

# **ENROLLMENT AGREEMENT FOR KID'S WORLD**

***“TRAIN A CHILD IN THE WAY HE SHOULD GO, AND WHEN HE IS OLD HE  
WILL NOT TURN FROM IT.”*** (PROVERBS 22:6)

## **MISSION STATEMENT:**

**Kid's World of Covenant Baptist Church exists to provide a safe, clean, and Christ-centered place of care and ministry for the preschool-age children of our community. In addition, we seek to establish meaningful relationships with the families of our students with the intent of extending our church's ministry to each person.**

## **HANDBOOK:**

**This handbook is designed to inform parents of our mission, policies, and procedures. It is our contract with you as we partner together to help your child grow physically, mentally, socially, and spiritually in the light of Jesus Christ.**

## **LICENSING:**

**Please note that Kid's World is NOT a licensed program. This is because we meet less than the minimum number of hours per week required for such certification. We do, however, attempt to abide by and exceed as many of the standards with which licensed programs must comply. Please feel free to call us with any questions or concerns.**

## **DAYS, HOURS, AGES:**

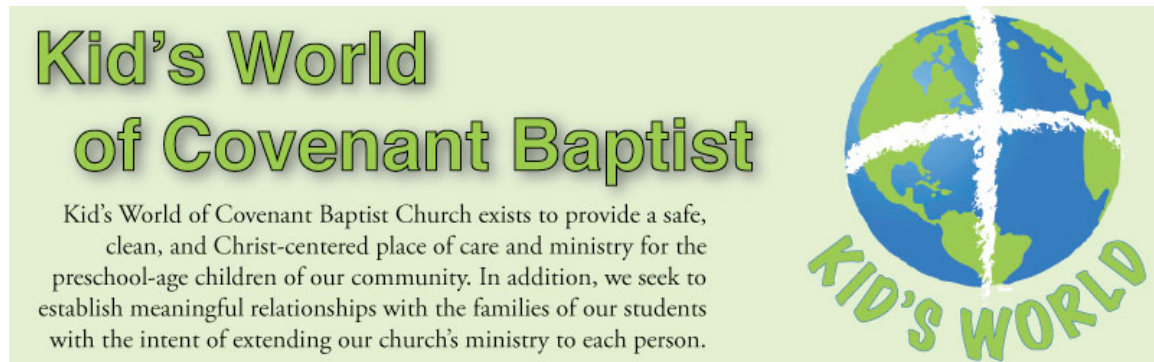
**Kid's World is in session every Monday and Wednesday during the hours of 9:00 A.M. through 3:00 P.M. We enroll children from the age of 3 months to 4 years. Kid's World also meets during the summer months with the exception of a two-week break, the specific dates of which are determined each year with several month's advance notice.**

## **HOLIDAYS:**

**Kid's World follows the Williamson County academic calendar for all major holidays, such as Fall break and Spring break. We also follow the Williamson County status for all closings due to inclement weather, with the exception of late openings. If Williamson County opens late, we will still open at the regular time of 9:00. We do not observe County School Administrative Days off. Please be aware**

that if Kid's World is closed due to inclement weather, unfortunately we DO NOT offer refunds or credits.

## FACEBOOK FOR SCHOOLWIDE ANNOUNCEMENTS



We have a Facebook group just for the parents of active students in our program. It is closed to anyone else. Just search for Kids World Covenant Baptist and request to join the group. (The above photo is the cover photo for our group) We will post **IMPORTANT** announcements, events, field trip information and school closings.

