

# The Creative Kids Academy



Child's Legal Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Child Lives with:  Both Parents  Mother  Father  Other: \_\_\_\_\_  
Other family members or siblings that live in the home: \_\_\_\_\_  
Childs Primary Language: \_\_\_\_\_

## **Parent Guardian Information:**

Parent/Guardian Legal Name: \_\_\_\_\_  
Name Used: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian Legal Name: \_\_\_\_\_  
Name Used: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**In the event of an emergency it is imperative that we can reach you. Please list the parent/guardian we should contact first, and the best phone number.**

## **Authorized Emergency Contact & Pick-Up:**

In the space below please list anyone who is authorized to pick up your child and/or who we may contact in case of an emergency, in the event you are unable to be reached.

Full Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Type of Authorization:  Contact in case of an emergency  Authorized to pick-up  Both

Full Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Type of Authorization:  Contact in case of an emergency  Authorized to pick-up  Both

Full Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Type of Authorization:  Contact in case of an emergency  Authorized to pick-up  Both

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

Drop-off Time: \_\_\_\_\_ AM

Pick-up Time: \_\_\_\_\_ PM

Days Attending (Please Circle):

Monday

Tuesday

Wednesday

Thursday

Friday

**Additional Information:**

Do you have a parenting plan or restraining order pertaining to your child?  Yes  No

\*\*\*If yes\*\*\* Document type: \_\_\_\_\_ Document Issue Date: \_\_\_\_\_

Document Expiration Date: \_\_\_\_\_

How did you hear about us? Friend, website, Drive by, Referral, Online, Other: \_\_\_\_\_

## Medical Information

Child's Physician (First and Last Name): \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_ (MM/DD/YYYY)

**Please list all known allergies and possible reactions below:**

Allergies (environmental/food): \_\_\_\_\_

Special Diet: \_\_\_\_\_

Milk Allergy or Intolerance: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

Is an Individual Care Plan Needed for your child?  Yes  No

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

Health or Developmental Concerns: \_\_\_\_\_

**\*\*\*If The Creative Kids Academy needs to administer medication, then a separate medication form will need to be completed\*\*\***

Child's Dentist (First and Last Name): \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of

Last Dental Exam: \_\_\_\_\_ (MM/DD/YYYY)

Is your child seeing a speech therapist, physical therapist, nutritionist, or any other specialist?

Yes  No

If yes:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does your child have birth marks or Mongolian spots:

Yes  No

If yes, please provide details on appearance and physical location:

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Is your child potty trained?

Yes  No

### Toothbrushing:

The Creative Kids Academy will provide students with the opportunity for developmentally appropriate tooth brushing activities. This dental hygiene activity is not meant to replace parent/guardian tooth brushing at home. The goal is to enhance good oral health habits while attending our program. Would you like your child to participate in tooth brushing while in our care?

**\*\*\*if yes, a separate toothbrushing document will need to be completed\*\*\***

If **Yes**  (parents provide toothbrush w/ cover and toothpaste) Check **No**  if you would like to opt out

## Out-of-Area Contact Information

During a disaster, communication could become challenging. Often, it is easier to contact an out-of-area phone number than a local or cell number. Our facility has established an out-of-area contact to relay information throughout a disaster. Please provide the following information for our records:

Out-of-Area Contact (100+ Miles Away)

Name (First and Last Name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Local Contact (Nearest Acquaintance)

Name(First and Last Name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

## Permission for Emergency Medical Treatment

I, \_\_\_\_\_, the parent or guardian hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include First Aid/CPR by a qualified staff member at The Creative Kids Academy. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

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

Preferred Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
Primary Insured's Name (or Insured Contract Holder): \_\_\_\_\_

## Agreement for Medical Expenses

I am the parent, custodian, or legal guardian of \_\_\_\_\_ ("Child"). I understand that as a condition of enrolling my child in The Creative Kids Academy program, I am required to ensure that my child has health insurance. I authorize The Creative Kids Academy to make emergency medical decisions, authorize emergency medical procedures and seek appropriate medical care or treatment that The Creative Kids Academy determines to be necessary at the sole discretion of The Creative Kids Academy. I agree to accept full responsibility and liability for the cost of any treatment, medical care, dental care, or transportation authorized or ordered for my child while at or participating in The Creative Kids Academy Programs, except to the extent that The Creative Kids Academy is legally liable for the injury.

