BUGS Early Learning Center

Enrollment Confirmation Agreement

BUGS
EARLY LEARNING CENTER
"BUILDING UP, GROWING STRONG"

Thank you for enrolling your child(ren) at BUGS Early Learning Center. We look forward to getting to know your family and caring for your child!

Confirmed Start Date:_____

Child's Name: **Classroom:** **Weekly Tuition:**

_____

_____

_____

Enrollment & Fees:

To reserve a place for your child at BUGS, the gold enrollment form and this confirmation form must be signed and registration fee paid. If your child's first day is more than two weeks from today, the first week's tuition is also required to hold the reservation. These payments are non-refundable.

Registration fee $_____

+ First week's tuition (if required) $_____

= Total received $_____ **Date received** _____

I understand that a yearly Registration fee of $100 for my first child and/or $150 family fee. Registration fees are non-refundable.

I understand that my weekly tuition is due every Friday in advance. Payments can be left in the drop box in the lobby. A late payment fee will be charged if my payments are not received by Monday at 6:00 pm ($10 for the first day and an additional $20 if not paid by Friday.) If my payment is more than one week late, my child will be unable to attend until a payment is received. If payments are more than 2 weeks late, my child's reservation will not be held.

To keep my child's reservation at BUGS, my weekly tuition amount is due in full even when my child doesn't attend the full week unless I choose to use a comp day (please see explanation in the Parent Handbook.)

Weekly tuition fees are non-refundable regardless of holidays, illness, vacation, inclement weather days or "Acts of God". The Center will make reasonable efforts to open in inclement weather; however, the school may choose to close at the discretion of the Center's owner.

I understand that if my child is not picked up by 6:00 p.m. I will be charged $20.00 after 6:00pm plus an additional $1/per minute after 6:10pm. If my child is not picked up by 6:45 p.m. and I or emergency contacts have not been reached, the authorities will be called.

I understand and agree to follow the illness exclusion policy as outlined in the parent handbook.

(Please refer to other side of form)

Additional Agreements:

- All enrollment, health, and notarized emergency release forms are to be completed and on file before your child can attend. The parent handbook must be read before you child attends in order to understand all policies of the center.
- Children must be escorted into the center by a parent or authorized person and clocked in at the front desk at time of arrival. Upon departure, the child must be clocked out by the parent or authorized adult.
- Parents must provide written authorization for any medicine to be administered to your child while attending BUGS. This applies to diaper ointment, teething medication, sunscreen and over-the-counter or prescription medication.
- A two week written notice must be provided if you decide to end your child's enrollment at BUGS. The full weekly tuition is due during the two-week notice period.
- Parents/Guardians agree not to engage employees of the Center for outside childcare services unless and until Parents and the employee(s) have informed the Center's Director and have signed a release acceptable to the Center.
- The Center's employees are its most important assets. If Parents/Guardians hire an employee of the Center or a former employee (within 6 months of their employment at the center), Parents/Guardians agree to pay the Center a placement fee of $2500.00, payable upon hiring.

I have read and understand the terms of this agreement. (as outlined on both sides of this form).

Parent Signature_____Date_____

Received by_____ (staff member's signature)

BUGS
EARLY LEARNING CENTER
"BUILDING UP, GROWING STRONG"

Enrollment Form

BUGS Early Learning Center
1330 West Dennis
Olathe, KS 66061

Tell us about your child and family...

Please mark the phone number you would like for us to call first when trying to reach a parent/guardian.

Child's Last Name | First Name / Middle Initial | Nickname | Male/Female

Home Address | Apt. Number | City / State / ZIP | Home Phone

Date of Birth | Current Age

Father's Full Name/Soc. Sec. # | Father's Home Address (if different from child's) | Father's Home Phone (if different)

Father's Employer | Employer's Address | Occupation | Work Phone/ext.

Father's email | Send monthly newsletters/correspondence to this email? | Cell Phone

Mother's Full Name/Soc. Sec. # | Mother's Home Address (if different from child's) | Mother's Home Phone (if different)

Mother's Employer | Employer's Address | Occupation | Mother's Work Phone/ext.

