



## New Enrollment

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

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ I am \_\_\_\_\_ years and \_\_\_\_\_ month

Parent Information:

Mother's Information

Father's Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Name of employer: \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Important Information \_\_\_\_\_

New Enrollment : \_\_\_\_yes \_\_\_\_ no

I am a transfer from: \_\_\_\_\_

Emergence Contact Person: \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_



## Minor Photo or Video Release Form

I give KD's Klubhouse Child Care Center permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against KD's Klubhouse Child Care Center with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

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Minor's name

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Parent Name

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Parent Signature

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Date

General Guidelines: it is recommended that a release form be obtained when photographing or videotaping a minor (under age 18). Parent or guardian signatures are required. This release form is kept on file as your authorization to use your child's photo or video for school purposes only or to share with programs your child's school may participate in for the purpose of highlighting your child's program and your child's participation in the activities of school program. PHOTOS ARE NOT USED FOR MONETARY PURPOSES ANYTIME.



## EMERGENCY CONTACTS

**You must first call the center if the person is not on the list.**

In case of emergency, when neither parent can be reached, the following should be contacted.

1.) Name:	Relationship:
Address:	Home Phone: Work Phone:
2.) Name:	Relationship:
Address:	Home Phone: Work Phone:
3.) Name:	Relationship:
Address:	Home Phone: Work Phone:
4.) Name:	Relationship:
Address:	Home Phone: Work Phone:

Please list the name(s) of person(s) whom you authorize to pick up your child(ren).

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_
- 6.) \_\_\_\_\_
- 7.) \_\_\_\_\_
- 8.) \_\_\_\_\_



### Child Information

Name: \_\_\_\_\_  
                         Last  First  Middle

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Home language: \_\_\_\_\_

Child Lives with: \_\_\_\_\_

Siblings: \_\_\_\_\_  
                         \_\_\_\_\_

#### Mother’s Information

#### Father’s Information

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

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

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

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

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Days: M T W Th F S Su

Days: M T W Th F S Su

#### Other members in the household:

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

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

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

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

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

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



## Supplies Needed

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

Child's Name: \_\_\_\_\_ Teacher's Name \_\_\_\_\_

The items marked below are not supplied by KD's Klubhouse CDC but they are a must for the proper care of your child(ren) that you need to bring when he/she returns.

\_\_\_\_\_ Pampers/Pull ups

\_\_\_\_\_ Set of changing clothes: T-shirts, socks, pants and shirt (appropriate for the weather)

\_\_\_\_\_ Sheet and blanket to sleep on

\_\_\_\_\_ Wipes

Your child may not return to the Center without them.



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## **Late/ Attendance & Vacation Policy**

### **Late Arrival Policy**

1. Front door will be locked at exactly 9 o'clock in the morning.
2. Late arrival due to medical appointments will be admitted not later than 11:00am with supporting documentations. No proof, no admittance.
3. Parents who call related to late arrival should be forwarded to the office.

Late arrivals will be dealt as follows:

- 1<sup>st</sup> offense = verbal warning
- 2<sup>nd</sup> offense = written warning
- 3<sup>rd</sup> offense = 1day suspension
- 4<sup>th</sup> offense = (3) days suspension
- 5<sup>th</sup> offense = termination

Child Protective Services will be contacted for late pick up after 6:30pm and a 3-day suspension will be given.

### **Attendance Policy:**

We insist that your child's attendance be regular and on time, before 9:00a.m. Upon arrival, parents must sign in their child, toilet and wash their child's hands before departing the program.

Children with unexcused absences totaling five days or more in any one month may lose their enrollment slot. Continued abuse of the Center's attendance policy will lead to your child's termination.

### **Vacation**

All children are eligible for one week, (5) Business days of unpaid vacation per school year. Notification of vacation dates must be presented to the Director in writing 24 hours prior to the start of the vacation time. Notices provided after vacation has been taken will result in unexcused absences and continuation of tuition payment.

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Parent Signature

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Parent Name

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Date



## Child File Audit Checklist

### Tab1

- \_\_\_ Application
- \_\_\_ Birth Certificate
- \_\_\_ Copy of Identification Card (Parent/Guardian)
- \_\_\_ Handbook

### Tab2

- \_\_\_ Registration Record for Child Receiving Care Away from Home
- \_\_\_ Medication Authorization Form
- \_\_\_ Authorization For Child's Emergency Treatment
- \_\_\_ Travel and Activity Authorization
- \_\_\_ Permission for Education Screening
- \_\_\_ Toothbrushing Permission Slip
- \_\_\_ Covid-19 Waiver
- \_\_\_ Minor Photo or Video Release Form

