

# Kingdom Kids

Early Learning Center

## REGISTRATION



## PACKET



**A Ministry of Faith United Methodist Church**

## Enrollment Packet Checklist

- \_\_\_\_\_ Immunizations
  - \_\_\_\_\_ Birth Certificate
  - \_\_\_\_\_ Enrollment Form
  - \_\_\_\_\_ Parent Notice
  - \_\_\_\_\_ Sick/Illness Policy
  - \_\_\_\_\_ Daycare Contract
  - \_\_\_\_\_ Intake Agreement
  - \_\_\_\_\_ Discipline/Guidance Policy
  - \_\_\_\_\_ Termination of Care Policy
  - \_\_\_\_\_ Automated Payment Form (fill this form out if you want to be billed online)
  - \_\_\_\_\_ Consent for Emergency Treatment
  - \_\_\_\_\_ Medication Form/Consent
  - \_\_\_\_\_ Security Camera Statement
  - \_\_\_\_\_ Picture Permission
  - \_\_\_\_\_ Safe Sleep Policy
  - \_\_\_\_\_ Safe Transportation of Food Responsibility
  - \_\_\_\_\_ IDEO/CACFP Child Enrollment Form
  - \_\_\_\_\_ Special Dietary Needs Form
- \*\*\$45 Enrollment Registration Fee**

# ENROLLMENT FORM

## Kingdom Kids Early Learning Center

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M F

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (if different than home) \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Email \_\_\_\_\_

Child's Living Arrangements: (check one).....( ) Both Parents ( ) Mother ( ) Father ( ) Other

Child's Legal Guardian: (check one).....( ) Both Parents ( ) Mother ( ) Father ( ) Other

### Medical Information

Child's Doctor/Clinic Name \_\_\_\_\_

Child's Doctor/Clinic Phone Number \_\_\_\_\_

Please list any medication your child is taking for long-term use \_\_\_\_\_

Please list any medical conditions or illnesses that your child has \_\_\_\_\_

**\*\*A copy of your child's birth certificate and an immunization record from your Doctor is required for each child's file.\*\***

**Other Information**

Please list any siblings your child has and their ages \_\_\_\_\_

\_\_\_\_\_

Language your child primarily speaks \_\_\_\_\_

Is your child potty trained? YES NO

Days your Child will attend: Mon Tue Wed Thur Fri (Circle) Approximate Hours \_\_\_\_\_

**Emergency Contacts and Pick-Up Information**

Persons to contact in case of emergency when parent/guardian(s) cannot be reached. These people are also given permission to pick up your child. All emergency contacts will be required to show identification in the case they are picking up the child.

- 1) **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Relationship to parent(s) or guardian \_\_\_\_\_
  
- 2) **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Relationship to parent(s) or guardian \_\_\_\_\_
  
- 3) **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Relationship to parent(s) or guardian \_\_\_\_\_
  
- 4) **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Relationship to parent(s) or guardian \_\_\_\_\_

The following people MAY NOT pick-up my child(ren) from Kingdom Kids. (If applicable) Use this section only if there is a court order against someone. You will also be required to provide a copy of this court order for your child's file at Kingdom Kids.

- 1) **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Relationship to parent(s) or guardian \_\_\_\_\_
  
- 2) **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Relationship to parent(s) or guardian \_\_\_\_\_

**Notices/Acknowledgements**

\*Please initial each one below

\_\_\_ My child will NOT be allowed to enter or leave Kingdom Kids without being escorted by the parent/guardian(s) authorized or Kingdom Kid staff.

\_\_\_ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e.: telephone numbers, work information, emergency contacts, child's physicians, child's health status, and immunizations, etc.

\_\_\_ Kingdom Kids agrees to obtain written authorization form me before my child participates in routine transportation, field trips, special activities, and any water related activities.

\_\_\_ I authorize Kingdom Kids to obtain emergency medical care for my child when I am not available.

