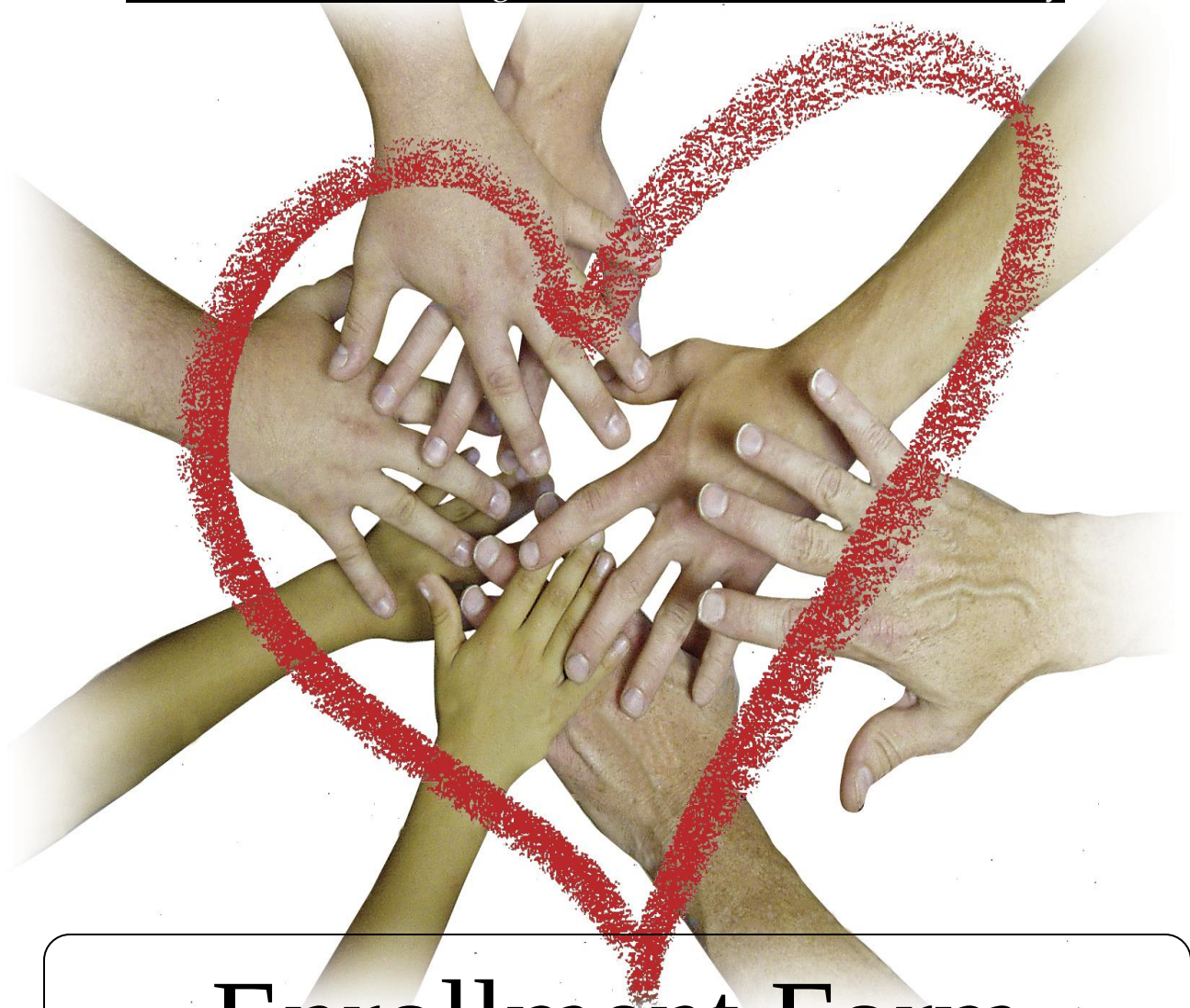


# Country Child Care

Preschool and Learning Development Center  
Over 27 Years Of Serving The Maize and Wichita Community



## Enrollment Form

Please **Sign/Complete** and **Return For**  
**Enrollment**

(All Information Will Be Kept Confidential And Locked In The Center's Office Records)

# Child Information Sheet

**Child's Name:**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(MI)

Day of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Male ☐ Female Race: \_\_\_\_\_ Language(s): \_\_\_\_\_