### FEES:

- 1). A one-time \$75 non-refundable registration fee is due upon your child's enrollment into the program.
- 2). A tuition rate of \$25 per day will be charged at the beginning of each month according to the number of Kid's World days in session for that month. There are usually 8 KW days per month. Kid's World does not charge for scheduled holidays but we cannot prorate for illness, travel, or inclement weather.
- 3.) A \$15 quarterly supply fee is due at the beginning of each quarter (Jan, Apr, July, and October 1<sup>st</sup>, respectively) to cover basic cleaning supply needs as well as craft supplies. This will be included in your monthly invoice for the appropriate month.
- 4). Tuition is due on the 1<sup>st</sup> of each month, or the following business day if the 1<sup>st</sup> falls on a weekend or holiday. A \$40.00 late fee will be assessed if we have not received payment by the 15<sup>th</sup>. Invoices will be sent out no less than one week in advance of the next tuition payment due date.
- 5). There is a \$30.00 returned check policy; this is non-refundable. Cash is required to replace the returned check with the \$30.00. If we receive two returned checks, then we will require cash when you pay your tuition.

6). Kid's World requires ONE MONTH'S NOTICE prior to removing your child from the program.

**ARRIVAL / DEPARTURE:**

Please do not bring your child to Kid's World before 9:00 A.M. as our teachers need some time each morning to prepare their classroom for the day's activities. You may come inside the building but please remain in the church foyer until 9:00 A.M. Similarly, be sure to pick up your child before or by 3:00 P.M. each day. The following policy will be followed for any tardy departures:

~5 minutes late: \$1 charge due with the following month's tuition

~10 minutes late: \$1 per minute after 3:10 p.m. due with the following month's tuition.

**PROVISIONS:**

- 1). Anyone who works directly with our preschoolers is considered to be either a teacher or volunteer.
- 2). Teachers must be at least 18 years of age.
- 3). The minimum number of teachers present in the classroom is two.
- 4). All teachers and volunteers will go through proper screening prior to working with the children.
- 5). Kid's World teaches a biblically based curriculum called "Wee Learn" published by LifeWay Christian Resources of the Southern Baptist Convention.
- 6). Kid's World provides beds for babies and sleeping mats with covers for all older children. Linens are assigned to each child for the week and cleaned on a weekly basis.
- 7). Toys and tabletops are disinfected periodically each day. Floors are mopped weekly.
- 8). We will strive to provide 30 square feet of space per child in each classroom.

**SAFETY AND SECURITY:**

- 1). Preschoolers will be released only to a parent, adult guardian, or approved caretaker. This person must present an official form of identification, and must be listed on your child's release form as a person that can pick up your child.
- 2). The adult who brings a preschooler to school must sign in the child and state who will be picking up the child from school. The adult who picks up your child will need to sign the child out.
- 3). For increased safety, the church doors will be locked from 9:30 to 2:30. Please come around to the office doors on the north end of the building and ring the bell if you need to come in during this time.
- 4). The security system will be used at ALL TIMES when the preschoolers are in our care.
- 5). Parents are to be sure that the teacher knows the name of your child and that all belongings are marked with the first and last name.
- 6). The playground will be used only when supervised by a teacher or volunteer.

**7). All preschool rooms will be evacuated when the fire alarm sounds. Teachers in each classroom are responsible for taking the children out through assigned routes and exits in accordance with the fire evacuation and emergency plan. Parents and children will meet outside the building.**

**8). To insure the safety of preschoolers in our care, the following items will NOT be allowed in the preschool classrooms: Balloons, broken toys, objects with sharp edges, toy with small parts (due to choking hazard), staples, thumb tacks, push pins and toy weapons.**

**HEALTH:**

**1). Rooms, equipments and toys will be cleaned on a daily basis.**

**2). Parents are encouraged to keep their children's immunizations current. We will ask for a copy of your child's immunization record.**

**3). Please DO NOT bring your child to Kid's World with any of the following symptoms:**

- A) FEVER.** Oral temperature of 100 F or above, Auxiliary temperature of 99 F or above. Your preschooler **MUST BE FEVER FREE** for 24 hours.
- B) DIARRHEA.** Characterized by loose or greenish bowel movements that are not indicative of medication. Your child should have normal bowel movements for 12 hours.
- C) VOMITTING OR NAUSEA.** Your child must have gone 24 hours without vomiting before attending Kid's World.
- D) UNEXPLAINED RASH OR LESIONS:** Child will not be admitted if there is no change or the rash is contagious.
- E) SORE THROAT.**
- F) RESPIRATORY PROBLEMS.** Breathing difficulties, wheezing
- G) OTHER SIGNS OF SICKNESS.** Such as coughing, headache, red eyes, ear aches, irritability, yellow, green or bloody discharge.