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

## Release and Agreement

I, \_\_\_\_\_, acknowledge that The Creative Kids Academy is not an insurer against injury, and that The Creative Kids Academy offers its services at a cost which reflects the fact that The Creative Kids Academy will not and cannot be financially responsible for personal injuries which might occur anywhere on The Creative Kids Academy premises. I agree to release and hold harmless The Creative Kids Academy and its employees, administrators and owner from and against any liability for damage or injury arising out of personal injuries sustained by my own child as a result of the intentional act or omission to act of the child-care center employees, students or any other individual for whose acts the school might otherwise be liable except through gross negligence or willful misconduct on the part of The Creative Kids Academy or its agents. I accept this limitation with the knowledge that I am free to enroll my child at another childcare facility if I decline to accept this release.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature (First and Last Name): \_\_\_\_\_  
Date: \_\_\_\_\_

## Outside Food Policy

At The Creative Kids Academy, we are a Nut-Free Facility. To continue this, we require that families bring in foods with nutrition labels (when available) and nut free products ONLY. This includes birthday parties and special events. Please check with your management team if you need suggestions. When treats are brought into the center they must go to the office for approval, with your child's first/last name and nutrition label. Unfortunately, due to allergies we are not allowed to have treats that are homemade in the center.

Children are served breakfast, lunch, snack, and PM snack. Parents provide breakfast and lunch for their children; we provide snack and PM snack. Parents are able to provide all meals and snacks if you wish to do so. The food served is nutritious and has variety. All meals conform to the USDA guidelines. Any meals and snacks that you choose to supply must meet the meal and snack pattern specified in USDA and ensure licensing

requirements are met for meals times.

I understand that if I bring outside food, it must meet The Creative Kids Academy Outside Food Policy standards. I understand that this is implemented to ensure the safety of all children in the child care center.

Parent/Guardian Signature (First and Last Name): \_\_\_\_\_

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

## Photo, Video, and Social Media Release

The Creative Kids Academy will occasionally use photographs of our students to appear on (website, Facebook, Newsletter, Instagram or other The Creative Kids Academy social media pages). Please indicate below if you will allow us to do so.

YES       NO

Parent/Guardian Signature (First and Last Name): \_\_\_\_\_

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

## Digital Monitoring Video/Audio Release

I, \_\_\_\_\_, understand that while I am on The Creative Kids academy property, I am being audio and video recorded. I am aware that I am being audio and video recorded while on the premises, and I am aware that my child/children and/or anyone I bring on the premises are being audio and video recorded. This includes making know to anyone that drops off or picks up my child/children they are also being audio and video recorded, and it is my sole responsibility to convey this information to these people. In the event that it is necessary audio and video recordings will be made available to State and local authorities. Recordings will not be made available to parents/guardians or teachers.

Parent/Guardian Signature (First and Last Name): \_\_\_\_\_

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

## Enrollment and Policies Agreement

This Enrollment Agreement is effective this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year), is between The Creative Kids Academy, an independent private child care center located at: 20833 67<sup>th</sup> Ave W Lynnwood, WA 98036, and the Parent/Guardian/Subsidy Agency.

- There is an Annual Program/Registration fee of \$150.00 for (1 child) and \$200.00 for (2 or more children) that must be paid at the time of initial registration; and is nonrefundable. If a child disenrolls and then reenrolls the registration fee is due again at time of re-registration.
- A tuition deposit of \$\_\_\_\_\_ your child's first week's tuition (please refer to our tuition policy as weekly tuition varies by classroom) is required to guarantee/reserve enrollment space for your child; and is nonrefundable.
- A \$10.00 fee upon enrollment for the purchase of Emergency Disaster Kit that will be stored on site for my child in the event of an emergency.
- An additional \$5.00 per week will be assessed if you would prefer your child to consume Organic Milk only.

- I understand that a written 30-day notice must be given to the Director by email to withdraw my child. Tuition is then required to be paid through the end of the notice. If a 30-day notice is not received, a 30-day tuition charge will be incurred from the last day of attendance.
- If receiving a child care subsidy from the State or other provider, I agree to pay my copayment no later than the 1<sup>st</sup> business day of each month. I understand that late charges will apply. I understand that I am responsible to pay The Creative Kids Academy Standard Tuition Rates for any time not covered and/or contracted by the subsidy provider.

**Tuition**

- Weekly Tuition is due every Monday. There is a grace period that ends 12:00pm (noon) on Tuesday each week, then a \$25.00 late fee will be charged on your tuition payment. If weekly tuition fees (including any applicable late fees) are not received by Thursday that week, care will be terminated.
- There is a \$25.00 fee for nonsufficient funds.
- Tuition at any time under this contract is nonrefundable regardless of: holidays, closures, late starts, early dismissal, vacation, professional development/Inservice, inclement weather, emergencies, illness, unexpected closures. Please refer to your parent handbook for further information.
- A \$2.00 late pick up fee will be charged per minute for every minute you are late picking up after 5:30pm (i.e. 5:31 and so on, until you leave the building with your child). Our teachers time at the center must be appreciated and respected. This fee will be added to your next weekly tuition payment and is due immediately, or care will be terminated.
- The Creative Kids Academy reserves the right to deny, cancel, or suspend a child’s enrollment at any time at its sole discretion.
- If a child will be absent for the day, the center must be notified by email or phone call before 9:30am.
- All children must be dropped off to school by/before 9:30am for the day, no late drop offs will be accepted without prior approval by the school Director.
- Please see posted dates on the parent board and social media pages for scheduled In-Service Days and Closures.
- Parents will be given 30-day notice prior to tuition increases. Tuition rates will typically increase each September but may vary at The Creative Kids Academy’s sole discretion.