**Primary Residence:** ☐ with father ☐ with mother ☐ with both ☐ with guardian ☐ w/ both but separate households

Parent's/Guardian's Name #1: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent's/Guardian's Name #2: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Primary Custody: \_\_\_\_\_

**Please Circle Days That Your Child Will Attend, These Are The Days You Are Enrolling For:**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Notes: \_\_\_\_\_

## ALLERGIES

**Food Allergy:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Medication Allergy:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Blood Type:** \_\_\_\_\_ **Medical Conditions:** \_\_\_\_\_

**Pet Allergy:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

## Insurance Information (Required)

Insurance Company or Agency: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Primary Insured: \_\_\_\_\_ ☐ Not Insured

## Emergency Contacts and Authorized Individuals to Pick Up:

Not including Parents or Guardians - Please List In Order Of Who You Want Called First If You Are Unreachable

Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Relation: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Relation: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Relation: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Relation: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about us? Circle:

\*Internet \*Recommendation \*Yard/Intersection Sign \*Digital Sign

## Information on PRIMARY Parents and Legal Guardians

### Primary Guardian Number One

Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (M. Name)  
D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relation: ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Foster Parent ☐ Sister  
☐ Brother ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Partner To \_\_\_\_\_ ☐ Other: \_\_\_\_\_  
IN CASE OF ILL NESS: ☐ CALL THIS PERSON FIRST ☐ CALL THIS PERSON SECOND

### Primary Guardian Number Two

Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (M. Name)  
D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relation: ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Foster Parent ☐ Sister  
☐ Brother ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Partner To \_\_\_\_\_ ☐ Other: \_\_\_\_\_  
IN CASE OF ILL NESS: ☐ CALL THIS PERSON FIRST ☐ CALL THIS PERSON SECOND

Does your child or you have a restraining order or PFA? If yes, please describe circumstance:

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**Guardian Number Three (example: step-parent or other guardian)**

Guardian: \_\_\_\_\_  
(Last Name) (First Name) (MI)

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Relation:** ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Foster Parent ☐ Sister  
☐ Brother ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Partner To \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Call This Person When: \_\_\_\_\_

**Guardian Number Four (example: step-parent or other guardian)**

Guardian: \_\_\_\_\_  
(Last Name) (First Name) (MI)

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Relation:** ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Foster Parent ☐ Sister  
☐ Brother ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Partner To \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Call This Person When: \_\_\_\_\_

**Any Additional Notes:**

How man residences does the child have, and with which guardians: \_\_\_\_\_

If Guardian's/ Parent's share custody, what is the schedule?  
\_\_\_\_\_  
\_\_\_\_\_

The center, employees, or children does not testify or write letters regarding child with other guardians, parents, family members, or family life. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Country Child Care

## Child's History

Child's Full Name: \_\_\_\_\_  
Last Child Care's Name: \_\_\_\_\_  
Ages your child attended: \_\_\_\_\_  
Reason your family decided to transfer to another center (optional): \_\_\_\_\_

Previous Child Care's Name: \_\_\_\_\_  
Age your child attended: \_\_\_\_\_  
Reason your family decided to transfer to another center (optional): \_\_\_\_\_

Has A Child Care Ever Terminated Your Child's Care? If So, Please Explain: \_\_\_\_\_

Is Your Child Currently Under A Doctor's Care?: \_\_\_\_\_

Does Your Child Take Prescribed Medication? If So, Please List Medications and Possible Side Effects: \_\_\_\_\_

List Major Past Illness and Physical Conditions: \_\_\_\_\_

Are There Special Devices That Your Child Uses At Home?: \_\_\_\_\_

Does your child feed herself/himself?: Yes No

If yes with which?: Spoon Fork Hands

What type of eater is your child?: Good Eater Average Eater Poor Eater

Does your child have eating problems?: Yes No

Food Allergies, List: \_\_\_\_\_

Is your child toilet trained?: Yes No What stage: \_\_\_\_\_

Words used for bowel movement and urination: \_\_\_\_\_

Is your child frightened of the bathroom?: \_\_\_\_\_

Does your child have accidents? Yes No

If yes, how does your child react to accidents?: \_\_\_\_\_

Is your child frightened of any of the following?:

Loud Noises Animals Dark Storms People in costumes Rough Children Sirens

Does your child have a problem with biting?: Yes No

Please share with us any behaviors that concern you and how we can offer assistances to you and your child: \_\_\_\_\_

Are there any concerns about your child that we should know? If so please describe: \_\_\_\_\_

Do you feel your child adjusts easily to change? Yes No

Does your child prefer to play: \_\_\_\_\_ alone? \_\_\_\_\_ with playmates? \_\_\_\_\_ with siblings? \_\_\_\_\_ with adults?