\_\_\_ I understand that Kingdom Kids will advise me of my child's progress and issues related to my child's care as well as any individual practices concerning my child's special needs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_



## PARENT'S NOTICE

State Form 49444 (R / 1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Address of facility (*number and street, city, state, and ZIP code*)

County

# Kingdom Kids Sick and Illness Policy

While attending Kingdom Kids you child may become sick or ill. We assure you that we will do our part to keep the environment clean and sanitized. We kindly ask that you do your part in following this **Sick Policy** as follows.

## ***Reasons why the child cannot come to daycare or may be sent home from daycare:***

\*Fever: A fever of 100.5\* or above; Your child **cannot** come to daycare with a fever of 100.5\* or higher, and the child must be fever free, without medicine, for a minimum of 24 hours before returning to daycare. If you bring your child back before the 24 hour policy is up, your child will be sent home.

\*Cold or productive cough with thick green/yellow nasal discharge: These symptoms are a sign of infection in the body. Your child should not return until nasal discharge returns to light yellow/clear color **OR** you obtain a doctor's note stating the child can return.

\*Croup: Consult a doctor and you must have a note from the doctor stating that it is okay for your child to return. Your child must be fever free and symptom free for at least 24 hours before returning to daycare.

\*Strep Throat: Consult a doctor and you must have a note from the doctor. Child must be on antibiotics for 24 hours and must be fever free for at least 24 hours before returning to daycare.

\*Flu: Your child must be fever free and symptom free for a minimum of 24 hours before returning to daycare.

\*Bronchitis/Pneumonia: Consult a doctor and you must have a note from the doctor stating it is okay to return to daycare. This typically takes between 2-3 days before the child can come back to daycare. The child must be on antibiotics and have no fever for at least 24 hours without taking fever reducing medication.

\*Persistent Diarrhea: If a child has more than two diarrhea diaper/loose stool within an hour, a parent will be notified to pick up. All symptoms must be gone for 24 hours before returning to daycare.

\*Vomiting: All symptoms must be gone for 24 hours before returning to daycare.

\*Ringworm: Consult a doctor and you must have a note from doctor to return to daycare Usually 24 hours after treatment has been started. No swimming or close contact activities that will expose others until 72 hours after treatment has begun.

\*Chicken Pox: Must be Scabbed over before returning to daycare. No oozing sores.

\*Hand Foot and Mouth Disease: Must be scabbed over before returning to daycare and fever free for 24 hours.

\*Conjunctivitis (red eyes with yellow discharge)/Pink Eye: Consult a doctor and you must have a note from the doctor stating it is okay to return to daycare and/or child must be on eye drops/antibiotics for at least 24 hours before returning to daycare.

\***Head Lice:** This is not a cleanliness problem. Treat head and house (child's personal, bedding, room, car, furniture, etc.) **All nits (lice eggs) must be removed** (hand pick from the shaft of hair for nit combs will not remove them all). We will do a recheck upon child's return. Should nits be found the child will not be permitted to stay.

These are "examples" of them most common contagious illnesses of when your child needs to stay out of daycare. Each individual case is different and may require more or less time out and may require a doctor's note to return stating that the child is completely well and non-contagious.

\*If a child becomes sick while here, the family will be notified and will need to make arrangements for pick up within an hour.

**If a child continually attends the daycare while sick and parent/guardians do not abide by the daycare sick policy, then care will be evaluated for termination.**

This certifies that I, the undersigned Parent/Guardian, am aware of the above Sick Policy and will hereby adhere to it accordingly.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## KINGDOM KIDS DAYCARE CONTRACT

This contract is entered into by \_\_\_\_\_ and \_\_\_\_\_,  
and Kingdom Kids. It regards the child(ren) listed below.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

We \_\_\_\_\_ (parents) agree to pay the  
weekly tuition price of \$ \_\_\_\_\_ for the child(ren) listed above.

We \_\_\_\_\_ (parents) agree to pay an  
extra \$5 per week if we pay in cash or check.