Mother's email | Send monthly newsletters/correspondence to this email? | Cell Phone

Who will you allow to pick your child up from BUGS?

☐ Father (listed above) ☐ Mother (listed above)

1 - Full Name (ID will be checked) | Relationship to Child | Phone1 (☐ Home ☐ Wk ☐ Mbl) | Phone2 (☐ Home ☐ Wk ☐ Mbl)

2 - Full Name (ID will be checked.) | Relationship to Child | Phone1 (☐ Home ☐ Wk ☐ Mbl) | Phone2 (☐ Home ☐ Wk ☐ Mbl)

3 - Full Name (ID will be checked) | Relationship to Child | Phone1 (☐ Home ☐ Wk ☐ Mbl) | Phone2 (☐ Home ☐ Wk ☐ Mbl)

In case of an emergency, who can we call if we cannot reach you?

1 – Full Name | Relationship to Child | Phone1 (☐ Home ☐ Wk ☐ Mbl) | Phone2 (☐ Home ☐ Wk ☐ Mbl)

2 – Full Name | Relationship to Child | Phone1 (☐ Home ☐ Wk ☐ Mbl) | Phone2 (☐ Home ☐ Wk ☐ Mbl)

3 – Full Name | Relationship to Child | Phone1 (☐ Home ☐ Wk ☐ Mbl) | Phone2 (☐ Home ☐ Wk ☐ Mbl)

Does your child have any allergies or food restrictions? Tell us about it...

Date completed/updated: _____

Attendance Information

Desired Start Date

Full-time (Mon-Fri) or Part-time (2-4 days/wk)? If Part-time, list days of week your child will attend

Approximate days and times attending

Payment Receipts Needed? If yes, specify Monthly or Weekly (Year-end tax information will automatically be provided to all customers)

Agreement

I hereby represent that I am the legal parent/guardian of _____(child's full name) and acknowledge that it is my responsibility to provide BUGS Early Learning Center with updated information whenever changes occur to contact information, allergy/diet restrictions, and immunization dates.

I acknowledge that my child cannot be admitted until all KDHE-required forms are completed.

I understand that weekly tuition is due each Friday for the week following. I will be responsible for any late payment or returned check fees. If my account is overdue more than one week, childcare services will be terminated upon written notice from BUGS. If my past due account is turned over to an attorney or collection agency, I will be responsible for all associated legal and collection agency fees in addition to the past due amount.

I understand that BUGS requires a two-week written notice if I choose to discontinue services. Weekly tuition will continue to be paid to BUGS for the two-week notice period.

BUGS Early Learning Center agrees that no person or child shall, on basis of race, color, religious belief, national origin or sex, be excluded from or be denied the benefits of participation or be subject to discrimination by BUGS employees in any BUGS program or activity.

Parent or Guardian Signature Date

For office use only

Beginning Date Room/Age Group Program

Registration Fee Payment Amount Check Number/Cash First week's tuition included?/Amount

Weekly Tuition Rate Total Amount Due each Friday

To be completed by office upon termination notice

Last Day to Attend Room/Age Group Received by

Director/Management Signature Date

Child Care Licensing & Registration Program
Division of Health
1000 SW Jackson, Ste 200
Topeka, KS 66612

Phone: 785-296-1270
cclr@kdheks.gov
www.kdheks.gov/bcclr

Kansas
Department of Health & Environment

Robert Moser, MD, Secretary

Sam Brownback, Governor

IMMUNIZATION REQUIREMENTS FOR LICENSED CHILD CARE FACILITIES, REGISTERED FAMILY DAY CARE HOMES AND EARLY CHILDHOOD PROGRAMS OPERATED BY SCHOOLS FEBRUARY 2011

Immunization requirements and recommendations for the 2011-2012 school year are based on the Advisory Committee on Immunization Practices (ACIP) recommendations. The current immunization schedules, including catch up schedules, may be found at http://www.kdheks.gov/immunize/schedule.htm .

K.A.R. 28-1-20 defines immunizations required for children attending child care programs licensed or registered by KDHE or early childhood programs operated by schools. The complete regulation is available at http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf.

