

# Registration Renewal

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

Return this packet to the Home Office by email, fax, or drop off completed packet.

Home Office Mailing Address: 1201 Douglas Pike, Suite 4, Smithfield, RI 02876

Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

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

Kids Klub Site: \_\_\_\_\_

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

## **Elementary School Attending:**

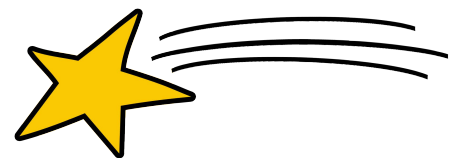
## **Current Grade:**

\* If your child is taking medication that needs to be administered during the site's hours, a parent must sign a **Medication Permission Form** accompanied with a prescription or written order.

(indicate next year's grade if enrolling during summer break)

## **If Applicable:**

- ☐ DHS Child Care Subsidy
- ☐ DHS Absenteeism Form Letter



**Kids Klub**  
extended day learning program

This Packet can also be found on our website: [www.kidsklubri.com](http://www.kidsklubri.com)

(revised 12/6/22)

# Registration Form

## Child's Information

Child's Name \_\_\_\_\_ ☐ Female ☐ Male Nickname \_\_\_\_\_  
(first, middle, last)  
Date of Birth \_\_\_\_\_ Child's Address \_\_\_\_\_  
Town, State & Zip \_\_\_\_\_

## Parent/Guardian Information

<b>Parent/Guardian #1</b> _____	<b>Parent/Guardian #2</b> _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Town, State & Zip _____	Town, State & Zip _____
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. All emergency contacts must be 18 years or older.

<b>Name</b> _____	<b>Name</b> _____
Relationship to child _____	Relationship to child _____
Preferred Phone # _____	Preferred Phone # _____
<b>Name</b> _____	<b>Name</b> _____
Relationship to child _____	Relationship to child _____
Preferred Phone # _____	Preferred Phone # _____

\*Parent/Guardian/Emergency Contacts have permission to speak and sign off on information about the child's day.\*

**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 Administrator. All information will be kept confidential.**

\*Parent/Guardian/Emergency Contacts have permission to speak and sign off on information about the child's day.\*

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

# Emergency Consent

Child's Name \_\_\_\_\_  
(first, middle, last)

Date of Birth \_\_\_\_\_

I hereby authorize Kids Klub, 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 Kids Klub 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 5 and older)** ☐ Yes ☐ No ☐ Not Applicable

Field trips will be planned as part of the Kids Klub Program for children over the age of 5. 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 Administrator 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. This includes the Parent Engagement app that is used to send daily updates to parents. Photos will remain archived at the Home Office and can be used for promotional purposes without notification. Photos may be shared with our funders, partners, and collaborators such as STEM Mentoring RI.  
(Please select "No" if your child is a foster child in DCYF custody).

**School Department Permission (School Age Only)** ☐ Yes ☐ No

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.

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: \_\_\_\_\_

# 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. Automatic payments will be processed the Friday of each week prior to the week of service. Cash, checks and money orders will not be accepted. Our billing system automatically charges a late fee on Monday morning.

☐ **Payment Plan Option 1 – Automatic Bank Draft** (ACH 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)

☐ **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)

## Authorization:

I authorize Kids Klub, Inc./Dr. Day Care to deduct \$\_\_\_\_\_ or my account balance 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.

I understand that if my account balance is higher than above authorized amount, full balance will be processed.

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

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** (for example, M-F, 7-9am, 3-6pm).

	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.