### **Leaving the Program**

We \_\_\_\_\_ (parents)  
acknowledge that a two week written notice is required if we unenroll  
from the Kingdom Kids Program. We understand that if two weeks  
notice is not given that we are still responsible for paying the full tuition  
price.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

# KINGDOM KIDS DAYCARE MINISTRY INTAKE AGREEMENT

## CONSENT

I hereby give my consent for my child/ren to be treated by the Daycare Ministry's staff Physician or any licensed Physician at Elkhart General Hospital in the event that I cannot be reached. I understand that I will be responsible for all costs.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To the best of my knowledge, my child has not been exposed to any communicable diseases within the past three weeks.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I hereby give my permission for my child/ren to take walks, and to participate in all activities while under the supervision of the Kingdom Kids Staff.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I hereby give consent for my child/ren to be photographed in the daily routine of the Daycare Ministry. Such photography may be used for publicity purposes.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The following person has legal custody of the child/ren attending Kingdom Kids Daycare Ministry

\_\_\_\_\_  
PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I have read and understand the information presented in the policy handbook. I understand that my child's records will be confidential.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Parents will be notified of significant occurrences during the day or of any problems which need to be addressed.

Parents will be notified when it is known that the children at Kingdom Kids have been exposed to a communicable disease. Children who are ill upon arrival will not be admitted. Those who become ill while in attendance will be separated from the rest of the children and kept under direct supervision until the parents are notified and arrive to take the child home.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Discipline/Guidance Policy for Kingdom Kids

It is very important that a child's development is nurtured through caring, patience, and understanding. However, while caring for your child(ren), we may have to respond to your child's behavior. Hitting, kicking, spitting, hostile behavior, and other behaviors which will harm another child are not permitted.

## In response to misbehaviors, we will:

- Respect your child
- Use developmentally appropriate language
- Use developmentally appropriate reasoning
- Be consistent when enforcing rules
- Use positive language to explain desired behavior
- Speak calmly at your child's level
- Give clear choices
- Redirect your child
- Give your child a brain break, sensory break, or have them move to a calmer area.

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements (please refer to the termination of care policy).

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

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Date of Birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Termination and Suspension of Care Policy**

Unfortunately, there are sometimes reasons we have to terminate care for a child from our program for either a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend care.

### **Immediate Causes for Termination/Suspension**

- The child is at risk of causing serious injury to other children, staff member, or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

### **Parental Actions for Child's Termination/Suspension**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

### **Child's Actions for Termination/Suspension**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outburst.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

### **Schedule of Termination/Suspension**

If after the remedial actions taken in the classroom have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting a suspension or termination of care. A suspensive action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.

The parent/guardian will be informed regarding the length of the suspension period.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.

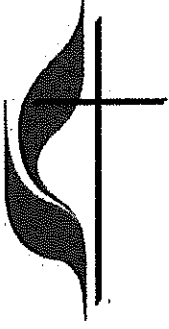
The parent/guardian will be given a specific termination date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on the risk to other children's welfare or safety).

Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

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

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

Director Signature \_\_\_\_\_ Date \_\_\_\_\_



# Faith United Methodist Church

Disciples making Disciples

*Rev. John Hogsett*  
Senior Pastor

*Pastor Sarah Miller*  
Youth & Discipleship

*Vanessa Rosenberg*  
Children's Ministry

## Kingdom Kids Early Learning Center Electronic Fund Transfer Payment Policy

To minimize overhead expenses and maintain competitive pricing for the families we serve, Kingdom Kids Early Learning Center (KKELC) has established a tuition and fees payment program that uses electronic funds transfer (EFT) via the Automated Clearing House (ACH) system.

The ACH system is a highly secure EFT system used worldwide. It is controlled in the US by banking rules, policies, laws, and systems. It is commonly used for payroll, bill payments, and bank to bank transfers.