- **Diphtheria, Tetanus, Pertussis (DTaP):** five doses required. Doses given at 2 months, 4 months, 6 months, 12-15 months (6 months after dose 3) and 5 years of age. Four doses acceptable if dose 4 given on or after the 4th birthday. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_e%0d%0a
- **Poliomyelitis (IPV/OPV):** four doses required. Doses given at 2 months, 4 months, 6-18 months and 4-5 years of age. One dose is required after age 4, with a 6 month minimum interval from previous dose.
- **Measles, Mumps, Rubella:** two doses required. Doses given between 12-15 months and 4-5 years of age.
- **Hepatitis B:** three doses required. Doses given at birth, 2 months, and 6-18 months of age.
- **Varicella (chickenpox):** two doses required unless history of varicella disease documented by a licensed physician. Doses given at 12-15 months and 4-6 years of age.
- **Haemophilus influenzae type b (Hib):** three doses required for children less than 5 years of age. Doses given at 2 months, 4 months, 6 months and 12-15 months of age. Total doses needed for series completion is dependent on the type of vaccine and the age of the child when doses given.
- **Pneumococcal conjugate (PCV):** four doses required for children less than 5 years of age. Doses given at 2 months, 4 months, 6 months, and 12-15 months of age. Total doses needed dependent on the age of the child when doses given.
- **Hepatitis A:** two doses required for children less than 5 years of age. The first dose is given at 12 to 18 months of age, with a 6 month interval between the first and second doses.

In addition to the immunizations required for children attending child care programs licensed or registered by KDHE and early childhood programs operated by schools, the 2010 ACIP recommendations include the following additional immunizations:

- ***Rotavirus:*** three doses *recommended* for < 8 months of age; not required.
- ***Influenza*:** yearly vaccination *recommended* for all ages ≥ 6 months of age; not required.

The complete ACIP recommendations can be found at: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm

Efforts by child care providers and schools have been central to the success of public health efforts in eliminating vaccine preventable diseases. Thank you for this success.

CCL. 029a
Rev. 8/2013

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name_____ **Date of Birth**_____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): ☐ None	Do you see this child for regular health supervision: ☐ Yes ☐ No
Allergies to food or medicine (describe, if any): ☐ None	
List current medications (if any): ☐ None	

Length/Height: _____ IN/CM %ILE_____		**Weight: _____ LB/KB %ILE_____**
Physical Examination	**✓ If Normal**	**If Abnormal - Comments**
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	**Screening Date**	**Note Here if Results are Pending or Abnormal**
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
☐ None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address City	Zip Code

CCL. 011
Rev. 8/2013

Kansas Department of Health and Environment
Bureau of Family Health
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Child Care Program: (785) 296 -1270 Fax: (785) 296 -0803
Foster Care Program: (785) 296 -1270 Fax: (785) 296 -7025
Website: www.kdheks.gov/kidsnet

Kansas
Department of Health and Environment

Child Health Assessments

Your child should be seen during the preschool years by a health professional according to the following schedule:

At Birth	6 Months	18 Months	Then 1
1 Month	9 Months	24 Months	per year
2 Months	12 Months		until the
4 Months	15 Months		age of 20

Every child should be seen at least 13 times from birth to school entry. A careful examination of the eyes and ears should be included in the assessment.

Dental Health

A child's initial visit to a dentist should take place within 6 months after the first tooth can be seen, but no later than 1 year of age. Following the initial visit, regular check-ups should be scheduled every 6 months (or twice a year).

In communities where the drinking water is not fluoridated, a dentist should be consulted about an age appropriate fluoride treatment plan.

Social-Emotional Health

Caring for your child's social and emotional health is also an essential part of raising a healthy child. To learn more about age appropriate development tasks as well as ideas for encouraging healthy social and emotional growth, visit: www.brightfutures.org/mentalhealth/pdf/tools.html#families.

Safety

Providing your child with a safe environment to grow is an important part of raising a healthy child. For information about safety precautions and more, visit: www.kdheks.gov/safekids.

