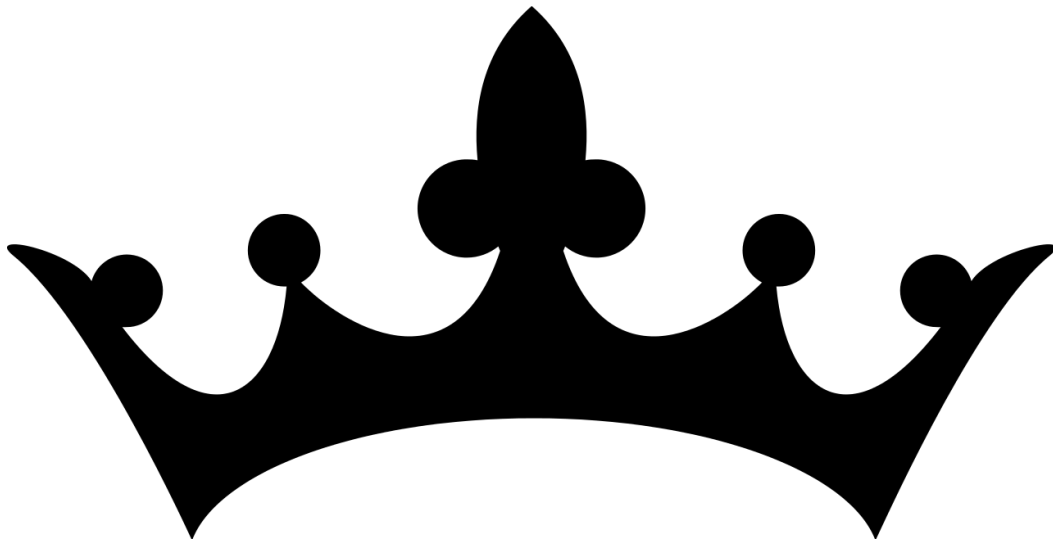


THE KINGDOM KIDS LEARNING CENTER

Enrollment Packet



**“Catering to each child’s individual creativeness that God has
molded within them.”**

THE FIRST DAY OF PRESCHOOL: AN OPEN LETTER

Welcome to The Kingdom Kids Learning Center! The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for the young child. New situations and change can, at times, be unsettling for all of us. For many children, this may be their first experience of separation from parents or caregivers at home. It is common for even the most outgoing child to be anxious on their first day of school.

We have provided a few suggestions for assisting your child during this time. Remember that our Preschool staff will be able to provide support and assistance, making your child's first school days happy days.

- Prepare your child for the new school experience by explaining what to expect. Answer all questions directly and honestly.
- Convey a positive attitude. Young children can be aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Rituals and routines will add predictability and are comforting in unfamiliar situations.
- Bring something from home. This is acceptable and often reassuring in helping the child with the initial adjustment to school. This item may be a treasured blankie or even a photo from home.
- Clearly state to your child where you will be and when you will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear good-bye routine. This may include warning the child that you are leaving in three minutes, a hug and a kiss, or a wave from the window. Once you tell your child you are leaving, it is important to follow through. Extending the good-bye with, "Okay, just one more kiss, and then I really have to go," tends to heighten anxiety rather than relieve it. Avoid sneaking out, as this seems to encourage children to become less trusting and makes the second day of school even harder.

Again, please know that we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year. Welcome!

Sincerely,

Cristina Diaz

Owner & Head Director

THE KINGDOM KIDS LEARNING CENTER

Enrollment Document Checklist

The following is a checklist of all documents that are required to enroll your child at The Kingdom Kids Learning Center. It is important that all documents are filled out completely. In addition to the documents listed below, a one-time enrollment fee of \$25 is also required. Please use this checklist to ensure that all documents have been completed and submitted.

- Emergency contact form
- Copy of child's birth certificate
- Emergency Medical Treatment Authorization
- Physical (Must be completed by a healthcare provider within 30 days of enrollment)
- Medication Order (If your child takes any medication, then this form must be completed by a healthcare provider within 30 days of enrollment)
- CACFP Enrollment Form (Please follow instructions carefully)
- CACFP Eligibility Form (Please follow the instructions included in this packet carefully)
- Pre-Screening Questions
- Covid-19 Policy Agreement
- Sunscreen Application Agreement
- Photo Release
- Parent Signature Page

These forms are vital to ensure that we are able to provide the best care possible for your child.