To use ACH, the tuition payer must have a checking account at a US bank, credit union, or similar facility. You may want to check with your bank as to its ability to work with ACH/EFT.

Your bank has a bank routing number used to identify it, and your checking or savings account has its specific account number. Both the bank routing number and your specific account's number are required in applying for ACH payments. You will find these numbers at the bottom of your financial institution's checks for your account.

To enroll into this system, KKELC will require a signed permission slip from the tuition payer. This slip requires the tuition payer to provide the routing and account numbers of the bank account from which the payment is to be withdrawn.

The ACH system will accommodate payments from bank checking or savings accounts. All payments will be automatically transferred from the payer's bank account to KKELC. The bank transfers are collected by the ACH system as described below.

Tuition and any applicable fees are collected each Monday. **ACH enrolled payers will have the tuition and any fees transferred automatically from their account on Monday evenings and transferred to the bank used by KKELC.** This does NOT require any action on your part, other than assuring funds are available in your bank account. An email will be sent to the payer indicating the payment has been made. The email serves as your receipt. Once enrolled in this system, payments will be collected each Monday until and unless you terminate the automatic withdrawal with your financial institution.

**Funds must be available in the payer's bank on EACH MONDAY to make this payment.** Failure to have sufficient funds available will result in a **LATE FEE** of \$25.00 plus any incurred **BANK CHARGES** against KKELC being charged to the payer's account.

The ACH system is controlled by the Federal Reserve System. If a Monday is a bank holiday as defined by the Federal Reserve System, the transfer will occur on the next day. You are not delinquent or late in making an electronic payment in this case. You are not responsible for or need to do anything, other than assure funds availability in the event of a bank holiday.

**Kingdom Kids Early Learning Center  
Electronic Fund Transfer Payment Policy**

Page 2

**KKELC will be initiating this program on May 10, 2021. Between now and April 15, enrollment forms will be sent separately and must be completed and returned to KKELC. Until May 10, 2021, payments must be made by the current methods.**

Payments of tuition and fees must be current, regardless of payment methods.

If you change financial institutions, you are obligated to provide KKELC with the new financial institution's routing number, your new account number, and to pay all tuition and fees in this interim.

There is **NO ADDITIONAL FEE** for the use of the ACH system through your bank accounts. KKELC encourages its use because of the efficiency and labor savings associated with it.

KKELC will not be accepting payment via credit or debit cards either within or outside of the ACH system.

Because the conventional payment methods require substantial labor in processing and posting payments, and because the ACH system, through ProCare, processes and posts payments for KKELC with no fee to the tuition payer, **KKELC will begin charging an additional fee of \$5.00 per week beginning July 5, 2021, for those who wish to continue to use the conventional payment methodologies.** This added fee is subject to change in the future.

Payments will be withdrawn each Monday provided the student is enrolled in KKELC. If you leave KKELC and owe a balance, you remain responsible for the payment of that balance. ACH/EFT withdrawals may continue until the balance is satisfied, or you may elect to pay the balance in full.

KKELC hopes that you will find this arrangement a convenient and time-saving tool as you manage your busy household.

Yours truly,

Dee Arnold

Director



## KINGDOM KIDS EARLY LEARNING CENTER – AUTOMATED PAYMENT PROCESSING AUTHORIZATION

We are offering an Automated Tuition Payment Program. This eliminates bringing in funds and waiting for a receipt. **Payments are automatically processed each Monday** for those enrolled. You have **two options** to participate in this program.

**The ACH option** uses the Automated Clearing House (ACH) network that coordinates electronic payments and moves money between banks without using paper checks or wire transfers. There is no added fee for using this option. Payer must have funds available in the account or an overdraft will arise which is the payer's responsibility to address in addition to any unpaid fees to Kingdom Kids Early Learning Center.

**The credit or debit card option** processes through the credit and debit card system and charges your credit or debit card each Monday. There is a **\$5.00 weekly added charge to use credit or debit cards** which defrays the added card charges.