Well-Child Visits Should Include

A. Discussion of your child's physical and behavior problems with the physician.

B. A Health Assessment of your child by the physician or nurse approved to perform Health Assessments.
(including important screenings such as vision, hearing and blood tests)

C. Immunizations

- Make sure your child has the necessary immunizations for his/her age. This is important for your child's health.
- Many childhood diseases can be prevented with regular health care visits and up-to-date immunizations.
- Discuss with your child's physician the appropriate course of immunizations.
- Your child's physician will also provide you with Vaccine Information Statements (VISs) prepared by the Centers for Disease Control (CDC) regarding certain vaccinations your child will be given.
- Repeat immunizations as recommended by the Kansas Department of Health and Environment. Your child's physician may also discuss new vaccines with you as they become available.

D. Discussion of your child's health history since the last visit.

E. Written instructions concerning your child's care, diet and recommendations for the solution of any special health problems.

F. Referrals when necessary to other persons for special services.

G. Appointment for next Well-Child Visit.

CCL 010
Rev. 8/2013

Kansas Department of Health and Environment
Bureau of Family Health
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Child Care Program: (785) 296 -1270 Fax: (785) 296 -0803
Foster Care Program: (785) 296 -1270 Fax: (785) 296 -7025
Website: www.kdheks.gov/kidsnet

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	**License #**
BUGS Early Learning Center Inc	0072419-002

I hereby authorize Bava Baccash (Name of individual/staff member) and/or Staff in charge (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ (MM/DD/YYYY) and Until terminated (MM/DD/YYYY).

Signature of Parent or Guardian	**Date Signed**

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	**Date Signed**

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas
County of _____

Signed or attested before me on _____ (MM/DD/YYYY) by _____ (Name of Person).

(Seal, if any.)

_____
Signature of notarial officer

Owner / Administrator
Title (and Rank)

My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

_____

_____

Is child covered by health insurance? ☐ **Yes** ☐ **No**

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

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New Student Checklist

Nap Sack Items: (Nap Sacks are issued two weeks after enrollment)

- fitted crib sheet
- top sheet/blanket
- travel size pillow (optional)

*All items need to fit in your nap sack and are to be taken home every Friday (Or Thursday for part time students) to be washed. Thank you!

Cubbies:

- Extra weather appropriate clothing, including socks and underwear (2 or more complete changes of clothing for infants - 2 year olds)
- Other: coats, jackets, mittens, hats, shoes (optional)

As Needed:

- Bathing Suits, "Little Swimmers" (if necessary during Summer months)
- Tylenol or other medications (must fill out and sign form in office)
- Sunscreen/Bug Spray (also require filled out medication form)
- Diapers and Wipes (Infant/Toddler, at least one week supply)
- Tooth brush and toothpaste (for hygiene before nap)

Infants:

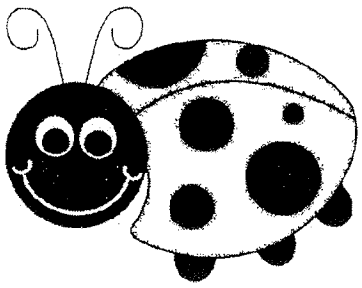
- Diapers & Wipes (diaper cream if desired)
- Bottles (must have lid)
- Formula, breast milk, baby food/cereal
- Extra clothes, weather appropriate (2 full changes)

Please Do Not Bring:

- Stuffed animals
- Toys
- Outside Food or Drinks (unless for infants or special diet purposes)
- Expensive or Special clothes/ items that might be damaged during active or messy play

All Items Need to Please Be Labeled

Infant Information Update



Child's Name_____Date of Update_____ DOB_____

	Yes	No
Does your child take a bottle?	___	___
Is the bottle warmed?	___	___
Does your child hold their own bottle?	___	___
Does your child use a pacifier?	___	___
Does your child need a special blanket, stuffed animal, etc. to sleep with? Desc._____	___	___
Can your child feed him/herself?	___	___
Does your child eat?		
Formula	___	___
Whole Milk	___	___
Juice	___	___
Strained Foods	___	___
Baby Foods	___	___
Table Foods	___	___
Rice or other cereal	___	___

Food likes_____

Dislikes_____

# of hours between feeding_____

_____

Parent Signature/Date

Instructions for introducing solids

_____

_____

_____

_____

_____

_____

_____

Allergies/Intolerance

_____

_____

_____

_____

Please briefly describe your child's routine including eating, napping, playing, tummy time, etc.

