



Enrollment Checklist

These steps must be completed to ensure your enrollment is complete. All items must be completed before your child may begin attending. You will receive email notifications and links for each step but can also find these links below.

NOTE: Please add the following email addresses as safe senders in your email and/or check your junk folder:

enrollment@legup.care
aotkinc@gmail.com
mail@earlylearningventures.org

1. Request/accept enrollment seat through LegUp website family.legup.care/
2. Pay Registration Fee through the LegUp website <https://family.legup.care/>
3. Complete Online Enrollment with CORE [LINK](#)
4. Complete Enrollment Agreement Form bit.ly/aotk_enrollment
 - a. Additional Student Information
 - b. Enrollment Agreement
 - c. Late Fee Agreement
 - d. Supply List
 - e. Emergency Transportation Permission
 - f. Permission to Apply Insect Repellent, Sun Screen & Diaper Ointment/Cream
5. Submit the following forms to the center:
 - a. CACFP Income Eligibility & Annual Enrollment Form bit.ly/3M8rr5I
 - b. Health Physical & Immunization Record (Cannot be older than 1 year) bit.ly/3yvD9R1
 - c. Birth Certificate
 - d. Custody Agreement (If Applicable)

Please contact the center if you have any questions at (757) 542-0740.

ARMS OF THE KING IS AN EQUAL OPPORTUNITY INSTITUTION



Welcome to Arms of the King, Inc.!

Where education meets unconditional love and learning meets fun

Arms of the King provides a safe, warm, structured, and nurturing environment for each child that walks through our doors. We encourage children to express their individuality in a myriad of ways: through music, arts and crafts, dramatic play, outdoor play, and more.

At Arms of the King, we strive to make quality education affordable and accessible to all. Our staff are committed to this goal and are constantly engaged in professional development. We greatly value the opportunity to partner with parents/guardians in guiding children through development.

We utilize **StreamIN3 Preschool Curriculum** to focus on 6 STREAM Skills and 5 CORE Skills.

STREAM Skills promote exploration, investigation, problem-solving, reasoning, and discovery. We work to encourage children's curiosity and connect these experiences to their home life, cultural background, and interests.



CORE Skills help students to....



RELATE with teachers and peers



REGULATE their emotions, attention, and behavior



THINK deeply about the world around them



COMMUNICATE with others productively



MOVE their bodies to achieve goals



Arms of the King, Inc.
10998 Jefferson Avenue
Newport News, VA 23601
(757) 599-5737

Dear Parent(s),

Thank you for choosing Arms of the King, Inc. for your childcare needs. Please know that you will need the following items upon your child's/children's first day of enrollment. As a reminder, bedding goes home **every Friday** for cleaning and must be returned **every Monday**. Children are not permitted to attend daycare when proper items are not supplied. Also, each time items are brought in, items should be labeled with child's/children's name(s).

- Fitted Crib Sheets (2 for the infant room)
- Small Blanket (large sheets & blankets are **not** permitted)
- 2 Changes of Clothing
- Socks
- Diapers
- Pull-Ups (**Velcro Style Only**)
- Wipes
- Sanitized Bottles
- Formula or Breast Milk
- Baby Food
- Sippy Cups (2)
- Special Instructions for care

Please be sure to include two emergency contacts in your online enrollment form. Upon enrollment you are required to provide 2 Proofs of Identity for your child (i.e. proof of birth letter, birth certificate, passport, social security card, etc), Physical Exam Form with Shot Records, and SNAP, TANF or FDPIR number.

Lastly, if there are any questions or concerns prior to your child's first day of enrollment, please do not hesitate to contact me.

Sincerely,

Coretta Y. Rodriguez, Owner
Audrey Livingstone, Director



ADDITIONAL STUDENT INFORMATION

Child's Name: _____ Nickname: _____

Address: _____ Home Phone: _____

Language spoken at home: _____

Previous Child Care Programs and Schools Attended:

Current School Attending: _____ Grade: _____

Does your child have an IEP (Individualized Education Program) in place? Yes No

Have you attended an IFSP (Individual Family Service Plan) meeting? Yes No

Persons NOT authorized to Pick Up child * _____

- Appropriate Paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the non-custodial parent, as an emergency contact for events occurring during school or daycare activities.