This system automatically transfers funds from your checking or savings account or charges your credit or debit card each Monday, provides an email receipt to your email address of record, notifies the Kingdom Kids of the payment, and sends the funds to the Kingdom Kids bank.

We need your authorization, a voided check (not a deposit slip) and the information for you to participate.

Your Information – NEEDED FOR ACH TRANSFER AND FOR CREDIT OR DEBIT CARD PAYMENT																			
Your Name		Your E mail Address																	
Your Street Address & Apartment #		City	State																
		Zip																	
FOR ACH TRANSFER– NOT CREDIT OR DEBIT CARD See sample check below for Routing and Account Number Layout.																			
Bank / Credit Union Name		Bank/Credit Union Address																	
		Bank/Credit Union City	State																
		Zip Code																	
		This is a <input type="checkbox"/> checking or a <input type="checkbox"/> Savings account.																	
Routing Transit Number		Account Number																	
		Check One above																	
FOR CREDIT OR DEBIT CARD PROCESSING – NOT FOR ACH TRANSFER																			
Exact Cardholder Name on Card		Card Number																	
		Expiration Date (MM/DD/YY)																	
Your Authorization																			
<p>I (we) authorize Kingdom Kids Early Learning Center to initiate debit entries to my (our) checking or savings account OR credit or debit card.. I (we) understand that, should I (we) wish to cancel this in the future, I (we) are required to provide written notice of cancellation and understand cancellation can take up to 3 weeks to implement. I (we) understand that should Kingdom Kids Early Learning Center implement fee changes, the fund transfers will change accordingly. I (we) are enclosing a voided check to assure accuracy for ACH payment. I (we) understand that this authorization is for the current weekly fee. I (we) understand that if we elect to pay by credit or debit card there is an added \$5.00 charge per weekly payment which will be added to your fees and deducted with the weekly payment. I (we) also understand that if we pay by ACH there is no added fee.</p>																			
Authorized Signature		Date (Month / Day /Year)																	
FOR ACH PAYMENTS ONLY																			
<div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <p>Your Name Any Street, Anytown Tel: (001) 555-0000</p> </td> <td style="width: 40%; text-align: right;"> <p>0001 DATE _____</p> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>PAY TO THE ORDER OF <b>ATTACH VOIDED CHECK HERE</b> \$ _____</p> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>DEPOSIT SLIPS NOT ACCEPTED / 100 DOLLARS  Security feature included. Details on back.</p> </td> </tr> <tr> <td colspan="2"> <p> Savings Bank Any Street, Anytown Tel: (001) 555-5555</p> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>RE _____ MP _____</p> </td> </tr> <tr> <td style="text-align: center;"> <p>123456789</p> </td> <td style="text-align: center;"> <p>000123456789</p> </td> <td style="text-align: center;"> <p>0001</p> </td> </tr> <tr> <td style="text-align: center;"> <p>ROUTING NUMBER</p> </td> <td style="text-align: center;"> <p>ACCOUNT NUMBER</p> </td> <td style="text-align: center;"> <p>CHECK NUMBER</p> </td> </tr> </table> </div>				<p>Your Name Any Street, Anytown Tel: (001) 555-0000</p>	<p>0001 DATE _____</p>	<p>PAY TO THE ORDER OF <b>ATTACH VOIDED CHECK HERE</b> \$ _____</p>		<p>DEPOSIT SLIPS NOT ACCEPTED / 100 DOLLARS  Security feature included. Details on back.</p>		<p> Savings Bank Any Street, Anytown Tel: (001) 555-5555</p>		<p>RE _____ MP _____</p>		<p>123456789</p>	<p>000123456789</p>	<p>0001</p>	<p>ROUTING NUMBER</p>	<p>ACCOUNT NUMBER</p>	<p>CHECK NUMBER</p>
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<p><b>Be sure to include a voided check for reference purposes.</b> A Deposit Slip does not meet this need.</p> <p>A sample check on the left shows you where you will find your 9 digit routing (sometimes called transit) number and account number. Both of these are needed. The check number is not needed. Contact your financial institution if you need clarification or assistance.</p>																			



