3544 Highland Ave
KCMO 64109
816-299-1419

Enrollment Date:	Withdrawal Date:	
Childs Name:	Age: Sex:	Birth Date:
Childs Address: City, Zip:	Home Telephone:	
Mothers Name: Address: City, Zip	Home Telephone: Cell Phone:	
Employment: Address TDL#	Work Telephone: Email Address:	
Fathers Name: Address: City, Zip	Home Telephone: Cell Phone:	
Employment: Address: TDL#	Work Telephone: Email Address:	
Martial Status: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Single		
Childs legal guardian: ( ) Both Parents ( ) Mother ( ) Father ( ) Other Childs living arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other		
Expected Days & hours in care ( ) M ( )T ( )W ( ) Th ( ) F Hours: From to		

The child will only be released to the person(s) named above or to the following:

Name	Relationship	Address	Phone Number

For Office Use Only

Enrollment Date: _____ Directors Initial: _____

Termination Date: _____ Directors Initial: _____

Code:_____

Childs Name:_____

Parental Agreement with Center

- I understand that all children must be at the center no later than 9:00 am to avoid interruption of daily activities
- I agree to pay the current tuition rate in the amount of _____per week/month which is agreed upon at the time of enrollment.
- I understand that tuition is due on Friday's. There will be a late fee of $50 dollars for any tuition payment made after 6:00 pm on agreed payment date
- I understand that my subsidy parent fee is due on an agreed contract date or I will incur an additional $50 late fee.
- It is my responsibility to escort my child into and out of the classroom daily. A staff member will escort my child into and out of the center when being transported by Visionary Kids Childcare
- It is my responsibility to make sure that my child is signed in and out daily at the computer check-in.
- Visionary Kids Childcare is 24 hours If my child/ren is picked up after the agreed contract time this is considered a late pick up and you will accrue a charge of $2.00 per minute/per child will be assessed to my account. This payment must be made no later than that Friday of the agreed contract date. If I have not picked up my child by agreed contract time and all attempts to contact me and all my emergency contacts fail, Visionary Kids Childcare is obligated to call the local police.
- I understand that the maximum of 2 weeks of vacation credit may be used per year when front office staff is notified in advance. Vacation credit is equal to half of the regular tuition and must be paid in advance. You will receive vacation credit after one continuous year of enrollment.
- I understand that I am totally responsible for any food not on the menu required by my child. Gum, candy, sodas, and non-nutritional foods should not be brought in the center. Breakfast is served from 7:45a-8:45. Lunch is served between 11:000-12:00 pm. Snack is served at 3:00pm.
- If my child's diet consists of formula taken from a bottle, I understand that I will provide the appropriate number of prepared bottles for my child each day, labeled with my child's full name.

- If my child wears diapers or requires wipes, I understand I am to provide them. It is my responsibility to maintain an adequate supply. Only disposable diapers are permitted in the center.
- I understand that if my child is ill, including but not limited to: severe cough or sore throat, undetermined rash or spots, temperature over 100 degrees, diarrhea (more than 3 in a day), severe headache, upset stomach, pink eye, he/she cannot be accepted into the center. Children must be fever for 24 hours (without fever reducing medications) before returning to the center.
- I understand that the center has specific policies regarding the administering of medication. Medications must be prescribed by a physician and be in the original container. Medications are only administered at 11:00am & 3:00pm.
- I understand it is my responsibility to keep the center advised of changes of address, phone numbers and contact.
- I hereby give Visionary Kids Childcare permission to photograph pictures of my child and use them in special projects, for marketing and advertising purposes. I release Visionary kids Childcare from and liability arising from the use of these photos.

Parent Signature: _____

Directors Signature: _____

Childs Name: _____

Health & Emergency Permission Record

List and allergies or special diets your child has and/or reactions to (if none "**NONE**"):

_____

_____

Does your child have and special fears or problems?

_____

_____

I, _____, give permission for **Visionary Kids Childcare** to seek medical attention for my child, _____, in the event of an emergency and I cannot be reached, and to hold harmless and release **Visionary Kids Childcare** from liability. I understand that it is my responsibility to keep the facility informed of changes in telephone numbers, etc. where I can be reached. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent Signature_____ Date _____

Visionary Kids Childcare emergency medical procedure will be:

- Administer First Aid/CPR
- Call emergency medical team, if necessary
- Contact parent or other emergency contacts
- Child will be transported to the following hospital unless otherwise specified:

Nearest Hospital Name and Address here

Hospital #1 Name
Address
Phone Number

Hospital #2 Name
Address
Phone Number

Childs Physician Information:

Dr._____

Address_____

_____

Phone #_____

EMERGENCY CONTACTS (if parents cannot be reached)

Name	Relationship	Address	Phone#

Parent Signature: _____ Date: _____

Childs Name:_____

TRANSPORTATION AGREEMENT

I, _____, allow **Visionary Kids Childcare** to transport my child, _____ for the following reasons:

√ Medical Emergencies- Child will be transported by EMS team

√ Building Emergencies – If the building should become unsafe, children will be transported to an evacuation site

□ Field Trips Individual permission forms will be signed for each trip

□ To/From School Name of School: _____

Address: _____

Phone #_____

TRANSPORTATION GUIDELINES

- It is important that Visionary Kids Childcare be notified immediately of any changes in your child's transportation schedule.
- We will assume that the regular schedule will be followed unless we receive different instructions from the parent. Notify us as soon as possible if you child does not need afternoon transportation. Failure to adhere to this policy may result in a $5 charge to your account.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seatbelts/boosters if needed.
- Your child must be at the center no later than 6:45 am to be transported to school in the mornings. The van will leave promptly at 6:45 am.

TRANSPORTATION RULES

- Always listen to and follow the directions of the driver.
- Always walk to and from the van with an adult.
- Always wear your seatbelt and keep the aisle clear.
- Always remain seated, facing forward.
- Talk softly, never throw things. The driver cannot concentrate on driving if riders are disruptive.
- Don't eat or drink in the van.
- Students should not intentionally damage the van.
- Wait for the driver to stop and give instructions before taking off the seatbelt.
- Gather all of your belongings; be sure you have left nothing behind.

I have read and understood about transportation guidelines and rules. I have also reviewed them with my child.

Parent Signature_____ **Date:** _____

Childs Name: _____

HEALTH INFORMATION

INFANTS THROUGH PRE-K ONLY

To be filled out by child's parent/guardian (if the above box is not signed)

My child has been examined within the past year by_____ (health care professional) at _____(address) and is able participate in the child's care program. Within 30 days of admission, I will obtain a health care professionals signed statement and submit to **Visionary Kids Childcare**

Parent Signature:_____ Date:_____

I understand that Visionary Kids Childcare *is required to have a copy of my child's updated shot records.*
A copy must be turned in with the enrollment package. I understand that it is my responsibility to give Visionary Kids Childcare Updated shot records whenever new immunizations are given.

SCHOOL AGE CHILDREN ONLY

My child, _____, has a current immunization record, vision and hearing screening record on file at the following school:

Name of school: _____
Address: _____
Phone number: _____
Parent Signature:_____ Date:_____

Childs Name: _____

PHYSICIAN STATEMENT

INFANTS THROUGH PRE-K ONLY

I have examined the above named within the past year and find that he/she is able to take part in the child care program.

Physicians Name:_____
Street:

To be filled out by child's physician:

Status Of:
Vision: _____
Hearing: _____

Please list below any confirmed allergies by a physician, their symptoms and any plan of action that my need to be taken to give aide to the child.

Allergies	Symptoms	Plan of Action

_____ _____

Parent Signature **Date**

_____ _____

Physician Signature **Date**