Thank you!

THE KINGDOM KIDS LEARNING CENTER

Tuition Rates 2023

Tuition is based on the age of your child as well as the amount of days that they attend.

Full Time Tuition (3+ days per week):

- 3 Years Old: \$160 per week
- 4 Years Old: \$150 per week
- 5 Years Old: \$140 per week
- 6 Years Old: \$120 per week
- 7-13 Years Old: \$100 per week

Part Time Tuition / Other:

- 2 Days Per Week: \$100
- 1 Day Per Week: \$50
- Flat Rate/Additional Days: \$50 per day
- Before & After Schoolcare Only (All Ages): \$100

Thank you for your consideration in choosing The Kingdom Kids Learning Center for your childcare needs!

THE KINGDOM KIDS LEARNING CENTER

Child Care Emergency Contact Information

Child's Name: _____ **Birthdate:** _____

Home Address: _____

Parent or Guardian (1): _____

Home Phone Number: _____ Cell Phone Number: _____

Work Number: _____ Email: _____

Parent or Guardian (2): _____

Home Phone Number: _____ Cell Phone Number: _____

Work Number: _____ Email: _____

Emergency Contacts: People listed below will be contacted in the event that the parent cannot be reached, and are authorized to pick your child up from The Kingdom Kids Learning Center.

Emergency Contact (1):

Name: _____ Relationship to Child: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Number: _____ Email: _____

Emergency Contact (2):

Name: _____ Relationship to Child: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Number: _____ Email: _____

Additional Pick-Up Authorizations:

1. **Name:** _____ Relationship to Child: _____

Home Phone Number: _____ Cell Phone Number: _____

2. **Name:** _____ Relationship to Child: _____

Home Phone Number: _____ Cell Phone Number: _____

3. **Name:** _____ Relationship to Child: _____

Home Phone Number: _____ Cell Phone Number: _____

4. **Name:** _____ Relationship to Child: _____

Home Phone Number: _____ Cell Phone Number: _____

**Written permission is required in order for The Kingdom Kids Learning Center to release children in our care to any adult other than their parent or guardian.*

Child's Usual Source of Medical Care:

Physician's Name: _____ Phone Number: _____

Address: _____

Hospital of Choice in Emergency: _____

Dentist Name (Child or Parent): _____ Phone Number: _____

Address: _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID): _____ Group #: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: _____ Parent/Guardian(1) Signature: _____

Date: _____ Parent/Guardian(2) Signature: _____

Review Date: _____ Parent/Guardian Signature: _____

Review Date: _____ Parent/Guardian Signature: _____

Review Date: _____ Parent/Guardian Signature: _____

THE KINGDOM KIDS LEARNING CENTER

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should accompany a child in the event of off-site trips or emergency relocation of the program.

Minor's Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female Male

Physician's Name & Location of Practice: _____

Physician's Phone Number: _____

Medical Insurer/Health Plan: _____ Policy Number: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is receiving treatment: _____

Note any other significant medical information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for staff members at The Kingdom Kids Learning Center (hereby "Designated Adults") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. **If the injury or illness is threatening or in need of emergency treatment, I authorize Designated Adults to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.** I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adults in the exercise of his or her best judgement upon the advice of any such medical or emergency personnel.

Signed this ____ day of _____, 20____

This authorization is effective through ____ / ____ / ____

Parent/Legal Guardian Signature: _____

Printed Name: _____

Witness Signature: _____

Printed Name: _____



HEALTH CARE PROGRAM FOR CHILD CARE HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

FAMILY AND SOCIAL SERVICES
ADMINISTRATION - MS02
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----

		Handicapping conditions:	-----
Screenings	Result / Date (<i>month, day, year</i>)		
TB Risk / Symptom		Other:	-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?

Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No



RECORD OF MEDICATION ORDER

State Form 49968 (R4 / 7-19)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W362
INDIANAPOLIS, IN 46204

All medications, medicinal products, physician's sample medications, and medicinal skin care products given or used at a child care center must include the exact name of medication, dosage to be given, time to be given and reason for use. *(If used for fever, the degree of temperature must be stated.)* A prescriber order is valid for one (1) year.

1. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of child's healthcare provider		Date (<i>month, day, year</i>)
2. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of child's healthcare provider		Date (<i>month, day, year</i>)
3. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of child's healthcare provider		Date (<i>month, day, year</i>)
4. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of child's healthcare provider		Date (<i>month, day, year</i>)
5. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use: -----		
Signature of child's healthcare provider		Date (<i>month, day, year</i>)

CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care center.

Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

The Kingdom Kids Learning Center, 1206 S. Dixon Road, Kokomo, IN 46902.

Step 1:

List everyone from your household attending the day care. Use one line for each person's name. Write one letter in each box. Stop if you run out of space. If there are more than five people, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

Step 2:

For Childcare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

For Adult Daycare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI), or Medicaid benefits.

Do any household members, including you, currently receive these benefits? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes

This institution is an equal opportunity provider.

in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

Points to Remember:

If:	Then:
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	Participants don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count any pay that is provided to your household as income.

Step 4:

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Optional:

We ask about the participants' ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

CACFP Meal Benefit Income Eligibility Form
Letter to Household (Non-Pricing Centers)

January 1, 2024

Dear Households:

The Kingdom Kids Learning Center offers healthy meals and snacks to everyone in care as part of the Child and Adult Care Food Program (CACFP). The Kingdom Kids Learning Center receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2023 - June 30, 2024		
Household size	Yearly Income	Monthly Income
1	26,973	2,248
2	36,482	3,041
3	45,991	3,833
4	55,500	4,625
5	65,009	5,418

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support The Kingdom Kids Learning Center receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please submit the completed form to:

Crystina Diaz, 1206 S. Dixon Road, Kokomo, IN 46902

Thank you for taking the time to fill out the form. If we approve your form for free or reduced-price meals, eligibility lasts 12 months. We may verify the information on the form to confirm eligibility. If not approved or you disagree with our decision, you have the right to appeal it.

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or want to request an appeal, please contact Crystina Diaz at (765) 878-4717 or thekingdomkidsllc@gmail.com.

Sincerely,

Crystina Diaz
Owner

CHILD ENROLLMENT FORM

Name of Institution: _____ Sponsor ID Number: _____

Name of Facility: _____

IDOE/CACFP

June 2019

Child's Name: _____ **Birthdate:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (√) the meals your child normally receives while in care.	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack	Breakfast____ AM snack____ Lunch_____ PM snack____ Supper_____ Night snack
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (√) here _____							

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

<p><u>Infant Formula</u> This facility will provide the following iron-fortified infant formula: _____ Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/> Provide name of parent-provided formula: _____</p> <p><u>Infant Meals and Snacks</u> Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/></p>
--

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____ Phone Number: _____

Signature of parent/guardian: _____ Date: _____

This institution is an equal opportunity provider.

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Participant's Ethnic and Racial Identities (Optional)

We are required to ask for information about the participant's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov
This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT Sponsor use only - The Determining Official's dated signature is required

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Monthly x 12 (required if earnings are in more than one frequency type)

Use this space for income calculations:

Total Income	How often?	Household size	Categorial Eligibility <input type="checkbox"/>	Free	Reduced	Paid	Tier I	Tier II							
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>Annually</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	Annually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly	Bi-Weekly	Monthly	Annually												
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Determining Official's Signature (required)	Date (required)	2nd Official's Signature	Date	3rd Official's Signature	Date										



CHILD CARE AND DEVELOPMENT FUND (CCDF)/ON MY WAY PRE-K (OMW) PROVIDER INFORMATION

State Form 57222 (R / 7-23)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: The provider must complete all information and sign the form. Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in these programs

PARENT / GUARDIAN: Your caregiver must complete this information in its entirety. Your provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. Please upload this document to your online application or bring to your in-person appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. If you have any questions, please contact your local eligibility office.