Is your child: Shy? Aggressive? Full of Energy? Withdrawn?

Describe your child (What makes your child unique?): \_\_\_\_\_

### Favorite Activities:

Indoor: \_\_\_\_\_

Outdoor: \_\_\_\_\_

## Policy Agreement

### Mandatory Safe Sleep Practices:

1. All child care staff working in the infant room will receive training on the Safe Sleep Policy and SIDS risk reduction.
2. Unless an infant has a sleep position waiver signed by their physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to reduce the risk of Sudden Infant Death Syndrome. A notice will be posted near the infant's crib for those infants.
3. NO BLANKETS WILL BE PLACED IN THE CRIBS. The infant will be placed with his/her feet touching the bottom of the crib. No blankets will be used in swings or bouncies. The children will not be swaddled.
4. The infant's head shall remain uncovered during sleep.
5. Room temperature will not exceed 75° F.
6. Only one infant in a crib at a time.
7. No smoking in the child care facility, or in vehicles when transporting infants. Employees must wash hands before returning to the infant room after smoking.
8. Infants will be provided appropriate "tummy time" when awake.
9. Caregivers will visually check on infants every 10 minutes while the infant is sleeping.
10. No additional items; such as pillows, blankets or toys will be allowed in the infant's crib.
11. When infants can easily turn over from the supine (back) to the prone (stomach) position, they will be placed to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
12. All blankets must be light weight. Blankets will not be used in swings, bouncies, or cribs.
13. If an infant falls asleep on a surface (floor, chair, bouncer, or swing) other than the crib/Pack N' Play, the infant will be moved to the crib/Pack N' Play,

I, the undersigned parent/guardian of \_\_\_\_\_ (child's full name), do affirm that I have read the facility's Infant Safe Sleep Policy and that the designated facility.

Date of Enrollment: \_\_\_\_\_

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

Revised 12.13.12

### **Please sign the permission slips for children taking walks and infants riding in their strollers.**

Country Child Care has your permission to take your child on a buggy/stroller ride on the center's property.

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **What happens if my child is at the center after closing ?**

I am required to pay a Late Pick Up Fee, if child is still at the center **past the closing time of 6:30 P.M.** Normal Days: **\$5 per minute for every child at the center past 6:00 p.m.**

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Teachers Babysitting Outside Of Center**

I, \_\_\_\_\_ the legal guardian of \_\_\_\_\_ do hereby release and hold harmless Country Child Care and it's employees from any liability or accident that may occur outside of the center if I should choose to allow one of its employees to take care of my child(ren) outside of the premises. If needing care outside of the hours of service, please feel free to call the center and we will suggest a few of our employees for that particular night.

**I also Agree Not to Solicit Country Child Care Employees Away From The Center.**

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Country Child Care accepts children with special needs.** The center may ask for additional information in order to better meet the needs of your child. We want every child to be safe and healthy during their time with the center. Please disclose any information you would like to include below:

The center does not have parent/teacher conferences, however our staff are available to meet with you during the day to discuss any questions or concerns.

#### **The "Puking Policy"**

**If a child vomits at home, they will not be permitted to attend the center** until 24 hours have passed since the last vomiting episode. **This is for the health of the other children in our care.**

**If a child vomits at the center, they will sent home and will not be permitted to attend the center** until 24 hours have passed since the last vomiting episode. **This is for the health of the other children in our care.**

**I agree not to bring my child back to the center until 24 hours have passed since their last vomiting episode.**

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Visiting Animals**

At times animals will visit the center, example dogs, cats, goats, etc. The center would never approve any animal that may be harmful to the children. All the animals will be immunized, healthy, and non-venomous.