**CONSENT FOR EMERGENCY TREATMENT OF MINORS  
IN ABSENCE OF PARENT(S) OR LEGAL GUARDIAN**

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Print Full Address, City, State, Zip)

Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_

I, the undersigned, am one of the parents/guardians of the minor named above. I know that there may be a time when I may not be available to personally authorize medical, dental, surgical care and hospitalization for said minor. If my child(ren) need to have emergency medical treatment I give permission for Kingdom Kids to have my child(ren) transported to...

\_\_\_\_\_  
(Name of Hospital Preference)

I hereby give my consent and authorization for any emergency or non-emergency diagnostic procedure, medical, dental, surgical care and hospitalization that Kingdom Kids so determines as advisable, in the best judgment of said health care provider including, but not limited to, any physician, dentist or hospital personnel providing health care to the minor. I have listed my hospital preference above for Kingdom Kids.

In my absence, I would like Kingdom Kids to discuss the matter with the persons designated below. I authorize those persons, insofar as the law of Indiana permits me to do so, to enter in to the decision, to convey to the provider my consent, and to consent to said treatment.

I hereby authorize the Kingdom Kids to discuss in full with those persons designated any medical information that is required to help the input of the persons so designated.

I hereby hold harmless any physician, dentist, hospital or hospital personnel, or other provider rendering such care to the minor from any liability resulting from the failure to obtain consent from me as parent of the minor and from any other person. It is my intent that the person or persons appointed herein shall be able to act in my stead in making such decisions.

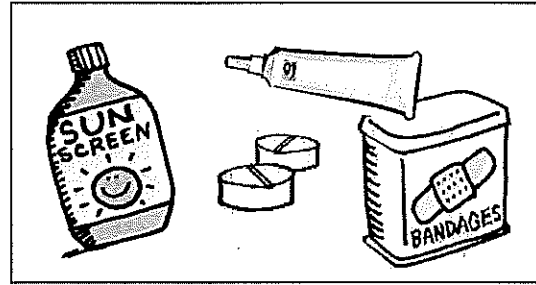
I have put the important medical facts, if any, on this document below. The medical facts are intended to help a doctor, medical personnel, or other health care provider in deciding what treatment is to be given but is in no way intended to restrict the authorization and consent hereby given.

I hereby appoint one person from the following list to be chosen in the order of priority listed when the persons in the prior listings are not reasonably available, willing or competent to participate in the health care decision-making concerning the minor or the parent is not able to be reached:

# Over-the-Counter Medication Form

Name \_\_\_\_\_

Date \_\_\_\_\_



I give permission for, \_\_\_\_\_ to use the following over-the-counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), I will need a physician's note with the appropriate dosage.

\*Denotes items that must be supplied by parents. All must be in the original container clearly labeled with the child's name.

\* ( ) Acetaminophen

\* ( ) Ibuprofen

\* ( ) Benedryl

\* ( ) Baby Wipes

\* ( ) Baby Lotion

\* ( ) Baby Powder

\* ( ) Sunscreen

\* ( ) Insect Repellent

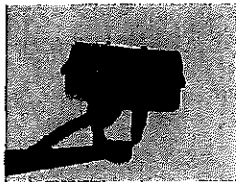
( ) Band-Aids

( ) Neosporin or similar Ointment

( ) Bactine or similar First Aid Spray

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

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



**PARENT STATEMENT ON SECURITY CAMERAS**

**I (we) have read and understand that our child(ren) will be videotaped while under the care of Kingdom Kids Daycare Ministry daily. I (we) understand that my child(ren) will not be used for exploitation purposes or internet purposes. I (we) also understand that my child(ren) are not being videotaped for the personal gain of anyone that is part of Kingdom Kids Daycare Ministry.**

**Child(ren)'s Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Parent's Names**

**Printed:** \_\_\_\_\_  
\_\_\_\_\_

**Parent's Signatures:** \_\_\_\_\_  
\_\_\_\_\_

**Date Signed:** \_\_\_\_\_

# Permission for Picture Use

## Kingdom Kids Daycare Ministry

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of your children on the Kingdom Kids Website. Please return this form to the daycare office. Thank you!