_____

_____

_____

_____

_____

_____

_____

Additional Information

_____

_____

_____

_____

_____

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Safe Sleep Policy

In an effort to provide infants in our facility with a safe environment in which to grow and learn we are implementing policies and procedures to create a safe sleep environment. Following the recommendations of the American Academy of Pediatrics (AAP) for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS), our written policy is as follows:

- Each staff member and volunteer who cares for children shall follow the safe sleep policies and practices in our child care center.
- All infants under 12 months of age will always be placed on their backs in safety-approved cribs, with a firm tight-fitting mattress covered by a firm tight-fitting sheet. Your child will be placed in the same crib all day, and each day the bedding will be changed to maintain a clean sleep area.
- Soft materials such as pillows, quilts, blankets, comforters, sheepskins, toys, and loose bedding will not be placed in the infant's sleep environment. No monitors or positioning devices will be used, and no other items will be placed in the crib except a pacifier, if provided by the parent.
- Each infant will have their own crib. Infants will not share a crib with other infants.
- Swaddling infants when they are in a crib is not necessary or recommended, and will not be used, but rather one piece sleepers can be used.
- If an infant falls asleep on a surface other than their crib (i.e. car seat, bouncy seat, swing, etc.), the infant shall be moved to their crib.
- Infants will be placed on their backs to sleep. When infants can easily turn over from their backs to their stomachs, they shall be put down to sleep on their back but allowed to adopt whatever position they prefer for sleep.
- There will be no smoking around the babies.
- "Tummy Time" will be used when the babies are awake and being watched by someone to help reduce the chance that flat spots will develop on your baby's head.
- Child care staff will be trained in safe sleep and SIDS risk reduction.

_____

Signature of Parent, Date

Like us on Facebook!

Our Facebook page is a great way to get updates, reminders, and see pictures and/or read about what's going on here at BUGS. Please fill out the form below so that we may know whether or not you would like pictures of your child posted on our page.

Child's Name_____

Parent/Guardian's Name _____

Please check one:

___ YES! I would love to see pictures of my child on the BUGS Facebook page!

___ NO, please do not post pictures of my child on the BUGS Facebook page.

Parent Signature_____ Date_____

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Family and Child Information Interview

Child's Name_____ Date_____

1. Is this your child's first preschool/child care experience? If so, how often has he/she been away from you or the primary caregiver?

2. Describe your child's personality. Do you have any concerns about your child's behavior and/or development? Please explain.

3. What are your family's living arrangements? Does your child have any siblings? If so, what are their names and ages?

4. Do you have any guidance techniques or reward systems that you would like for us to use for your child?

5. What are your expectations for BUGS Early Learning Center?

6. Does your schedule allow you to volunteer within the facility?

7. Please give us any additional information you feel would be helpful for us to know about your child. (i.e. eating habits, cultural considerations and/or religious practices).

If there are any questions or areas not covered in the Parent's Handbook, Please contact the Program Director at BUGS.

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Please sign each section below and return.

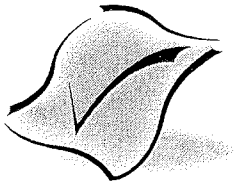
_____ Child's Full Name

_____ Child's Full Name

I, _____ Parent/Guardian, have read and understand the policies and procedures set forth in the BUGS Early Learning Center Parent Handbook.

_____ Signature of Parent/Guardian

_____ Date



I, _____ Parent/Guardian, give permission for BUGS Early Learning Center to take pictures of my child(ren) and my family for purposes only of identification, parent gifts, classroom displays, and classroom projects.

_____ Signature of Parent/Guardian

_____ Date