**4). THE TEACHER OR VOLUNTEER WILL ISOLATE A CHILD EXHIBITING ANY OF THESE SYMPTOMS UNTIL A PARENT CAN BE LOCATED.**

**5). IF A CHILD HAS HAD ONE OF THE FOLLOWING COMMUNICABLE ILLNESSES, HE/SHE MAY NOT ATTEND KID'S WORLD AS INDICATED BELOW:**

- A) CHICKEN POX.** Once all lesions are dry and the physician has given permission to return to Kid's World.
- B) IMPETIGO.** 24 hours after starting the medication.
- C) OTHER SKIN INFECTIONS** such as boils or ringworm. Following medication treatment and lesions being covered.
- D) LICE AND SCABIES.** Following medication treatment
- E) CONJUNCTIVITIS OR PINK EYE.** At least 24 hours after starting the medication or when drainage is no longer present.
- F) PIN WORMS.** Following medication treatment
- G) HEPATITIS.** Physician's consent required.

- H) STREP THROAT. 24 hours after starting the medication.
- I) MENINGITIS. Physician's consent required.
- J) OTHER ILLNESSES. Such as scarlet fever, German measles, rubella, mumps, whooping cough, diphtheria, polio, tuberculosis, etc. Physicians consent is required.

**6). SHOULD YOUR CHILD BECOME ILL OR SUFFER AN ACCIDENT WHILE IN OUR CARE, THE PARENT OR GUARDIAN WILL BE NOTIFIED IMMEDIATELY.**

**7). WE CAN NOT ADMINISTER MEDICATION OF ANY FORM TO A CHILD IN OUR CARE!**

**8). WHEN IT IS KNOWN THAT A GROUP OF CHILDREN HAS BEEN EXPOSED TO A CONTAGIOUS DISEASE, PARENTS AND TEACHERS WILL BE NOTIFIED IN THE FOLLOWING MANNER:**

A) Notices will be posted on the door of the classroom affected.

B) Notices will also be posted on the main entrance door.

9). Parents are asked to notify the Director or Classroom teachers if their Child/Children have been exposed to or diagnosed with an infectious disease. Teachers will pass this information to the Director so a notice can be posted in the event that other children were exposed to the illness. If requested by the parent, the child's identity will be kept confidential.

10). Teachers of preschoolers are to follow these guidelines regarding their own health.

11). A first aid kit is kept in each classroom. It will be maintained and stocked on a regular basis.

**FOOD:**

1). To ensure bottles are prepared correctly, parents should send them ready to serve, (other than warming, if necessary). Dry snacks such as Cheerios, crackers, etc. may be sent for infants 6-18 months old. Due to the severity of some food allergies, teachers will not serve a child a snack brought by another child.

2). We will provide healthy, safe snacks. No peanut foods or hard candy are to be served.

3). Due to the many food allergies that children may have, we require that you send your child's lunch every day that they attend Kid's World. In addition to clarifying food allergies on the below forms, parents are required to verbally communicate those allergies to the Director, Assistant Director, and your child's teachers.

**MISCELLANEOUS:**

1). A parent should allow the child to walk into the classroom when possible, as this can foster independence and minimize separation anxiety.

2). Parents are encouraged to bring their child to school well-rested and fed. This can help preschoolers have a positive experience.

3). They may bring security items with them. (blanket, pacifier, etc.)