### To GRANT permission to use your child/children's pictures

I \_\_\_\_\_ (Please print your name) GRANT permission for Kingdom Kids Daycare Ministry to publish photos of my child(ren),

\_\_\_\_\_  
(Please print child or children's name(s) on daycare's website. I give Kingdom Kids Daycare Ministry the perpetual, royalty-free right to use my child or children's photo(s) in appropriate manner on the daycare's website.

I understand that websites have a large audience and my child's photo will be available to the general public. I further understand that Kingdom Kids Daycare assumes no liability or responsibility whatsoever concerning any consequences of such use.

I further state that I have the right to give this permission as I am the child's parent or legal guardian.

I understand that if I give notice to the Director at Kingdom Kids Daycare that I object to any particular picture on the website, it will be removed as soon as possible.

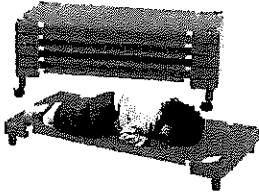
Publication of these photos on the website may include first names for the identification purposes, unless I check the box below that I do not give permission for my child(ren)'s name to be used.

Please DO NOT include my child(ren)'s first name with their photo on websites.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

DATED \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Kingdom Kids Daycare Ministry Safe Sleep Policy (Ages 1 through 6)



Providing children with a safe environment in which to grow and learn is of extreme importance to us. Therefore, our child care facility has implemented policies and procedures to create a safe sleep environment for our children ages 1 through 6. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to ensure the safety and well-being of all our children who nap at Kingdom Kids.

### **Safe Sleep Practices**

- All children will have a cot/mat in which to sleep on. The cot/mat will be sanitized daily after the child has woken up.
- Unless a doctor specifies the need for a positioning device that restricts movement of the child, such devices will not be used.
- There is no smoking allowed in the child care setting.
- Children will not share a cot/mat with other children.
- Children will not share a blanket, pillow, stuffed animal, etc. with other children.
- Faces will not be covered by a blanket, pillow, etc. during nap time.
- Children will remain lightly clothed and comfortable while sleep.
- There will be supervision at all times.
- The room will be light enough that a child can be seen breathing and the teacher will check on each child periodically during sleep time to ensure they are sleeping safely.
- Room temperature will be kept between 68-75 degrees.
- Children will not be placed where they can hurt themselves from falling objects, plugs, etc.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Safe Sleep Policy and understand its terms.

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

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Child Care Provider: \_\_\_\_\_

*\*This policy is effective for the entire time your child is under the care of Kingdom Kids Daycare Ministry!*



### **SAFE TRANSPORTATION OF FOOD RESPONSIBILITY**

Food must be brought to the facility in clean, insulated, and sanitizable containers, which keeps cold food at 41 degrees or below and hot food at 135 degrees or above. Containers must be clearly labeled with the child's name and date of preparation.

This policy includes sack lunch days, special meals in the classroom, special parties being given and special snacks.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

### **PARENT AGREEMENT**

I, \_\_\_\_\_ (Parent's name) understand the above food policy and its safe transportation. I understand that no matter what food I am supplying and what it is for, I will abide by the above policy in order to ensure the safety of every child who may be eating, including my own. I take full responsibility for the safety of my child's food and food I may provide for other children, during preparation, storage, and transportation to the facility.

