

Registration Renewal

- for students who have attended a Kids Klub program within the past 9 months.

Home Office Mailing Address: 203 Concord St., Suite 301, Pawtucket, RI 02860

Toll Free: 1-877-333-1393 Fax Number: 401- 475-4832

Mary Ann Shallcross Smith, Ed.D., President

Today's Date: _____

Start Date: _____

Child's Name: _____

Kids Klub Site: _____

School Name & Town: _____

Child's Grade: _____

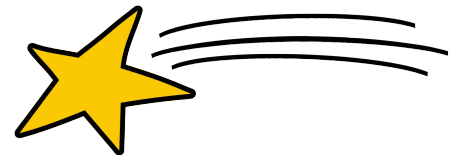
Enclosed you will find the necessary documents to renew your child's registration at Kids Klub school age program. If your child has not recently attended a Kids Klub program, please contact us for an Enrollment Packet.

Required:

- Registration Form
- Emergency Consent
- Parent Authorization
- Parent Agreement Contract
- Method of Payment Agreement

If Applicable:

- DHS Child Care Subsidy



Kids Klub
extended day learning program

Director's Initials: _____ Date: _____

Registration Form

Child's Information

Child's Name _____ Female Male Nickname _____
(first, middle, last)

Date of Birth _____ Child's Address, _____
 State and Zip Code _____

Parent/Guardian Information

Parent/Guardian #1 _____	Parent/Guardian #2 _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
State and Zip code _____	State and Zip code _____
Preferred Phone # _____	Preferred Phone # _____
Email Address _____	Email Address _____

Emergency Contact Information -

please indicate anyone you want to add to your Emergency Contacts below. Contacts from last year will still be kept on file, unless notified by parent.

The following individual(s) may pick up my child as needed for departure and/or emergencies. I understand that any individuals not listed will not be allowed to pick up unless I provide written permission in advance. Proper Photo ID is required for pick up of your child.

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Preferred Phone # _____	Preferred Phone # _____
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Preferred Phone # _____	Preferred Phone # _____

Are there any circumstances regarding your child's release? Yes No

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the Director. All information will be kept confidential.

Parent/Guardian Signature: _____ **Date:** _____

Director's Initials: _____ Date: _____

Emergency Consent

Child's Name _____
(first, middle, last)

Date of Birth _____

I hereby authorize Dr. Day Care, Inc. to arrange for medical examination and/or treatment of my child should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. I would prefer to have my child, if the need arises, taken to (Hospital Name) _____. The choice of hospital may be limited by service or local rescue. I authorize Dr. Day Care to act as the agent of the parents in an emergency situation for the health and welfare of my child. I am responsible for the expenses involved if the services of a physician or hospital are required.

Child's Physician's Name _____
Physician's Address _____ Physician's Phone Number _____
Child's Chronic Health Conditions _____
Child's Medication and Dosage _____
All medication to be administered at the Learning Center must be accompanied by a Medication Permission Form. Please see a Director or see our website for a copy of the Form.
Child's Allergies _____
Allergic Reaction Symptoms _____
Special Dietary Concerns _____

Parent Authorization

Field Trip Permission (ages 4 and older) Yes No Not Applicable

Field trips will be planned as part of the Kids Klub Program for children over the age of 4. This will include walking to nearby areas as well as outdoor activities involving bus and/or van transportation. Every possible precaution will be exercised to assure the safety and welfare of your child. However, all authorized agents shall not be responsible, financially or otherwise, should any accidents occur. This checked box gives Kids Klub staff permission to take your child on any field trips and participate in any special presentations (example: puppet shows, storytellers, etc.). If any special circumstances, regarding field trips or presentations, apply to your child please notify your Director in writing immediately.

Photograph and Video Permission Yes No

I give Kids Klub staff permission to take photographs and/or videos of my child for public relations and /or marketing purposes. Photos will remain archived at Dr. Day Care Home Office and can be used for promotional purposes without notification.

School Department Permission (School Age Only) Yes No Not Applicable

I give Kids Klub staff permission to obtain medical and federal food program forms from the elementary school's designee. I give Kids Klub staff permission to communicate with school department teachers/ staff regarding homework and tutoring assistance for my child.

Sunscreen Permission Yes No

Kids Klub Staff has permission to apply sunscreen to my child.
If Yes, please check one:

- I will supply a labeled sunscreen for each of my children enrolled at Kids Klub.
The brand I will provide for my child's use is: _____
I understand that it is my responsibility to maintain an adequate supply of sunscreen for my child.
- I would like Kids Klub to provide Rocky Mountain brand sunscreen for my child for a fee of \$5.00 for the entire summer. The \$5.00 will be billed to my invoice in May of each year. See the director for additional details.