Parent/Guardian acknowledges that this agreement is by and between Parent/Guardian and the Creative Kids Academy. The Parent/Guardian understands that from time to time The Creative Kids Academy may update its policies at any time, and that by keeping your child enrolled at The Creative Kids Academy after any update to any policy made, this will be considered consent to any updates.

If The Creative Kids Academy is compelled to take legal action to collect unpaid tuition, the responsible party agrees to pay The Creative Kids Academy reasonable attorney’s fees and costs incurred.

The undersigned Parent/Guardian understands the terms and agreement and agree to be bound by them. All policies can be reviewed in the Parent Handbook.

<p><b>I agree that my payment is for the services outlined, and I agree to the terms and conditions of this contract and the payment due dates.</b></p>
<p>Parent/Guardian Signature (First and Last Name): _____</p> <p>Print Legal Name: _____</p> <p>Date: _____</p>
<p>Management Signature: _____</p> <p>Printed Management Name: _____</p> <p>Date: _____</p>

## Enrollment Deposit Receipt

Date of Registration: \_\_\_\_\_

Childs Start Date: \_\_\_\_\_

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Annual Family Registration Fee:     ***\$150 for 1 child     or     \$200 for 2 or more children***

Disaster Kit Fee:                             ***\$10.00 per child***

Organic Milk Fee:                            ***\$5.00 per child***

Childs Name: \_\_\_\_\_

First Weeks Tuition: \$ \_\_\_\_\_

Childs Name: \_\_\_\_\_

First Weeks Tuition: \$ \_\_\_\_\_

Childs Name: \_\_\_\_\_

First Weeks Tuition: \$ \_\_\_\_\_

Total Tuition/Fees Due: \$ \_\_\_\_\_

By signing below I authorize The Creative Kids Academy to complete my child/children's enrollment upon submission of this form. I agree that the registration fee and tuition deposit outlined above will be processed through the automatic payment system and from the account I have provided information for. I understand that this payment will be processed immediately and will ensure my child/children's space at the school.

I understand and agree that The Creative Kids Academy requires a 30-day written notice for withdrawing from care. If you decide you need to change your start date for any reason a new deposit will be required, and the old deposit is nonrefundable. All fees herein are nonrefundable fees.

**I understand and agree that all deposits, tuition, registrations fees, or other fees are non-refundable.**

Parent/Guardian Signature (First and Last Name): \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

## Policy and Agreements Review

I, \_\_\_\_\_, have read and reviewed the following The Creative Kids Academy policies **(please initial each line)**:

- \_\_\_\_\_ Parent Handbook
- \_\_\_\_\_ Healthcare Policy
- \_\_\_\_\_ Disaster/Crisis Plan
- \_\_\_\_\_ Pesticide Policy
- \_\_\_\_\_ Outside Food Policy
- \_\_\_\_\_ Video/Audio Agreement
- \_\_\_\_\_ Photo/Video & Social Media Agreement
- \_\_\_\_\_ Enrollment/Tuition Agreement

Parent/Guardian Signature:

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

The Creative Kids Academy Manager Signature:

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

# The Creative Kids Academy Orientation Check List

(To be completed with management)

- Registration Packet
- Immunizations
- Organic Milk option
- Supplemental Menu
- Anti-Bullying and Behavior Management Policy
- Hours of Enrollment: 10-hour maximum, call if late or absent
- Sign-in Procedures: Full-Legal Signature, 9:30 AM Policy, NO Cell Phones
- I.D. required for individuals on pick-up list
- Drop-off Procedures/NO Cell phones/Sign out procedure
- Classroom requirements
- Food for special occasions, only store-bought items. (Nutrition Label Required)
- Items to bring for age group, i.e., extra clothes, sheet, blanket, and water bottle
- Illness Policy
- Individual Plan of Care
- Toothbrushing
- Medication, Diaper Cream, Sunscreen Form's (if needed)
- Holiday's, In-Service days, Non-scheduled Closure dates
- Tuition Policy, Paid on Mondays
- Transitions into the next classroom
- A 30-day written notice is required prior to disenrollment.  
(For more information, please review the Tuition Policy).

Parent/Guardian Signature:

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

The Creative Kids Academy Manager Signature:

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

## Getting to Know You and Your Child...

1. Has your child been enrolled in any type of preschool/child care before? If yes, how was the experience?
2. What do you value most about your child's daily interactions & activities at school?
3. What languages are primarily spoken at home?
4. What are your child's interests and favorite activities?
5. What is your child's naptime routine like?
6. How does your child express anger, fear, or frustration?
7. What does your child love to do or enjoy?
8. Are there any other topics you would like to share about your child/family that would be beneficial?