**Parent's Signature:** \_\_\_\_\_

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

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



# CHILD ENROLLMENT FORM

IDOE/CACFP  
June 2019

Name of Institution: \_\_\_\_\_  
Name of Facility: Kingdom Kids Early Learning Center

Sponsor ID Number: 1710210

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 <input type="checkbox"/> <del>AM snack</del> <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> <del>Night snack</del> <input type="checkbox"/>	Breakfast <input type="checkbox"/> <del>AM snack</del> <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> <del>Night snack</del> <input type="checkbox"/>	Breakfast <input type="checkbox"/> <del>AM snack</del> <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> <del>Night snack</del> <input type="checkbox"/>	Breakfast <input type="checkbox"/> <del>AM snack</del> <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> <del>Night snack</del> <input type="checkbox"/>	Breakfast <input type="checkbox"/> <del>AM snack</del> <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> <del>Night snack</del> <input type="checkbox"/>	Breakfast <input type="checkbox"/> <del>AM snack</del> <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> <del>Night snack</del> <input type="checkbox"/>	Breakfast <input type="checkbox"/> <del>AM snack</del> <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> <del>Night snack</del> <input type="checkbox"/>
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

~~Infant Formula~~  
 This facility will provide the following iron-fortified infant formula: \_\_\_\_\_  
 Check here to accept:  Check here to decline:  Provide name of parent-provided formula: \_\_\_\_\_  
 Infant Meals and Snacks  
 Check here to accept:  Check here to decline:

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.





<Insert Provider/Facility Name Here>

### Special Dietary Needs Form

Complete and submit this form to <insert facility name>. The parent/guardian/adult participant will complete part 1 and 2, and the physician or medical authority (physician's assistant or nurse practitioner) will complete part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian/adult participant is required to submit a new form.

#### GUIDANCE

**Disability:**

USDA requires substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. The definition of the term "disability" has broadened and nearly all physical and mental impairments constitute a disability.

Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Departmental Regulations at 7 CFR Part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment. (See 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (See 29 USC § 705(9)(b) and 42 USC § 12101.)

A physical or mental impairment does not need to be life threatening to constitute a disability. It is enough that the impairment limits a major life activity. Further, an impairment may be covered as a disability even if medication, or another mitigating measure, may reduce the impact of the impairment.

Forms or medical statements for disabilities must be signed by a licensed physician, physician's assistant or nurse practitioner and must identify: the child's medical condition; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

**Special Dietary Needs That Are Not a Medical Condition:**

Food service may make food substitutions for reimbursable meals, at their discretion, for individual children who do not have a disability/medical condition, but who have special dietary needs for other reasons such as religious, cultural, or other preferences when such substitutions meet the meal pattern. CACFP participating organizations are encouraged to accommodate reasonable requests, but are not required to do so. For these requests, the form may be signed by a parent/guardian/adult participant.

The form should include: an identification of the special dietary need that restricts the diet; the food or foods to be omitted; and the food or choice of foods to be substituted.

Participants' Name:		Birthdate:     /     /	
Parent/Guardian/Authorized Representative name:			
Home Phone: (     )		Work Phone: (     )	
Address:			
City:	State:	Zip:	

**Special Dietary Need that is not a Medical Condition**

Describe the participant's special dietary need:

Foods to be omitted:

Substitutions:

Please list additional information regarding the diet:

Parent/guardian/adult participant/rep. of adult participant signature

Date

**Disability/Medical Condition**

Describe the patient's medical condition and the major life activities that are affected:

Foods to be omitted:

Substitutions:

Please list additional information regarding the diet (including texture changes such as chopped, ground, pureed, etc.):

Licensed physician, physician's assistant or nurse practitioner signature

Date

Printed name and title

Telephone



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS  
CHILD CARE CENTER HEALTH RECORD**

State Form 49969 (R4 / 2-15)

FSSA - MS02  
402 WEST WASHINGTON STREET, RM W361  
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:	.....
<b>Screenings</b>	<b>Result / Date (<i>month, day, year</i>)</b>	Other:	.....
TB Risk / Symptom			.....
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 ( <i>including sports</i> )? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No ..... .....	