Kids Klub programs are designed to enhance and reinforce each stage of your child's development. If concerns or questions should arise regarding your child's participation, all parties will reach a solution. Kids Klub enjoys your child and provides a happy, healthy, educational and enriching environment for them and hopes to meet your expectations. If you have any concerns about any of the above listed, please make a note here:

Parent/Guardian Signature: _____ **Date:** _____

Director's Initials: _____ Date: _____

Method of Payment Agreement

Child's Full Name _____ Site of Enrollment _____

Please check (✓) a preferred payment method. All payments must be received by the Friday of each week prior to the week of service. Our billing system automatically charges a late fee on Monday morning.

Payment Plan Option 1 – Automatic Bank Draft (weekly draft from checking or savings account)

Name on the Account: _____

Checking Savings

Address, State, & Zip Code: _____

Account Holder's Phone #: _____

Name of the Bank: _____

Routing Transit Number: _____

Account Number: _____

(attach voided check)

Authorized signature: _____

Date: _____

I authorize Kids Klub, Inc./Dr. Day Care to deduct \$_____ on Friday of each week prior to the week of service from my account with the financial institution named above for payment of my weekly child care tuition. I understand that I have the right to stop these automatic payments upon 14 days written notice to Kids Klub, Inc./Dr. Day Care prior to the time my account is charged. I also understand that Kids Klub, Inc. reserves the right to end this payment plan and my participation therein. I understand that transactions returned unpaid by my financial institution will result in fee being added to my Kids Klub Inc./Dr. Day Care account.

Please start with the billing cycle beginning _____ (month) _____ (day) _____ (year).

Authorized signature: _____ Date: _____

Payment Plan Option 2 – Automatic Credit Card (weekly charge to credit or debit card)

Type of account to be charged: Discover MasterCard Visa

Name as it appears on the card: _____

Billing Address: _____

Account Holder's Phone #: _____

State and Zip Code: _____

Credit Card Number: _____

Expiration Date: _____ / _____

3 digit Security Code: _____

(on the back of the card)

Authorized signature: _____

Date: _____

I authorize Kids Klub, Inc./Dr. Day Care to deduct \$_____ on Friday of each week prior to the week of service from my account with the financial institution named above for payment of my weekly child care tuition. I understand that I have the right to stop these automatic payments upon 14 days written notice to Kids Klub, Inc./Dr. Day Care prior to the time my account is charged. I also understand that Kids Klub, Inc. reserves the right to end this payment plan and my participation therein. I understand that transactions returned unpaid by my financial institution will result in a fee being added to my Kids Klub Inc./Dr. Day Care account.

Please start with the billing cycle beginning _____ (month) _____ (day) _____ (year).

Authorized signature: _____ Date: _____

Payment Plan Option 3 – Pay weekly by Friday (cash, check, or card submitted weekly to the Site)

I understand that my account will incur a late fee each week that my account is past due, if payment is not submitted by Friday.

Authorized signature: _____ Date: _____

Parent Agreement Contract

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Start Date _____ Child's Name _____ Site _____

Please fill in the hours needed for the program on the corresponding day (i.e. Tues 8:00- 5:00).

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

The tuition for services will be: \$ _____ per week, based on the above schedule. DHS copay

Full-time child care shall not exceed 50 hours per week, or 10 hours per day.

Please check (v) the meals that your child will be served:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-day Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly Method of Payment: Automatic Bank Draft Automatic Credit Card Pay Weekly

In consideration, I/we, as parent(s) or guardian, enroll or re-enroll our child(ren) at Dr. Day Care, Inc. with the understanding of the following:

- To secure a space for your child, a non-refundable registration fee and first week's tuition is required.
- A one time registration fee is \$35 per child/\$50 per family. An annual activity fee of \$33 per child/\$55 per family will be charged the 3rd week of September.
- The tuition and registration payment is due on or before the first day your child begins care. Thereafter tuition is due the Friday before the upcoming week of service. If paying by check, please write your child's name on the memo portion of your check and the week your payment is for.
- Our billing system automatically charges a \$15.00 fee to any account not paid by closing Friday.
- If hours of care for a child exceed the contracted amount, the parents/guardians will be subject to additional tuition for the overage in hours (i.e. 3 days of care to 4 days of care). Based on available space (tuition only)
- If weekly hours of care for a child exceeds what DHS approved for the family, the parents/guardians will be subject to a fee for the weekly overage in hours, which will be the difference between what the family is approved for by DHS and what hours were actually attended (i.e. 3/4 time to full time). Based on available space. (DHS subsidy only).
- Accounts in arrears may be subject to termination and parent/guardian is responsible for litigation.
- There will be a \$35.00 charge for all returned checks.
- Late departures after closing are subject to a one dollar per minute late fee. After closing, if Kids Klub is unable to contact you or the emergency contacts provided, local authorities will be called after a reasonable amount of time has passed.
- No child will be cared for when sick with an infectious illness, for the well being of your child, as well as others. Credit cannot be issued for a child who is out sick. For extended absences due to illness, parents may choose to use one week's vacation credit. Please speak with site Director or call our billing department (401-723-2277).