My child may come into contact with: ☐ dogs ☐ cats ☐ hamsters/mice ☐ goats/sheep ☐ snakes ☐ bugs

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **The "Fever" Policy**

**If a child has a fever at home, they will not be permitted to attend the center** until 24 hours have passed since the last fever episode without fever reducing medication. **This is for the health of the other children in our care.**

**If a child has a fever at the center of 100 degrees, they will sent home and will not be permitted to attend the center** until 24 hours have passed since the last fever episode without fever reducing medication. **This is for the health of the other children in our care.**

**I agree not to bring my child back to the center until 24 hours have passed since their last fever episode without fever reducing medication**

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **The "Poopy Underwear Policy"**

##### **KDHE Rules And Regulations Handbook, 28-4-132. Child Care Practices (c,7)**

"Washable diapers or training pants shall not be rinsed out or dumped out. They shall be stored in a labeled covered container or plastic bag and returned home with the parents."

This means that Kansas Department Of Health and Environmental services says that if your child excretes any waste into his or her underwear we are required to place it in a sealed bag and are not able to dump it out or wash it out.

**I understand that this practice is not negligence but a KDHE regulation that the center has to follow.**

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Nap Time**

Rest period during the day is required for the class depending on their age. The center provides mats and the laundry service for the mat coverings. We request that you bring your own child's pillow, blanket, and favorite stuffed cuddly toy if needed. We also request the pillow and blanket be taken home weekly to be washed due to bacteria control.

### **Preschool Children (3 years – 5 years) Nap Policy:**

If you would not like your child to take a nap, they are still required to sit quietly on their nap mats. The teacher will provide them with quite individual activities to keep their interest level.

If you will schedule your pick-up time during naptime, please let the teachers in your child's room know that your pick-up time will be at nap time. If you would like your child to nap, please specify how long you would like them to nap for, if not, tell them not to nap. The teacher will provide them with quite individual activities to keep their interest level while they await your pick-up.

If you would like your child to take a nap, just not the full length of nap time, please let the teacher know how long you would like your child to nap for and they will wake your child at your specified time each day. When your child wakes up the teacher will provide them with quiet individual activities to keep their interest level.

Kindergarten and After School children are required by KDHE to have a rest time; they are not required to sleep but to have a time with a quiet activity.

### **I have read and understand the naptime practices of Country Child Care**

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **FOLLOWING CCC'S SAFE SLEEP POLICY**

#### **CCC's Mandatory Safe Sleep Practices Policy:**

- \* All child care staff working in the infant room will receive training on the Safe Sleep Policy and SIDS risk reduction.

- \* NO BLANKETS WILL BE PLACED IN THE CRIBS. The infant will be placed with his/her feet touching the bottom of the crib. No blankets will be used in swings or bouncies. The children will not be swaddled.

- \* The infant's head shall remain uncovered during sleep. \*Room temperature will not exceed 75° F.

- \* Only one infant in a crib at a time.

- \* No smoking in the child care facility, or in vehicles when transporting infants. Employees must wash hands before returning to the infant room after smoking.

- \* Infants will be provided appropriate "tummy time" when awake.

- \* Caregivers will visually check on infants every 10 minutes while the infant is sleeping.

- \* No additional items; such as pillows, blankets or toys will be allowed in the infant's crib.

- \* When infants can easily turn over from the supine (back) to the prone (stomach) position, they will be placed to sleep on their back, but allowed to adopt whatever position they prefer for sleep

- \*If an infant falls asleep on a surface (floor, chair, bouncer, or swing) other than the crib/Pack N' Play, the infant will be moved to the crib/Pack N' Play

I, the undersigned parent/guardian of \_\_\_\_\_ (child's full name), do affirm that I have read the facility's Infant Safe Sleep Policy and that the designated facility

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BIRTHDAY OR SPECIAL OCCASION TREATS POLICY

♥ The center loves to celebrate birthdays and welcomes parents and relatives to participate in the celebration. Please make arrangements for the celebration by notifying your child's teacher and the director. Birthday treats or party treats are more than welcome in our classrooms. Please notify the director or teacher **ahead of time** if you are planning on sending in a birthday or party treats. Treats are usually served at snack time. Due to food allergies, please do not send in anything with nuts or coconuts of any kind. In coordination with our focus on healthy nutrition, I encourage parents to send in **healthy** treats for our celebrations.