### Tab 3

- \_\_\_ D.C Health Certificate / Immunization Form
- \_\_\_ Current T.B./ Lead Test
- \_\_\_ DC Dental Health Screening ( 3 years old and older)
- \_\_\_ Allergy Form
- \_\_\_ CACFP Form ( Submitted by Office Manager)
- \_\_\_ Medical Substitution Form (Allergies and Special Diet)
- \_\_\_ Infant Feeding Parent Choice Form

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Classroom assignment \_\_\_\_\_ Child's Name \_\_\_\_\_

Person completing the audit \_\_\_\_\_ Date \_\_\_\_\_



### Child Care Agreement

Center Hours are from 6:00am to 6:00pm Monday - Friday

This agreement is for the hours of care that KD's Klubhouse CDC provides for your child(ren). As stated in the Parent Handbook, KD's Klubhouse CDC has a ten (10) hour policy which means that the children can only be at the center ten (10) consecutive hours per day.

Please mark the schedule time that your child(ren) will be arriving and departing the center.

My Child(ren) will be in child care Monday- Friday between hours of:

6:00am- 4:00pm     7:00am-5:00pm     8:00am- 6:00pm     9:00am- 9:00pm  
 6:30am- 4:30pm     7:30am-5:30pm

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

I understand and agree to follow the schedule I choose on this agreement. I also understand that I need to follow this schedule regardless of when my child arrives at the Center in the morning. For example, if my child has a doctor's appointment and arrives after the beginning time, I checked on this schedule, I must pick my child up by the ending time that I have checked on the above schedule. Further, I understand and agree to provide the Director in writing with any changes to their schedule at least two weeks prior to the date I want the change to take effect.

I have read and agree to comply with this agreement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## HANDBOOK SIGNATURE FORM

Please detach and return this form to the Director of KD's Klubhouse Child Care Center.

I, \_\_\_\_\_ parent of \_\_\_\_\_, have read and fully understand the policies and procedures outlined in the Parent's Handbook. I have discussed any policy and procedure that I did not understand with the Center's Director. I agree to the policies and procedures that are set forth in this handbook. I will be given an updated copy if any changes are made by the center or by the Government of the District of Columbia.

\_\_\_\_\_  
Child or Children's Name(s)

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## Permission for Education Screening

Dear Parent/ Guardian

In order to plan an individual program for the children enrolled at KD's Klubhouse Early Childhood Development Program, permission is being requested from you to screen for developmental levels of your child using the following instruments during the program year.

<b>AREA</b>	<b>YES</b>	<b>NO</b>
Creative Curriculum Developmental Continuum	_____	_____
ASQ	_____	_____

The result of this screening will be discussed with you during a planned conference. Your cooperation is greatly appreciated.

Thank you.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
KD's Klubhouse Staff

\_\_\_\_\_  
Date



## Tooth Brushing Permission Slip

In response to the increasing number of young children with significant dental problems, I plan to institute a tooth brushing program. I hope you will allow your child to participate. Children will learn how to correctly brush their teeth and the importance of doing so. Staff will supervise the children to ensure that the process is sanitary.

Child's Name \_\_\_\_\_

\_\_\_\_\_ Yes, I would like for my child to participate in the tooth brushing program.

\_\_\_\_\_ No, I do not want my child to participate in the tooth brushing program.

If your answer is "yes", you have more to decide. There is a great deal of evidence that fluoride helps prevent cavities. Therefore, the toothpaste that we will provide to the children will contain fluoride. However, if you decide you do not want your child to use toothpaste with fluoride, he or she still may still take part in the toothbrushing program but without using toothpaste.

\_\_\_\_\_ My child may use the fluoride toothpaste.

\_\_\_\_\_ My child may not use the fluoride toothpaste.

Should you have any questions about the toothbrushing program, please let us know.

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

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



## Corona Virus/ Covid-19 Liability Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which KD's Klubhouse CDC adheres to comply with.

### **In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:**

I am aware of the existence of the risk on my child(ren) physical appearance to the child care center and his or her participation to the activities of KD's Klubhouse CDC that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death. I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days. I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days. I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

### **Following the pronouncements above I hereby declare the following:**

I recognize that I ( my child) may in any case be at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive, discharge the KD's Klubhouse CDC, from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while attending KD's Klubhouse CDC that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend, and hold harmless the KD's Klubhouse CDC from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Child's Name \_\_\_\_\_



## STUDENT INFORMATION SHEET

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER'S : \_\_\_\_\_

PHONE#:(C) \_\_\_\_\_ (H) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PHONE#: (C) \_\_\_\_\_ (H) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

OTHER CONCERNS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_