**Weekly Method of Payment:** ☐ Automatic Bank Draft ☐ Automatic Credit Card

In consideration, I/we, as parent(s) or guardian, enroll or re-enroll our child(ren) at Kids Klub, 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. Electronic payments are required. Cash, check and money orders are not accepted.
- A one-time Registration fee, if applicable, is charged per child or family upon enrollment. An annual Activity fee, if applicable, will be charged the 3rd week of September. Registration and Activity fees are outlined on the current year's tuition rate sheet.
- 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. All automatic payments will be processed the Friday prior to services.
- Our billing system automatically charges a \$15.00 fee to any account not paid by Monday morning.
- 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.
- DHS subsidy 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, as applicable). Based on available space.
- 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 ACH payments.
- After two declined automatic payments within 30 days, a new form of automatic payment will be required.
- 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 two week's vacation credit. Please speak with site Administrator or call our billing department (401-723-2277).

# Parent Agreement Contract

(page 2 of 2)

- When terminating a child's enrollment, a one-week notice must be given in writing to the site Administrator. 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 and you may have your child attend ½ time in day increments only or not attend at all. See Administrator 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 Administrator 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. Because holidays vary, please see your Administrator for a list of holiday closings. The center's hours and holiday schedules are set and posted annually, but may change at any time. The weekly tuition payments will remain the same. Note: part-time enrollees, if your child is scheduled to attend Dr. Day Care 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, we receive a state mandate, or unforeseen circumstances that compromise the safety of our children, staff, and families.
- Inclement Weather/ Professional Days/ Election Days- (this section is only applicable for children in our school age program) on days when the Elementary School is closed and Kids Klub is open, due to Inclement Weather, Professional Days, or Election Days, an additional fee will be added to your regular rate if your child attends. Charges are as followed: \$20 additional if your weekly tuition is before and after school rate, \$25 additional if your weekly tuition is after school rate, and \$35 additional if your weekly tuition is before school rate. If a child is not scheduled for a given day and requires full day care, they will be charged the daily School Vacation rate.
- I hereby release Kids Klub, Inc., its officers, Administrators, and employees from all liability for injury to my child, in excess of the amount payable under the insurance carried by Kids Klub, Inc.
- I agree that this Waiver and Release of Liability shall apply to each day my child attends a Kids Klub, 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 Kids Klub, 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 Kids Klub, 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 Kids Klub, 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.
- I acknowledge that I received and reviewed the Family Handbook.

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

Parent/Guardian #1 Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian #2 Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature \_\_\_\_\_

(revised 4/8/22)

# 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.

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

Site of Enrollment: \_\_\_\_\_

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 (**Administrator 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 Dr. Day Care/ Kids Klub, 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  $\frac{3}{4}$  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  $\frac{3}{4}$  reimbursement rate and the full time reimbursement rate.)

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

# DHS Absenteeism Form Letter



Rhode Island Department of Human Services  
 Office of Child Care  
 25 Howard Avenue, LP Bldg. 1<sup>st</sup> Floor  
 Cranston, R.I. 02920  
 (401) 462-6877

## Child Care Assistance Program (CCAP) Authorization for CCAP Payment During a Child's Absence

Families receiving CCAP benefits are eligible for up to two consecutive weeks of allowable absences at a time without impacting provider payment. Allowable absences include absences with notice that are accompanied by a parent notice (signed by the parent). Parental notice is required for absences that are five consecutive days in a week.

By completing the form below, you are authorizing DHS to provide payment to your child care provider during your child's absence from the program and you agree not to enroll your child with another child care provider during this time. **If you plan to take your child to another CCAP provider during this time, please do NOT submit this form, as DHS will not issue payment to more than one provider for the same hours of care.**

<b>Provider ID:</b>	
<b>Provider Name:</b>	
<b>Parent Name:</b>	
<b>Certificate Number:</b>	
<b>Child(ren)'s Name(s):</b>	
<b>Dates of Child(ren)'s Absence:</b>	
<b>Reason for Absence:</b>	

*I certify that the information reported on this form is true and accurate.*

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Provider**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Printed Name**

\_\_\_\_\_  
**Position/Title**

Providers: please ensure this form is complete, including parent signature, and upload with your attendance submission. *No CCAP payment will be made for absences longer than two consecutive weeks or for absences five days or longer that are not accompanied by an authorization for payment absentee form signed by the parent.*