The following is a sample list of healthy treats that are acceptable in our classroom:

- ♥ Cut up fruit (orange slices, apple slices, melons, etc....)
- ♥ Individual applesauce containers (with spoons)
- ♥ Individual pudding cups (with spoons)
- ♥ Soft Pretzels
- ♥ Granola Bars
- ♥ Fruit Snacks
- ♥ Rice Krispy Treats
- ♥ Cheese and Crackers
- ♥ Carrot Sticks
- ♥ Popcorn, pretzels, (put into small snack bags)
- ♥ Please try to avoid sending in donuts, cookies, cupcakes and brownies. I appreciate your cooperation in helping to ensure that we are teaching our children good nutrition! If you do send these avoided items, please make sure that the package of ingredients is sent WITH the food item.

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please No Smoking On The Grounds Or In The Parking Lot

The center holds to a "no smoking" policy. Staff members are not allowed to smoke in the buildings, and we ask that responsible adults do not smoke in the building or in the parking lot when picking up their child.

Please no dumping of ashtrays in the parking lot or in any of the facilities trashcans. When individuals toss their cigarettes on the ground the wind blows them into the playgrounds. This makes it very dangerous for young children during outside time.

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### No prescription medications will be administered that are:

- ♥ Not properly labeled,
- ♥ Without the medication form,
- ♥ Without specific written instructions from the parent or child's doctor.

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEAL MODIFICATION /ALLERGY POLICY

### ♥ Part A:

- ♥ Due to Kansas medical laws, children are unable to have allergy or medical information posted open in the room (on the cubbies, or against the wall). In order to guarantee that the children's medical information is known with the staff we will put the child's medical information on the classroom roster for the teacher, place a covered file on the wall for staff use only, and routinely review at staff meetings. Your child's picture will be taken if they have any medical needs that should be known to ensure the utmost safety of your child.
- ♥ If my child has food allergies (example: pineapple, nuts, red food coloring) or other allergies (example: grass, pampers brand diapers, fabric softener), medicine or medical needs (example: asthma, seizures, etc.), and/or special notes that the center will share my child's information with the staff. I approve the above listed method.

### ♥ Part B:

- ♥ CACFP Meal Modification Form must be on file for all meal modifications including milk substitutions. The form must be completed and updated YEARLY. **IT IS THE PARENT'S RESPONSIBILITY TO OBTAIN THE RENEWAL FORM FROM MS. JILL AND GET IT SIGNED BY THE APPROPRIATE MEDICAL PERSONS.**
- ♥ The prescribed modifications must be followed until the diet order has been changed by the submission of a new Meal Modification Form.
- ♥ **FOOD: 1) MODIFICATION DUE TO DISABILITY:** CCC is required to make meal modifications prescribed by a licensed physician to accommodate a child's disability. Anaphylactic shock is considered a disability.
- ♥ **FOOD: 2) MODIFICATION DUE TO FOOD ALLERGY/INTOLERANCE:** CCC has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or medical condition that does not rise to the level of disability.
- ♥ **MILK: 3) SUBSTITUTIONS FOR FLUID COW'S MILK DUE TO LACTOSE INTOLERANCE, RELIGIOUS, ETHICAL, OR CULTURAL REASONS:** CCC will provide a substitution for fluid cow's milk if requested by parent/guardian. Almond milk, rice milk, or other milk substitutes lacking in equal nutritional content will not be served.
- ♥ If your child's disability/allergy/intolerance is anaphylactic shock from food: that food will not be allowed in that child's room. The child's meal will not be prepared around the avoided food item in the kitchen.

(Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(316) 722-4500  
Fax: (316) 722-9131

**Enrollment Agreement**  
Center License Numbers: 15505/0025625  
**Legally Binding Document Please Read Carefully**

Country Child

**COMPLETE SECTION ONE**

**Child(ren)'s First and Last Name(s):** \_\_\_\_\_

1. I agree to pay:

**Please Check One Of The Payment Options**

☐ **Daily**.....Tuition is due on the first day of attendance for that week at drop off.

☐ **Weekly**.....Tuition is due on the 1<sup>st</sup> day of attendance for THAT week at drop off.

**If a payment is not made by Monday, your child may not come until your account is zeroed.**

**You can pre-pay for the month, but all left over amounts must be paid in full by the last day of the month.**

I understand that if I fail to make a payment that I will receive a \$10 late charge for each week I am late a payment.

Hours: Monday Through Friday  
6:00 a.m. to 6:00 p.m.  
Children should arrive fully dressed and ready for the day.

