Signature of Parent

Appendix C: PERMISSION TO GO ON OUTINGS

I / We give permission for my child _____ to take part in out-of-school events, such as Nature Walks, Local Neighbourhood Visits, etc., during the school year at Kiddies Kare

Date (dd/mm/yyyy)

Signature of Parent

Appendix D: PHOTOGRAPHIC / VIDEO-GRAPHIC WAIVER / SOCIAL MEDIA WAIVER

I / We authorize my child _____ to have their picture taken and/or have a video made for the use of Kiddies Kare solely within the school premises.

Date (dd/mm/yyyy)

Signature of Parent

Appendix E: REPORT CARD PERMISSION FORM

Due to the "Freedom of Information Act", Kiddies Kare is required to seek written permission to complete a Report Card for your child.

I / We authorize Kiddies Kare to complete a developmental Report Card for my child

_____.

I understand that this report card will be made available to me at a later date.

Date (dd/mm/yyyy)

Signature of Parent

Appendix F: List of Communicable Diseases

Acquired immunodeficiency syndrome (AIDS)

Chancroid

Chlamydia trachomatis infections

Creutzfeldt-Jakob disease, all types

Cytomegalovirus infection,
congenital Encephalitis

Gonorrhea

Hemorrhagic fevers

Hepatitis A,B,C

Influenza

Legionellosis

Leprosy

Measles

mumps

Meningitis, acute

Ophthalmia neonatorum

Personal service settings

Respiratory infections, including institutional outbreaks

Rubella

Severe acute respiratory syndrome (SARS)

Streptococcal infections

Syphilis

Tuberculosis

Whooping Cough

(Pertussis)