- 4). Please label everything your child brings to Kid’s World – bags, bottles, etc. In the bag, please include disposable diapers or pull-ups, wipes and AN EXTRA CHANGE OF CLOTHES.
- 5). Forms will be provided outside each room regarding the child’s nap and feeding schedule.
- 6). Toys are NOT allowed to be brought from home.
- 7). Parents or Guardians will be contacted to pick up their child if he or she is crying uncontrollably or otherwise upset beyond the point where they can be consoled after reasonable attempts.
- 8.) Kid’s World reserves the right to dismiss temporarily or permanently any child that exhibits excessively aggressive behavior toward their classmates and/or teachers at the Director or Assistant Director’s discretion.

**I HAVE RECEIVED A COPY OF THE KID’S WORLD HANDBOOK, WHICH DETAILS THE PROGRAM’S POLICIES AND PROCEDURES. I FULLY UNDERSTAND EVERYTHING THAT I HAVE READ AND AM FULLY AWARE THAT THIS PROGRAM IS NOT A LICENSED PROGRAM BY THE STATE OF TENNESSEE. AS THE PARENT OR GUARDIAN, WE AGREE WITH THE TERMS AND CONDITIONS OF THIS AGREEMENT.**

**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**

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Date of Application: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Child’s Birth Date: \_\_\_\_\_ Name Called By: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Where Employed: \_\_\_\_\_

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

Church Membership: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Where Employed: \_\_\_\_\_

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

Church Membership: \_\_\_\_\_

Those authorized to provide transportation for your child: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Where Employed: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

DO YOU GIVE PERMISSION FOR YOUR CHILD TO GO ON FIELD TRIPS? \_\_\_\_\_

DO YOU GIVE PERMISSION FOR EMERGENCY MEDICAL CARE? \_\_\_\_\_

Other children in the family:

Name	Birthdate	School
_____	_____	_____
_____	_____	_____

Is the entire family together any time during the day? \_\_\_\_\_

LIST ANY ALLERGIES: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone/(work): \_\_\_\_\_

Phone/(home): \_\_\_\_\_

Has your child been in child care before? \_\_\_\_\_ If so, what kind? Relative's Care \_\_\_\_\_

Home care \_\_\_\_\_ Church Center \_\_\_\_\_ Other: \_\_\_\_\_

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

Doctor's Phone Number: \_\_\_\_\_

Does your child have an existing illness/condition?(explain) \_\_\_\_\_  
\_\_\_\_\_

Do you think your child is functioning at age-level?(explain) \_\_\_\_\_  
\_\_\_\_\_

Is your child able to walk? (explain) \_\_\_\_\_  
Is your child able to communicate with others? (explain) \_\_\_\_\_  
\_\_\_\_\_

Does your child have a special or restricted diet? (explain) \_\_\_\_\_  
\_\_\_\_\_

Does your child have eating difficulties? (explain) \_\_\_\_\_  
Does your child rest in the middle of the day? (explain) \_\_\_\_\_  
Is your child toilet trained? (explain) \_\_\_\_\_

Does your child require any medication, therapy, treatment or medical assessment (for example, blood sugar monitoring) while in child care? (explain) \_\_\_\_\_  
\_\_\_\_\_

Does your child utilize any special equipment (such as breathing machine, wheelchair, hearing aid, braces)? (explain) \_\_\_\_\_

Does your child require one-on-one supervision on a regular basis for significant periods of time?(explain) \_\_\_\_\_

Comments and additional information: \_\_\_\_\_  
\_\_\_\_\_

Correct and complete information: To the best of my knowledge, the information I have provided and the statements I have made in this Health & Social Record are correct and complete. I understand that false information provided herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health & Social Record as circumstances may require.