EMERGENCY CONTACT INFORMATION

Local emergency contacts that are authorized to pick up child if parent/guardian cannot be reached.

1) Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2) Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

AGREEMENTS

- **Arms of the King, Inc. Personnel** agrees to notify the parent(s)/guardian(s) whenever your child becomes ill and the parent(s)/guardian(s) will arrange to have your child picked up as soon as possible if so requested by **Arms of the King, Inc. Personnel**.
- The parent(s)/guardian(s) authorize **Arms of the King, Inc. Personnel** to obtain immediate care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
- The parent(s)/guardian(s) agree to inform **Arms of the King, Inc. Personnel** within **24 hours** or the next business day after his child or any member of the immediate household has developed a **reportable communicable disease**, as defined by the State Board of Health, except for life threatening diseases which must be reported **immediately**.

The information given on this document above and on the online enrollment form is true and complete to the best of my knowledge.

Parent(s) or Guardian(s) Signature _____ Date _____

Administrator of Center _____ Date _____

Date Entered Center: _____ Date Left Center: _____

OFFICE USE ONLY/IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. after school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means



Enrollment Agreement

Child's Full Legal Name: _____ Date of Birth: _____

Parents' Full Legal Name: _____

SATISFACTION GUARANTEE

I understand that a "satisfaction guarantee" applies to my child's first calendar week of attendance as a new enrollee. If I should have concerns that cannot be resolved to my satisfaction on or before Friday of the first week of attendance, I must submit a written request for a refund and notice of withdrawal. I understand that the registration fee will not be refunded.

TUITION and MODIFICATIONS

I have enrolled my child in the following program: Full-time Part-time Drop-In
From _____ am/pm to _____ am/pm on the following days: Monday Tuesday Wednesday Thursday Friday

I understand that I must adhere to the time stated above. The current tuition rate for the program I have chosen is \$_____.00 per week. I understand that the rates are subject to change as conditions require.

My child(ren) will receive meals that meet USDA Food Guideline and requirements based on the hours that he/she is in care. Meals for my child(ren) will be: Breakfast Lunch Afternoon Snack Dinner

— **INFANTS** will receive a choice of Enfamil w/ Iron (Members Mark Brand) formula. If my child accepts any other type of formula, I am responsible for supplying that formula to Arms of the King, Inc. I understand that my child will receive the following types of cereal: Rice, Oatmeal, Mixed

I am aware that **Arms of the King, Inc.** will provide Stages 1 and 2 Baby Foods.

— **REGISTRATION FEE** I understand that a one-time per year non-refundable registration fee of \$_____.00 shall be paid to enroll my child. For those enrolling for the summer months only, a non-refundable registration fee of \$_____.00 shall be paid at the time of registration. In instances of DSS reimbursements, if DSS does not pay this fee, it is my responsibility.

— **RE-REGISTRATION and RE-ENROLLMENT FEE** It is my understanding that in order to continue my child's enrollment each year, I must pay an annual, non-refundable fee of \$_____.00 which is due no later than March 1st of each year. Should I dis-enroll my child for any reason at any time, I must re-pay the registration fee upon my child's re-enrollment.

— **CHARGE FOR LATE PICK-UP/EARLY DROP OFF** I understand that my tuition makes Arms of the King, Inc. available to my child from _____ am/pm to _____ am/pm, Monday through Friday, January through December. I understand that if my child remains past or comes before the agreed upon time, I will be charged and agree to pay an additional fee of \$2.00 per minute for which my child is late/early. (ex. 15 minutes late = \$30.00 in late pick-up fees). I also understand there is a maximum cap of 10 hours of care allowed per day for private paying clients and clients who receive assistance from DSS.

— **IN CASE OF INJURY** If my child is injured at Arms of the King, Inc., I may want to consult with my family physician to determine whether the nature of the injury requires medical attention, vaccination against Hepatitis, Hepatitis B, or any other infectious disease; or any other care.

