



Enrollment Form

_____ will attend Kiddy Learning Station.
(Child's Name)

Please Circle Days: Monday Tuesday Wednesday Thursday Friday

Location Arlington Heights Mundelein

Admission Date: _____

Check One: Full Time Part Time

Hours: _____

Receipt of Family Handbook

I, _____, have received the Family Handbook that includes the facility discipline, pesticide, and late pick up policies. I agree to thoroughly familiarize myself with it, and to adhere to those rules and regulations.

Parent Signature

Date

Walking Excursions

I give permission to Kiddy Learning Station to take my child on walking excursions.

Parent Signature

Date

Field trips will be scheduled throughout the year with prior notification.

Paramedics

In the event of a serious illness, accident, or injury that would require medical attention, I give permission to Kiddy Learning Station to call and have paramedics take my child to the nearest hospital and have the physician start treatment. I agree to assume any fees that may occur. Also, I give permission for a trained staff member of Kiddy Learning Station to perform CPR and administer first aid on my child.

Parent Signature

Date

Parent Directory Statement

All information pertaining to a child and his/her family is kept confidential. At times, a staff member of Kiddy Learning Station may review the child's file with the center director for information that is pertinent to the child's needs. By no means will information on the child or his/her family be released to any outside influences, except for state licensing agencies and departmental authorities, without the approval. We are required to ask if you wish to have family information, which includes the parents' name and telephone number, released upon request to another center parent.

Yes, I, _____ hereby give permission to release our name(s) and telephone number.

No, I, _____ do not want our name(s) and telephone number released without my permission.

Parent Signature

Date

Password

Each child shall be assigned a password that it to be used when parents call to give permission for anyone, other than those listed on their child's Authorized Pickup List, to pick up their child. The center will ask the parents to give the assigned password to confirm they are, in fact, speaking with the parents on the telephone. The center director will telephone the parents back at one of their listed contact numbers to verify that the parents indeed made the call to the center. NO ONE BUT THE DIRECTOR AND THE PARENTS SHOULD EVER KNOW THIS PASSWORD. WE USE A PASSWORD FOR PICKUP AUTHORIZATION FOR YOUR CHILD'S SAFETY.

MY PASSWORD IS: _____

Permission

Sunscreen/Insect Repellant/Diaper Ointments

I, the undersigned, hereby give my permission for Kiddy Learning Station staff to apply sunscreen and insect repellent to my child at my request. I also give my permission for Kiddy Learning Station staff to apply diaper ointment that I have provided for my child.

Parent Signature

Date

Pictures

I, the undersigned, hereby give consent for Kiddy Learning Station to take pictures, photographs and videos of my child for use in the school website, slide presentations and other reasonable promotions, advertising and educational type activities as well as general use in the classrooms.

Parent Signature

Date

Parent Release

I, _____, the parent of _____, do hereby release and hold harmless Kiddy Learning Station and its employees from any liability or accident that may occur outside the child care premises in the event that I retain the services of a Kiddy Learning Station employee for the care of my child outside the child care center premises. I do also agree not to solicit Kiddy Learning Station employees away from the center for alternative employment opportunities.

Parent Signature

Date