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

\_\_\_\_\_  
Date



**EATING HABITS:**

What time does your child eat breakfast? \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Between meal snacks? \_\_\_\_\_ Does your child feed himself/herself? \_\_\_\_\_

What is your child's attitude toward eating? \_\_\_\_\_

If your child refuses to eat, how is it handled? \_\_\_\_\_

Favorite food \_\_\_\_\_ Disliked food(s) \_\_\_\_\_

Foods your child is allergic to \_\_\_\_\_

**SLEEP HABITS:**

Has room alone \_\_\_\_\_ Shares room with child \_\_\_\_\_ With Parents \_\_\_\_\_

At night, sleeps from \_\_\_\_\_ to \_\_\_\_\_. Average hours \_\_\_\_\_

Attitude toward going to bed \_\_\_\_\_

If difficult, how is it handled? \_\_\_\_\_

Does your child wet the bed at nap time? \_\_\_\_\_ At night? \_\_\_\_\_

If so, how is the problem handled? \_\_\_\_\_

**TOILET HABITS:**

Can your child take himself/herself to the bathroom? \_\_\_\_\_

Time of bowel movement \_\_\_\_\_

Can he/she manage their own clothes? \_\_\_\_\_

Trouble with constipation? \_\_\_\_\_ With diarrhea? \_\_\_\_\_

What word does your child use for urination? \_\_\_\_\_ BM \_\_\_\_\_

**SPEECH & PHYSICAL GROWTH**

Does your child talk well? \_\_\_\_\_ Fairly well? \_\_\_\_\_ Not very well? \_\_\_\_\_

Does anyone read to your child? \_\_\_\_\_ How regularly? \_\_\_\_\_

At what age did your child crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

How would you describe your child? (circle)

Active or Quiet , Friendly or Shy, Short, Average, Tall, Thin, Average, or Heavy

List any allergies: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT FORM**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Birthdate: \_\_\_\_\_

I, \_\_\_\_\_ give permission to **Kid's World** to take whatever emergency (ex. First Aid, Disaster evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of Kid's World.

In case of a medical emergency, I understand that my child will be transported to \_\_\_\_\_ by the local emergency unit for treatment, if the local emergency response team (police, rescue squad, etc.) deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before consulting the parent, child's physician and/or other adult acting on the parent's or guardian's behalf.

I understand that payment for emergency medical treatment will be the responsibility of the parent's/guardian's medical, dental, or accident insurance. If the parent/guardian does not have private insurance, payment for emergency medical treatment is due in full upon leaving the hospital. Kid's World will not be responsible for any unpaid medical expenses.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Wk.Ph: \_\_\_\_\_ Wk Hrs \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Father's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Wk.Ph: \_\_\_\_\_ Wk Hrs \_\_\_\_\_

Alternate Contacts:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Please list any medical information that we may need to be made aware of: \_\_\_\_\_

## **Billing Information For Kid's World**

**CHILDREN**

Child Name(s) & Age(s): \_\_\_\_\_  
\_\_\_\_\_

**PARENT(S) OR GUARDIAN**

Parent(s) or Guardian Name: \_\_\_\_\_

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

Telephone Number(s): Cell \_\_\_\_\_ Home \_\_\_\_\_

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

**BILLING INFO:**

Person Responsible for the Bill: (Please circle one below)

Parent, Guardian OR Other Family Member: Relationship \_\_\_\_\_

Name \_\_\_\_\_

Billing address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

**REMINDERS:**

- Be sure to put the invoice # and child's name in the memo section of your check to ensure your payment is properly credited to your child or children.
- Payments are due by the 1<sup>st</sup> of the month and a late fee of \$40 will be assessed after the 15<sup>th</sup> of each month.
- A fee of \$30 is assessed for bad checks.
- Balances owed that are more than 60 days old can result in dis-enrollment.
- Be sure to pick your child up on time to avoid a possible late pickup charge.

**ACKNOWLEDGMENT SIGNATURE:** \_\_\_\_\_

Distribution: KW administrator, finance office and parent or guardian

Distribution: KW administrator, finance office and parent or guardian