Enrollment and Family Intake

Date of Application_____ Desired Start Date_____

Child's name: _____ Gender: M F DOB:____/_____/_____

Race/Ethnicity:_____ Natural Child (Yes No)

If adopted, at what age:_____ Fostered since:_____

Home language and home life values and culture:

Parent's Names and Telephone Number (include step-parents, foster parents, inc.):

_____ _____

_____ _____

Comments about custody and visitation (if applicable):

Primary reason you are seeking Kreative Kids Learning Center and/or Karing Kids family clinic?

Developmental. Social, Health History

At what age did the child do the following (if they have not yet reply "NA"): Walked alone___
Said first word_____ Used 2-word phrases_____ Understood and followed simple directions____
Reasonably well toilet trained_____ Did or Does the child cry excessively? Yes or No

Briefly describe eating habits:

Briefly describe social and emotional skills: (i.e. happy, joyful, regulates emotions, shares with others, afraid or not afraid of others, exploratory, withdrawn,)

Check all that apply:

In the first two years, did your child experience:

Separation from mother____ Out of home care____ Disruption in bonding____

Abuse____ Depression of mother_____ Neglect_____ Chronic pain_____

Chronic Illness_____ Parental Stress_____

We are open Monday through Friday (7:00am to 6:00pm). I/We will need childcare/early learning or behavioral therapy and/or a combination of BOTH for our child typically beginning at _____ o'clock and ending at _____o'clock.

➔ Please circle the days of the week you will need your service.

Monday Tuesday Wednesday Thursday Friday

Childcare Payments can be made by cash or check made payable to Paradise Preschool,
➔ Circle One...

Option 1 I/We prefer to pay weekly (due on Monday of each week)

Option 2: I/We prefer t o pay biweekly (due on the 1st of Monday of 2week period)

Option 3: I/We prefer to pay monthly (due on the 1st Monday of each month

Option 4: I/We receive child care assistance (DHS)

The following subjects are of special concern: **Parents/Guardians please initial each**. Your initials indicate each subject is read, understood, and agreed upon.

(_____) DIAPERS/WIPES: It is the parent's responsibility to provide diapers, wipes, and diaper cream for your child. It is also the parent's responsibility to check periodically to see if or when your child needs more diapers, wipes, and cream, (**not the providers**). Each child has his or her own labeled diaper bin, either in the infant/younger toddler room or older toddler/preschooler room, depending on the age of the child.

(_____) ATTENDANCE POLICY: If an enrolled child is absent without notice for more than 2 consecutive days, we will make **every effort** to contact the family via calls, text, postal letters, emails, and DMs via social media to find out why the child has been absent. After 2 days of consistent failed attempts of communication, the child will officially be disenrolled.

(_____) TRIAL PERIOD: The first 30 days of your child's enrollment will be regarded as a trial period, in which case either party may terminate service. Attendance is taken into consideration during these 30 days-particularly for tuition and out of pocket families. **Each child responds differently to a new environment, new children/providers, and moms/dads absence.** We are patient and good at what we do, so most of the time this is a non-issue. However, there are rare times in which we must consider the well being of the group (the other children in our care). If for whatever reason, either party feels our childcare environment may not be the best fit, either party reserves the right to utilize this time as a trial and terminate the contract without resentment, judgment, or ill-will.

(_____) HOURS OF OPERATION: Our center operates Monday through Friday from 7:00 AM to 6:00 PM, with extended day options available. **The core program runs from 9:00 AM to 4:00 PM, with a 15-minute grace period for both drop-off and pick-up. Please note that the office closes at 4:00 PM, and the center closes promptly at 6:00 PM.** We understand that occasional delays may occur due to unforeseen circumstances such as traffic, and we will extend grace in rare situations. However, if late pick-ups become frequent, we may need to review your schedule or recommend a program that better accommodates your needs. A late fee of $1.00 per minute will be charged for late pick-ups, and after 6:00 PM, the late fee increases to $5.00 per minute.



(_____) GUIDELINES REQUIRING EXCLUSION FROM SERVICE: Children **must** be completely free of symptoms before returning to daycare. If your child is prescribed antibiotics for an illness, they may return after **24 hours of starting medication**, provided they are **fever-free (under the arm), no longer contagious, and well enough to participate in daily activities**. Signs of illness include, but are not limited to: unusual lethargy, irritability, persistent or unexplained crying, runny nose (other than clear), persistent coughing, difficulty breathing, diarrhea, vomiting, mouth sores, rashes, pink eye, chicken pox, mumps, measles, roseola, hepatitis A, impetigo, lice, ringworm, scabies, strep throat, scarlet fever, tuberculosis, shingles, or any other contagious illness or rash. In such cases, a **doctor's note may be required before returning**. Any child with a **fever of 100°F or higher** (oral or under the arm) must remain home and may return only after being **fever-free for at least 48 hours without the use of fever-reducing medication**. In accordance with state regulations, we are required to notify families if children have been exposed to certain contagious diseases. Please inform the center if your child is diagnosed with a contagious illness so that proper notification can be made.

(_____) PICK-UPS AND DROP-OFFS: (a) Please keep all drop-offs and pick-ups brief (ideally no more than a few minutes) **Our doors close promptly at 10:00am to maintain a consistent classroom routine.** Extended visits can be disruptive, as children may become unsettled when additional adults are present. We appreciate your cooperation in helping us maintain a calm and structured learning environment. **(b)** Children should arrive clean, dressed, and ready for the day, along with all necessary supplies required for their care. **(c) If your child is having difficulty separating (e.g., crying or upset), we kindly ask that you step out with your child and help them settle before reentering the classroom. This helps minimize disruptions and supports a smooth transition for all children.**

(_____) PAYMENT POLICY: All tuition payments are expected to be made on time and in full. Any returned or insufficient funds (NSF) checks will result in a $50.00 returned check fee, in addition to the original payment amount owed. Families receiving assistance through DHS are responsible for ensuring that their tuition is covered. If DHS does not pay, is delayed, or denies payment for any reason, the parent/guardian is fully responsible for covering all outstanding balances immediately. Failure to make prompt payment may result in suspension or termination of childcare services, including possible unenrollment from the program.