

Enrollment Application for Kolorful Kids Daycare

314 William Penn Ave, Johnstown, PA 15901

(814)-262-8111 or (516)-551-9130

(Please initial each section and sign below)

(Child's Name)

____ Kolorful Kids Daycare agrees to provide childcare and developmentally appropriate curriculum for _____ enrolled for the following days:

Monday Tuesday Wednesday Thursday Friday (please circle)

____ The tuition rate for the service is _____. Payment is due by Monday of each week OR the first day of attendance for the full time program. Payment is due by the beginning of each week if paying weekly or by the 1st of each month if paying tuition in full for the month. A \$25.00 per child, per week late payment fee will be assessed to all accounts not paid on time. If tuition is not paid for two (2) consecutive weeks, your child will be unable to return to Kolorful Kids until the account is paid in full. Furthermore, I understand that this rate could change. Kolorful Kids will communicate any changes with a written two-week notice.

____ Part-Time operated from 9:00 am – 12:00 pm. It is imperative that the office be notified as soon as possible if a parent is going to be late for any reason. For every fifteen (15) minutes, a \$25.00 charge will be assessed to the parent account for each child. If the parent/guardian fails to notify the daycare, the staff will make every effort to reach the responsible party and/or emergency contacts. If the staff is unable to reach responsible parties, the proper authorities will be notified.

____ Kolorful Kids requires two (2) weeks written notice if you decide to remove your child from care. The full tuition is due during these two weeks.

____ I agree to enroll my child for ____ days at the rate of \$ _____ per day. I understand that I am responsible for payment for these days regardless of my child's attendance. Extra days/times may be added at any additional fee if needed.

____ Medication is administered only with a medication administration authorization form including the date, name of child, name of medication, and dosage. Medications are kept in the office locked in a cabinet, or in a refrigerated lock box in the kitchen.

____ My child will not be permitted to enter or leave the center without being escorted by an authorized person the staff will be notified daily upon the arrival and dismissal of my child.

____ I acknowledge that it is my responsibility to keep my child records current to reflect any significant changes as they occur such as telephone numbers, work locations, emergency contacts, child physicians, child health status, infant feeding plans and immunization records.

____ The Center agrees to keep me informed of any incidences, injuries, and illnesses and adverse reactions to medications that may occur to my child.

____ Kolorful Kids agrees to obtain written permission from me before my child can participate in routine transportation, field trips, and special activities that take place away from the center.

____ In the event of an emergency that involves my child, and if Kolorful Kids is unable to contact me, I hereby authorize any medical care

____ have received a copy, read, and agree to abide by the policies and procedures as outlined in the Kolorful Kids parent handbook and operating policies and procedures. Furthermore, I understand that Kolorful Kids has the right to add, remove, or change policies as necessary. Written notification will be provided for all policy changes.

Parent/Guardian Signature

Date

Director Signature

Date