Country Child Care Inc.  
404 West Irma  
Maize, Ks. 67101  
(316) 722-4500  
cccofmaize@yahoo.com

**COMPLETE SECTION TWO**

**PRIMARY PARENT/GUARDIAN RESPONSIBLE FOR PAYMENT &/OR GUARDIANSHIP COMPLETE BELOW**

**Certification:** I verify that I have received, read, and understood the information contained in the Parent Handbook, and in this Enrollment Agreement. I agree to the financial terms and conditions and to the Fee Schedule listed above.

**Parent Guardian ONE:** \_\_\_\_\_ **Please Print Full Name:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last Name) (First Name) (Middle Name) D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Home Address) (City, State) (Zip Code)

**Required by law: Social Security Number:** \_\_\_\_\_

(Signature Required) **X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Parent Guardian TWO:** \_\_\_\_\_ **Please Print Full Name:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last Name) (First Name) (Middle Name) D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Home Address) (City, State) (Zip Code)

**Required by law: Social Security Number:** \_\_\_\_\_

(Signature Required) **X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. I am required to pay a registration fee, of \$50.00 for one child and \$65.00 for more than one child, at the time of enrollment and again each September 1<sup>st</sup>. No registration fee is refundable. If you wish to reserve your spot while taking a session off a \$50.00 holding fee for 1 child / \$65.00 holding fee for two or more children must be paid before the last day of attendance. If you have previously paid an enrollment fee in the current year that the re-registration fee is due then you won't have to pay for it until the following September 1<sup>st</sup> of the next year.

There will be no deductions for absence or holidays. If tuition is not paid on time per agreement a fee of \$10 will be added to your bill weekly till you are completely current on your balance.

2. I am required to pay a Late Pick-Up Fee, if child is still at the center past the closing time of 6:30 P.M. Normal Days: **\$5 per minute for every child at the center past 6:00 p.m.** Holidays that we are open but close at 6:30 p.m. \$5 per minute for every child at the center past 6:30 p.m. Holidays or days that we close early: \$5 per minute for every child at the center past the posted early closing time.

3. I am required to pay a Return Check Fee, of \$60.00. If I have a returned check, Country Child Care, Inc. will then have the option to refuse any future check on my account. On the second occurrence of a return check, it will be \$100.00 fee, on the third occurrence the fee will be \$200.00, on the third occurrence the fee will be \$300.00, and so on. We hold the right to ask for cash payments if this becomes an issue.

4. In case of withdrawal of my child from the center,

I agree to give two weeks written notice: failure to do so will result in two weeks of tuition to be charged to my account. All verbal notices will not be final until we receive a written withdrawal (Form in Lobby). I understand that if I should fail to give notice, I am responsible for the two weeks tuition *whether or not* my child attends.

5. I agree that should my account become delinquent After two weeks, Country Child Care, Inc. has the right to terminate my child's position in the center. We also hold the right to initiate a collection process for your account at Midwest Service Bureau, Inc. I am responsible for keeping my account current; I understand that if I do not keep my account current, I will be turned into a collection agency. In addition to my bill, I accept all the charges needed for Midwest Service Bureau, Inc. to collect on my account plus an additional 15 percent of the bill owed.

6. I understand that I am responsible for all paper work required by Country Child Care, Inc. and Kansas Department of Health. I also understand that I will be asked to update my child's file on immunizations. I understand that I need to inform the directors of any change of address, phone numbers, or custody information.

7. The center is open whenever possible, but should it be absolutely necessary to close because of severe weather conditions, the closing will be announced on the radio station KFDI and local news channels.

8. **Country Child Care, Inc. is closed in observance of New Year's Day, Labor Day, July 4<sup>th</sup>, Christmas Eve, and New Year's Eve, Memorial Day, Thanksgiving, and Christmas.**

**There is no tuition reduction for these days for full time enrollment.**

9. I understand that Country Child Care, Inc. is *not responsible* for lost or stolen items. Any personal toys should *not* be brought to the center. Any personal items or clothing apparel brought to the center are done so **at my own risk of damage or loss**. All personal items should be clearly marked with my child's full name. I understand that my child is to have **two sets of clothes at the center at all times**.

10. I understand **undesired behaviors of my children will be handled as such:**

- A) If a child hurts another person an accident report will be filled out and be distributed to the parents of all children involved. B) If undesired behavior is continued a conference will be called with the parents, director, and teacher to formulate a plan to help improve the child's behavior. C) The center is willing to work with all children and their undesired behavior, however if they are found to be a continual disruption or danger in the classroom (regardless of the efforts put forth) the center will choose to cancel the enrollment of that child.