Name of parent / guardian	Date completed (month, day, year)
Name of caregiver	License / registration / exemption number
Name of business (if applicable)	Employer Identification Number (EIN) of business (if applicable)

Address where care is provided (number and street, city, state, and ZIP code)

Telephone number () ()	Fax number () ()	County	Provider's current Paths to QUALITY (PTQ) Level
-----------------------------	-----------------------	--------	---

Type of provider
 Licensed Home Licensed Center Registered Ministry License Exempt Home License Exempt Facility Providing Care in Child's Home Public, Private or Charter School

Hours of operation (i.e. 7 AM to 6 PM)	Days of operation (Check all that apply.) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
--	--

Is this a provider change? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date will the child begin care? (month, day, year)	Is this for a child who is reauthorizing their case? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

Name of CCDF Child(ren) (First and Last)	Date of Birth (month/day/year)	Kindergarten (Indicate HD for Half Day or FD for Full Day.)	Charge for Current Age (Also, list charges for Before and After School) Week / Day / Hour	Charge for Next Age Group (If child is currently Infant, list charge for Toddler) Week / Day / Hour	School-Age Other (Charge for School Breaks or evening care) Week / Day / Hour

FOR SCHOOL AGE CHILDREN ONLY (Please include a school calendar for ALL School Aged children.)

Date school year begins (month, day, year)	Date school year ends (month, day, year)	Does school-age child need break care vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this form On My Way Pre-K wraparound or break care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will child attend this same CCDF provider for summer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summer Begin-End date (month, day, year - month, day, year)
--	--	--	---	--	---

FOR ON MY WAY PRE-K CHILDREN ONLY

Name of OMW Child (First and Last)	Date of Birth (month/day/year)	OMW Pre-K Weekly Charge	OMW Pre-K Begin Date (month/day/year)	OMW Pre-K End Date (month/day/year) Latest possible date-first Sat. in June	If family determined eligible for Limited Eligibility providers receive
					\$147.82/week

If you are a public, private or charter school, does the OMW child listed above need break care vouchers (care at another provider when your school is not in session)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a school schedule <u>must</u> be provided
--	--

Are you related to any the child(ren) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list relationship.
--	-----------------------------------

PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program available on www.childcarefinder.in.gov. I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signature of provider	Printed name of provider	Date (month, day, year)
-----------------------	--------------------------	-------------------------

THE KINGDOM KIDS LEARNING CENTER

Special Needs Policy / Child Enrollment Pre-Screening Questions

As per the center handbook, “The Kingdom Kids Learning Center is a state licensed child care center, providing care for children ages 3 to 13 years old. Our mission includes striving in providing nurturing, loving, and supportive care in a safe learning environment.”

During the initial enrollment process, each parent is asked two questions that can affect the care that is provided in a safe learning environment. Parents and guardians are required to answer these questions accurately, and will not withhold any known information. Discovery of your child displaying actions or behaviors that conflict with answers to our pre-screening questions may result in an immediate termination of child care services. Please remember that providing all accurate and honest information will allow our center to provide the best possible care and resources for your child.

Although all staff at The Kingdom Kids Learning Center is qualified to educate young children, we are not specifically certified to create ABA care plans or care plans for children with significant special needs. As such, if your child has special needs, The Kingdom Kids Learning Center should be the second option of care, and we may require proof that your child is enrolled in a program that caters to their special needs or behavior.

Thank you for understanding and choosing the appropriate center for your child’s learning.

By signing this agreement, you agree to provide accurate and honest information to the center director.

1. Does your child have any special needs or disabilities that can affect their learning?
2. Does your child have any severe behavioral issues, including but not limited to physical tantrums, outbursts, acts of aggression, etc?

X. _____
(Parent or Legal Guardian) (Date)

X. _____
(Head Director) (Date)

THE KINGDOM KIDS LEARNING CENTER

Covid-19 Policy & Procedures

In addition to our policy and procedures listed in The Kingdom Kids Learning Center handbook, teachers and staff at The Kingdom Kids Learning Center reserve the right to conduct at-home testing for Covid-19 on children in our care at our discretion.

This policy helps to keep all children, staff, and families safe while they are a part of The Kingdom Kids Learning Center. Tests are generally administered only if a child is displaying symptoms of Covid-19, or if there has been a confirmed case of contact with Covid-19 (such as a classmate having a positive test).

If you do not consent to the testing of your child for Covid-19 by staff at The Kingdom Kids Learning Center, please be advised that our policy requires your child to be picked up immediately, without question, if they are experiencing any symptoms of Covid-19. Any students that fall into this policy may return after 72 hours, only if they have had a negative Covid-19 test result.