Parent Agreement Contract

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- When terminating a child’s enrollment, a two-week notice must be given in writing to the site Director. If no notice is given, your account will be billed accordingly.
- Vacation Credit - 2 weeks are allowed per year (Sep. – Aug.) at ½ of your regular tuition rate or you may have your child attend ½ time. See Director for more information.
- To maintain proper staff/student ratio, agreed upon dates and times on this contract can only be altered when another contract is completed.
- Please contact your Director ASAP if you need to change any of your personal information or schedule (Examples: emergency person, address, home/work telephone numbers, times, fees, medical info, etc)
- Kids Klub will be closed all Rhode Island holidays. The weekly tuition payments will remain the same. Note: part-time enrollees, if your child is scheduled to attend on a holiday another day cannot be substituted because of staff/student ratio. Our program policy is to remain open unless the Governor declares a state of emergency.
- Inclement Weather/ Professional Days/ Election Days- (this section is only applicable for children in our school age program) If Kids Klub is open for a full day in the event of inclement weather, teacher professional day or election day and your child normally attends either before or after school that day, you will be charged an additional \$20 to your regular rate if your child attends for the full day. If a child is not scheduled for a given day and requires full day care, they will be charged the daily vacation rate.
- I hereby release Dr. Day Care, Inc., its officers, Directors, and employees from all liability for injury to my child, in excess of the amount payable under the insurance carried by Dr. Day Care Inc.
- I agree that this Waiver and Release of Liability shall apply to each day my child attends a Dr. Day Care, Inc. and/or any related entity’s facility regardless of the date this form is signed below. I agree that I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or any other family members while on the premises or while participating in any off site program or activity. I agree to waive and release any and all claims, suits or related causes of action against Dr. Day Care, Inc., and/or related entities, their owners, officers, employees, or agents for injury, loss, death, costs or other damages incurred by my child, me, my heirs or assigns, or any third parties for claims, suits or related causes of action asserted against Dr. Day Care Inc., and/or any related entities, arising from my child’s conduct and/or my conduct and/or the conduct of my family members or guests while participating in any programs/activities. I further agree to release, indemnify and hold Dr. Day Care Inc., and/or any related entities, harmless from any liability whatsoever for any future claims presented by my child or any persons acting on my child’s behalf for any injuries, losses or damages.

Dr. Day Care Family does not discriminate on the basis of race, color, sex, handicap, religion or national origin. Dr. Day Care reserves the right at their sole discretion to refuse an application or dismiss a child from our program.

I acknowledge that I received and reviewed the Parent Handbook.

Parent/Guardian #1 Printed Name: _____ Today’s Date: _____

Signature _____

Parent/Guardian #2 Printed Name: _____ Today’s Date: _____

Signature _____

Director’s Initials: _____ Date: _____

DHS Child Care Subsidy

This page is for families which receive child care subsidy (CCACP) from the Rhode Island Department of Human Services (DHS). All forms must be filled out completely. If you do not receive DHS financial assistance you do not need to fill out this information.

DHS Certificate Number: _____

Forms to complete:

- DHS Family Consent Form
- DHS Absenteeism Form Letters (in case of extended absences)
- Parent Agreement Contract Addendum
- Parent Provider Agreement Form (**director prints from DHS website**)

DHS Family Consent Form

Today's Date: _____

To Whom It May Concern:

I (*parent name who is applying - please print*) _____ authorize the staff and members of the Dr. Day Care, Inc. to advocate on my behalf with officials at the Rhode Island Department of Human Services. Further, I authorize the Department of Human Services to release and discuss any and all relevant information about my case with these representatives of the day care. Please contact me with any questions or concerns.

My child(ren)'s names:

(Please list each child's first and last names)

Signed, _____

Address: _____ State & Zip Code: _____ Home Phone #: _____

Parent Agreement Contract Addendum

If weekly hours of care for a child exceeds what DHS approved for the family, the parents/guardians will be subject to a fee for the weekly overage in hours, which will be the difference between what the family is approved for by DHS and what hours were actually attended (i.e. 3/4 time to full time).

(i.e. If a family is allowed ¾ time by DHS (CCAP) for a preschool child and they exceed 30 hours of care for their child a fee will be added for the additional child care services, which is the difference between the ¾ reimbursement rate and the full time reimbursement rate.)

Parent Signature: _____ Date: _____