



# Your Kids' Place, LLC

## Emergency Contact

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

*List a minimum of (3) people, other than the above parent or guardian, to contact in the event of an emergency. Place names in the order you wish them contacted.*

Call 1<sup>st</sup>: NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

Call 2<sup>nd</sup> NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

Call 3<sup>rd</sup> NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

### **Medical release:**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ I give permission to Your Kids' Place, LLC, to take any necessary action for the health and welfare of my child during any emergency situation. This may include contacting the local emergency units prior to contacting the child's physician or parent or guardian.

In cases of a medical emergency, I understand that my child will be transported to \_\_\_\_\_ by the local emergency unit for medical treatment if the local emergency unit deems it necessary.

### **EMERGENCY MEDICAL INFORMATION:**

Drug or Allergies/Special Medication Needs \_\_\_\_\_

Chronic Diseases/Other Health Problems \_\_\_\_\_

Insurance Coverage \_\_\_\_\_

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



# You're Kids' Place, LLC

## Enrollment Form

### Student's Name:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Grade: \_\_\_ Teacher: \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_  
Home School: \_\_\_\_\_

### Parent/Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_  
Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Persons to call IN CASE OF AN EMERGENCY OR RELEASE CHILD TO (if parents can't be reached)

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

### Persons Not Authorized To Pick Up Child

Name: \_\_\_\_\_  
restraining order\_\_\_\_  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
restraining order\_\_\_\_  
Relationship: \_\_\_\_\_

### Medical Information

Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Hospital of Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Does your child have all the state required immunizations? \_\_\_\_\_ (please provide a copy of the record before enrollment.) Please provide physical, medical, vision, and/ or hearing needs

Please list any

Allergies \_\_\_\_\_

Medication (we need to give) \_\_\_\_\_



# Parent Permission

Parents/guardians please read the following information and initial where indicated. A signature is required at the bottom of the page to complete this form:

**1. Emergency Procedure:** In case of emergency, I authorize the program staff to directly contact the persons named on the emergency contact form. I authorize the following physician: \_\_\_\_\_ at (phone) \_\_\_\_\_ or the closest emergency room to provide necessary medical treatment in case of emergency. If the parent/guardian, or authorized person cannot be contacted, the program's employees are authorized to take necessary action for the health and welfare of my child. Initials \_\_\_\_\_

**2. Parent Handbook:** I understand and agree that when I register my child (Ren) in Your Kids' Place LLC programs that I must abide by the policies and procedures stated in the Parent Handbook. I have received and read the program's Parent Handbook and agree to be responsible for, comply with and abide by the procedures as stated herein. I understand that the policies and procedures are subject to change and that I will be notified of any changes. I further understand and agree that, upon repeat notice for failure to comply with the policies and procedures, I will be required to find alternative child care services for my child (Ren) because my child (Ren) will be withdrawn from the program.

**3. Sign In/Sign Out Procedure and Responsibility:** I agree to abide by the Sign In/Sign out procedures as stated in the Parent Handbook. I understand the program is not responsible for my child before arriving to the program, before he/she is correctly signed in. I also understand that the program is not responsible for my child (en) route to his or her home or authorized destination after he/she is correctly signed out. Initials \_\_\_\_\_

**4. Student Records Updates:** I agree to keep my child's records up to date, including but not limited to, current home and work phone numbers and current phone numbers of those authorized to pick up my child. Initials \_\_\_\_\_

**5. Student School Records:** I authorize Your Kids Place to receive any information including but not limited to, shot records, free & reduced lunch, emergency phone numbers, medical information or school records or plans. Initials \_\_\_\_\_

**6. Movie Permission:** Movies will only be viewed by children with parental permission.

G-Rated Movies Initials \_\_\_\_\_ PG-Rated Movies Initials \_\_\_\_\_

**7. Photo and Video Consent:** Your Kids' Place LLC may occasionally photograph or video your child during program activities. Photographs or videos will be for public view and may be displayed in program areas or used for company promotion or advertising. I understand that my child may be participating in activities that could produce photos or videos of my child without any financial compensation, and I understand that this releases Your Kids' Place LLC from any futures claims as well as any liability arising from the use of said photograph or video. No child's name will be used! Yes Initials \_\_\_\_\_ No Initials \_\_\_\_\_

**8. Transportation of Children:** I give permission for my child to participate in field trips where he/she may be transported in approved vehicles away from the program location. I give permission for my child to participate in walking field trips/outings where he/she will be walking away from the current program location to a nearby location. Initials \_\_\_\_\_

**9. Sunscreen Consent:** Your Kids' Place LLC on occasion may find it necessary to assist or apply sunscreen to your child. Each child must supply his or her own sunscreen with a minimum SPF of 35 and labeled in the original container. The program may also supply sunscreen for your child, if necessary. The program will always use sunscreen with an SPF of 35 or greater. I understand if my child does not have sunscreen applied, any exposure to the sun will be limited or may be denied. Yes Initials \_\_\_\_\_ No Initials \_\_\_\_\_

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



## PAYMENT AGREEMENT

- PAYMENTS ARE DUE ON WEDNESDAY FOR THE FOLLOWING MONDAY - FRIDAY
- \$5 LATE WILL BE ASSESSED PER EACH DAY LATE
- DROP-IN FEE- IF YOU HAVE NOT PAID FOR A DAY AND NEED YOUR CHILD/CHILDREN TO COME, THERE WILL BE A DROP IN FEE OF \$6.00 PLUS COST OF THE DAY. IT MUST BE PAID AT TIME OF SERVICE.
- NO CREDITS WILL BE GIVEN IF YOU DO NOT BRING YOUR CHILD (however if a field trip is canceled and we cannot take a field trip you will be credited the difference of a field trip day versus a non- field trip day)
- LATE PICK-UPS WILL BE CHARGED \$1.00 PER MINUTE PER CHILD AFTER 6:00. THIS MUST BE IN CASH AS IT GOES TO THE EMPLOYEE ON DUTY. Please be considerate of the staff, as they all have families, they would like to get home to as well.

**CCAP PARENTS** - PARENT FEES ARE DUE ON THE 1<sup>ST</sup>. IF THEY ARE NOT PAID BY THEY 15<sup>TH</sup> SERVICES WILL BE SUSPENDED AND CASE WORKERS CALLED. AFTER THE 5<sup>TH</sup> OF THE MONTH LATE FEE OF \$5.00 PER DAY WILL OCCUR UNTIL PAID.

PRINT PARENTS NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CHILD/CHILDREN'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

Contact: Email- [yourkidsplace@hotmail.com](mailto:yourkidsplace@hotmail.com)  
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