Thank you for understanding, and for being a part of The Kingdom Kids Learning Center family.

- I **do consent** to the at-home testing of my child for Covid-19 at the discretion of staff at The Kingdom Kids Learning Center.
- I **do not consent** to the at-testing of my child for Covid-19, and have read and agree to the alternative policy to prevent the spread of Covid-19.

Child's Name

Parent's Name

Parent's Signature

Date

THE KINGDOM KIDS LEARNING CENTER

Sunscreen Permission Form

Date: _____

Child's Name: _____

The Kingdom Kid's Learning center policy is for parents or guardians to apply sunscreen to their child every morning before they arrive at The Kingdom Kids Learning Center. Between 15-30 minutes before outdoor play, your child's care provider will assist with applying fresh sunscreen to bare surfaces, including the face, tops of ears, bare shoulders, arms, legs, and feet as needed. Sunscreen will not be applied to any broken skin, or if a skin reaction has previously been observed. If a skin reaction does occur, it shall be reported promptly to the parent or guardian.

Parents and guardians are expected to provide sunscreen for their child to use while at The Kingdom Kids Learning Center. If sunscreen is not provided, The Kingdom Kids Learning Center may provide sunscreen to children, depending on availability.

- I **AGREE** to allow The Kingdom Kids Learning Center to apply sunscreen to my child, and in the event that my child does not have their own sunscreen, **the center MAY provide sunscreen to my child.**

Preferred SPF:

- I **AGREE** to allow The Kingdom Kids Learning Center to apply sunscreen to my child, but in the event that my child does not have their own sunscreen, **the center MAY NOT provide sunscreen to my child.**
- I **DO NOT AGREE** to allow The Kingdom Kids Learning Center to apply sunscreen to my child, and will hold sole responsibility for ensuring that proper protective measures (applying sunscreen at home, sun covers, etc) have been taken before my child arrives at The Kingdom Kids Learning Center. I also understand that in the absence of any protective measures, my child may not be allowed to participate in outdoor play.

If you provided sunscreen for your child, please write the name or brand of the sunscreen, along with the SPF, in the space below.

Name/Type: _____ SPF: _____

Parent or Guardian Signature: _____

THE KINGDOM KIDS LEARNING CENTER

Photo Release Form

I, _____, the parent or legal guardian of _____,
(Parent/Guardian Name) (Child's Name)

grant **The Kingdom Kids Learning Center** permission to use photos of my child, and agree to the following:

I understand that my child, whose name is listed above, may be photographed at the center during normal daycare hours, field trips, and activities. I understand that these photographs may be used in promoting child care services in either print or on the internet.

With my signature below, I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the Center's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

-
- Accept
 Decline
-

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Child's Name: _____

Phone Number: _____

Date: _____

THE KINGDOM KIDS LEARNING CENTER

Parent Signature Page

This agreement is made by and between Crystina Diaz and the parent of the child listed on this page, and begins on the date listed on this page. The parent or guardian of this child agrees to the following statements:

- “I have read the full contents of the Parent’s Handbook, and I agree to comply with the policies listed within. I understand that disregarding these policies can result in the termination of my child from The Kingdom Kids Learning Center.”
- “I agree to the weekly rate listed below, to be paid the Monday before the week begins for my child.”
- “I acknowledge and agree to the set arrival and pick-up times defined below. I also agree that any added time before or after those times will be discussed beforehand, or will be subject to early arrival or late pickup fees.”

This agreement shall be in effect until which time the parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiation of a new contract.

THIS AGREEMENT AND THE PARENT HANDBOOK STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

Date: _____

Child’s Name: _____

Parent/Guardian Name (1): _____

Parent/Guardian Name (2): _____

Weekly Rate: _____ **Attendance Days (Please circle):** M Tu W Th F

Arrival Time: _____ **Pick-Up Time:** _____

(Licensed Child Care Provider)

(Date)

(Parent/Guardian)

(Date)

(Parent/Guardian)

(Date)

*BOTH PARENTS MUST SIGN OR PARENT/GUARDIAN WITH SOLE CUSTODY OF THE CHILD

** This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.