



## Enrollment Registration Information

Pages 1 and 2 must be updated every January and July

School Name: \_\_\_\_\_  
Date of Registration: \_\_\_\_\_  
Date of Termination Status: \_\_\_\_\_

Parent Updates \_\_\_\_\_ (Int/Date)  
Parent Updates \_\_\_\_\_ (Int/Date)  
Parent Updates \_\_\_\_\_ (Int/Date)

### Child Information

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed

Primary Residence:  Mother  Father  Both  Guardian

List the family members your child lives with—include names and ages of siblings:

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Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

### School-Age Information

Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

Does your child attend school?  Yes  No Elementary School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

School Transportation Provided By:  Elementary School  Parent/Guardian  CKA  Other

Circle Days to Attend: AM MON TUES WED THU FRI

PM MON TUES WED THU FRI

Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

### Primary Contact and Release Persons

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian Signature:**

**Date:**

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This institution is an equal opportunity provider.



## Enrollment Registration Information

### Emergency Contact and Release Persons

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

#### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact and Release  Release Only

#### Optional:

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact and Release  Release Only

#### Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact and Release  Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15-minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your director for additional information.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_



# Enrollment Registration Information

## Enrollment Agreement

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Please initial each section listed below, then sign and date the last page.**

### SECTION 1: TUITION AND FEES

\_\_\_\_\_ **REGISTRATION FEE:** I understand that Crowned Kids Academy provides childcare and development services for families with children **2 years to 12 years** of age. Enrollment ages may vary by availability and location.

\_\_\_\_\_ **REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

\_\_\_\_\_ **TUITION AND MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days (Check all that apply):  M  T  W  TH  F From \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week (**MONDAY**). Appropriate Tuition Fees must be paid during school breaks. **If child is not in attendance full tuition is still due.**

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$5 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ **AGENCY REIMBURSEMENT:** In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., Monday through Friday, all year, except for holidays, emergencies and vacations. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 and \$1 per minute after 15 minutes of late arrival. minutes until the child is picked up.

\_\_\_\_\_ **ADDITIONAL FEES:** There may be additional fees due to special activities, Parents will be notified in advance and have the option to opt out. Activity Fees may be my responsibility. Please consult the director for details.

\_\_\_\_\_ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \_\_\_\_\_ % discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. If my school uses TeleCheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, TeleCheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

### SECTION 2: DAILY PROCEDURES

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Parent Handbook.

\_\_\_\_\_ **MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by Crowned Kids Academy.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_



## Enrollment Registration Information

**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to **pay all tuition and fees for two (2) weeks, whether or not my child attends.** I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

### SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

**HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Black Friday, Christmas Eve, Christmas Day, Winter Break, as well as Martin Luther King Jr Day for in-service training. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. **(Additional days as indicated on calendar)**

**ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, **credits, refunds**, or make-up days shall be made for occasional absences (i.e. sickness). A reservation fee of 100% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the director, if possible. I agree to pay the full tuition fee of \$\_\_\_\_\_ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I may be required to pay a new non-refundable registration fee upon return.

**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

### SECTION 4: STATE LICENSING AND OUR POLICIES

**ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

**INDIVIDUALIZED CARE PLANS:** I understand that should my child have an IEP or IFSP, it must be shared with the director so the school can try to support my child's needs.

**BEHAVIOR MANAGEMENT:** I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. I also understand that I may refer to the Parent Handbook for additional information on behavior management at the school.

**PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Any questions or concerns please contact the Director.**

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all other previous documents.**

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

Parent/Guardian Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Enrollment Registration Information

### Medical Information

#### **Authorization for Medical Treatment of a Minor**

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Indiana.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to Drugs, Foods, or Other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Appeared Before Me and Produced \_\_\_\_\_ as identification. Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

#### **Authorization for Transportation and Field Trips**

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school permission to take my child on these field trips.

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



## Enrollment Registration Information

SKIP THIS PAGE (RESERVED FOR INFANTS)

Infants (Less than 12 Months):

Did the child experience any complications at or before birth or require any extended hospital stay (more than 2 days beyond birth)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

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Please provide medical documentation.

Has the child experienced any respiratory issues that require medication, breathing treatments or other special accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

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Please provide medical documentation.