11. **After one year of enrollment full time, one week of vacation is awarded. Stipulations:**

- A. Your family must be enrolled full-time throughout the entire year, if your child leaves for the summer you are not eligible.  
B. Your billing status must be current and you may not have an overdue balance of \$200.00 at any time during that year.  
C. If your family has more than one child and enrolled the children at different dates: although one of your children may be eligible for the vacation week, the other child(ren) who enrolled at a later date will have to wait till the anniversary of their start date to receive a vacation week.  
D. Vacation week must be put in writing the form is in the lobby.

12. Failure by provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

13. The provider may terminate the contract without giving any notice if the parent/guardian does not make payments when due. The provider may amend the policies by posting or giving the parent(s) / guardian(s) a copy of the new changed policies at least two weeks before they go into effect.

Signature) X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tornado** Staff will get children into the hallway in the main building. The children will sit down, tuck their heads, and the staff will place sleeping mats over their heads.

**Fire** At the sound of a fire alarm, the staff will evacuate the classes from the building. Floats and all other unassigned staff will assist rooms with walking the children and checking bathroom areas for children. The staff will follow the evacuation plan posted in their classrooms. Staff will take their roster with them and do roll call once outside in the designated area. The fire alarms are connected to the security system and the alarm will notify the fire department to come and address the situation. At no time will the staff investigate if it was a false alarm or if there was a real fire. Parents will be notified to pick up their children if there is a fire.

**Floods** All staff and children will remain in the building unless ordered to evacuate by officials. All electrical items will be unplugged, and lights turned off. Children will be moved to sit on the tables, or the cubbies depending on how high the water rises. Teachers will make sure the children are calm. Parents will be notified to pick up their children.

**Storms** In the event of a severe storm (extremely high winds or severe lightening), staff will move the children to the main building's hallway. The children will sit down, tuck their heads, and place sleeping mats over their heads until the storm clears.

**Black Out** Staff will have the children remain calm and will reassure the children. Have all the children "Freeze" where they are until alternative lighting. Open all curtains to let natural light inside the building. The classroom can either go outside until the lights come back on (if weather permitting) or do an activity close to the room's windows. Children may use the restroom with the assistance of a staff member and a flash light.

**Bomb Threat** If a telephone bomb threat is received; the staff will inform the director immediately. The director will call for an evacuation of the entire building. Floats and all other unassigned staff will assist rooms with walking the children and checking bathroom areas for children. All staff will take the children to the church parking lot. The staff will follow the evacuation plan posted in their classrooms. Staff will take their roster with them and do roll call once outside in the designated area. A director will call 911 and follow their instructions.

Questions to ask the caller: When is the bomb going to explode? Where is it right now? What does it look like? What kind of bomb is it? What will cause it to explode? Did you place the bomb? Why? What is your name? Staff will write down exact wording of threat, sex of the caller, age, time, and date.

**Violent Person** Staff will immediately call out to other teachers and make a call over the intercom system, #00 intercom system, "I need immediate assistance with a RED STAPLER in the (give room)." The director or other staff member needs to call 911 if situation requires for it. The code word to be used at the center that alerts all staff to the possibility of a violent person emergency is "Red Stapler." The staff will protect the children under their care at all times. If there is a need to remove the children from the building, use the same procedure as the emergency evacuation procedure.

**Medical Emergency** Staff will immediately yell out for help; and tend to the child while those they called out for inform the director. Staff will have director call 911 and give the required information: name-location: Country Child Care, 404 West Irma, Maize Ks. 67101 (316) 722-4500- rooms name and which building (main building, portable) Staff will provide emergency care such as CPR and first aid. Once paramedics have arrived and the child has been treated by medical professionals staff will fill out a critical incident report and give to director. Staff will have the director call the child's parents and inform them of the incident and which medical facility they are being taken.

**Evacuation Policy:** Evacuate children and adults to an area well away from the building and safe from automobiles of sightseers.

**Center Responsibility:** The staff will assume all responsibility of children on premises until they are released to a parent/guardian or to an official evacuation center, in which case selected staff will remain with the children until all have been reunited with their families.

**Employee Responsibility:** All employees will remain on the premises as service workers, as designated by law. Such employees will be subject to whatever tasks are assigned by the person or persons in charge, and may not leave the premises until the same person or persons give them official permission to do so.

(Signature) X \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.