# Enrollment Registration Information

## Child Profile

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

CHILDREN:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

5. Who also cares for your child(ren)?

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6. What language is spoken in your home? \_\_\_\_\_

7. Does your child have any medical or physical needs? Explain:

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8. Does your child have any allergies? Explain:

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9. What are the foods your child likes best? \_\_\_\_\_

Least? \_\_\_\_\_

10. What are your child's mealtime routines at home?

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11. How many hours of sleep does your child receive at night? \_\_\_\_\_

12. Does your child need to be awakened in the morning to attend the school?  Yes  No

13. What are your child's sleeping arrangements?  Own room  Shares room with \_\_\_\_\_  Sleeps in crib  Sleeps in bed

14. What are your child's bedtime rituals? \_\_\_\_\_

15. Does your child take naps?  Yes  No How long? \_\_\_\_\_

16. Non-Infant Enrollment Only: Does your child need a comfort item for a nap?  Yes  No



## Enrollment Registration Information

17. What words are spoken in your house for toiletring? \_\_\_\_\_

18. How does your child express anger or react to frustration?  
\_\_\_\_\_

19. Does your child have any particular fears?  
\_\_\_\_\_

20. How does your child react to change (such as being left by parents)?  
\_\_\_\_\_

21. How does your child comfort himself/herself?  
\_\_\_\_\_

22. What are your child's play interests (preference for creative, dramatic, or construction play)?  
\_\_\_\_\_

23. How do you discipline your child?  
\_\_\_\_\_

24. When did your child begin to use language? \_\_\_\_\_

25. How would you describe your child (personality characteristics)?  
\_\_\_\_\_

26. What do you enjoy the most about your child?  
\_\_\_\_\_

27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_

28. Has your child had previous preschool experiences?  
\_\_\_\_\_

29. Are you available to help us with field trips or other special events?  Yes  No

30. Do you have a special interest or hobby you would like to share with the children?  
\_\_\_\_\_

31. What family or cultural traditions are important in your home?  
\_\_\_\_\_

*Would you be willing to share these traditions with the children?*  Yes  No

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



## Enrollment Registration Information

### Medical History

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school:  
\_\_\_\_\_

2. Special Dietary Needs: Explain: \_\_\_\_\_

3. Is your child able to walk?  Yes  No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_

5. Is your child toilet trained?  Yes  No

Please provide special instructions concerning any other illnesses, as necessary:  
\_\_\_\_\_  
\_\_\_\_\_

### Allergies (please check and list all that apply)

Medications

Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Food

Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Other: \_\_\_\_\_

Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:  
\_\_\_\_\_  
\_\_\_\_\_

**Per state regulations, a written statement is required for waiver of immunization requirements.**



# Enrollment Registration Information

## Enrollment Checklist

Please review the entire Enrollment Registration Information Packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### Obtain Signed Forms from Family

- Completed Enrollment Registration Information Packet (Staple a copy of the Enrollment Agreement to the back pages of the Parent Handbook)
- Parent Handbook Acknowledgement
- Child Information Card (if applicable)
- Other state or federal required forms: \_\_\_\_\_

**(REFER TO THE PARENT CHECKLIST FOR ALL FORMS AND ADDITIONAL ITEMS NEEDED)**

### Review with Family

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, last day of enrollment, amounts and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Process and Procedures of Security Access
- Authorized pick-up, late pick-up policy and emergency controls
- Child Custody Documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pick-up restrictions
- Any field trip restrictions
- Any photo restrictions
- Immunization/health information
- Annual registration fee
- Late fees
- Vacation policy
- Special needs and Daily Report
- Absenteeism policy
- Sick policy and other policies
- Meals
- Allergies
- Security deposit (if applicable)
- Medication policy
- Relevant curriculum features for child's age group
- Infant/Toddler Needs Services Plan (if applicable)
- Review Emergency and Disaster Plans

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Crowned Kids' policies.

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name of Supervisor : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Enrollment Registration Information

### CKA ENROLLMENT PACKET

Thanks for your interest in Crowned Kids Academy. The Enrollment Process is as easy as...

**1) Complete the Enrollment Forms**

Bring them with you when you tour or before your child's first day.

**2) Call the Crowned Kids Academy at (574) 243-2320 or Meet with the Crowned Kids Academy Director to coordinate an enrollment opening and schedule a start date.**

Availability is limited and changes frequently. Children are enrolled on an as-available basis.

**This Packet Includes the Crowned Kids Policies, Emergency Plan, and the following forms to complete:**

- Enrollment Form
- Child Care Tuition Agreement
- Health Record (must be completed within 30 days of enrollment)
- Daily Activity
- Pick-up and Emergency Contact
- Acknowledgment and Consent
- Discipline/Guidance Policy
- Verification of Age and Consent to Report
- USDA/CACFP Food Program (for all families)
- Classroom's Supplies List
- CKA Calendar
- Parent Checklist

*\*Additional forms maybe needed\**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preferred Start Date:** \_\_\_\_\_

**Thank you for choosing Crowned Kids Academy.**