- **INSURANCE INFORMATION** If my child is injured while at Arms of the King, Inc. and requires medical attention, my health insurance will be the primary source responsible for payment of the cost of treatment for my child. If there are any charges for treatment that are not paid by my health insurance, Arms of the King, Inc. has a secondary insurance policy that will pay for treatment for your child only to the extent that such cost is not covered by your primary health insurance. The policy requires that I pay a \$50.00 deductible for each incident. Arms of the King, Inc.'s Director will provide me with an Accident and Sickness Proof of Loss Form to give to my physician to fill out. I will then be directed to return the completed form back to the Director for submission to the insurance company for payment.

I understand the Insurance Company's Guidelines described above.

- **IF MY CHILD IS BITTEN** Child Development Research indicates that approximately fifty percent of all children enrolled in childcare centers will be bitten. Toddlers especially will often use biting as a form of communicating. Arms of the King, Inc will strive to minimize biting accidents. However, it is highly likely that my child will be bitten at some time. If this should occur, the staff will do their best to comfort and care for my child's needs immediately. Arms of the King, Inc. Personnel will also inform the Biting Child's Parent (s) of the situation and work with them and their child to deter this behavior. If my child is bitten it is recommended that I contact my child's doctor to determine if the nature of the bite requires medical attention.

The 1993 United States Public Health Service Surgeon Generals' (Anonia Coella Novello, M.D., M.P.H.) Report to the American Public on HIV Infection and AIDS printed by the Centers for Disease Control (at Page 9) states there are no reported cases of HIV transmission from saliva, human bites, or attending school with HIV-infected persons.

- **IF MY CHILD BITES ANOTHER CHILD** Biting is very serious and is unacceptable. If my child bites, Arms of the King, Inc. Personnel will work hard with me to develop a plan for my child to correct the problem. However, if the biting is aggressive, breaks the skin, does not lessen with a reasonable amount of time, or diverts in inordinate amount of personnel time away from the other children and program implementation, Arms of the King, Inc. may, temporarily, dis-enroll my child until biting habits diminishes.
- **CONFIDENTIALITY** Arms of the King, Inc. respects the rights of each family to privacy and confidentiality regarding all health, behavioral and developmental records and other information concerning their child. Various Federal, State, Local Ordinances, and Regulatory Rules protect these rights to privacy and confidentiality. If my child is involved in an altercation or biting incident with another child Arms of the King, Inc. Personnel will not reveal your child's identity to the parents of the other child without prior written consent, except as required by law.
- **CONFERENCES** I will make myself available for semi-annual conferences with the Director to discuss my child's developmental progress and strategies to have my child move up to the next class.
- **SHEETS/BLANKETS/DAILY ITEMS** I understand I must provide my child(ren) with a clean crib sheet and small blanket on every Monday. I must take soiled bedding home immediately and return clean bedding for the following day of care. Any bedding left for more than 2 weeks without being laundered will be discarded. I am responsible to ensure that my child(ren) has the necessary items for each day. I understand that the teacher has the right to deny service for missing items such as, change of clothing, wipes, pampers, etc.
- **IMMUNIZATION OF CHILDREN** All parents should make certain that their child is immunized pursuant to the schedule recommended by the American Academy of Pediatrics (described in the Arms of the King, Inc. Parent Handbook) to protect against Polio, Measles, Mumps, Rubella, (German measles), Whooping Cough (pertussis), Diphtheria, Tetanus, and Haemophilus (Hib) Infections. Arms of the King, Inc. Personnel supports the Academy's recommendation for Hepatitis B (HBV) immunization of infants and school aged children 11-12 years old; who have not previously received the vaccine as well as the recommendation for

Chicken Pox (varicella zoster) Immunization. Without these immunizations, many of these childhood illnesses can cripple or kill. If my child's immunizations are not completed in accordance with the recommended schedule, Arms of the King, Inc. Personnel will exclude my child from enrollment for the protection of the children enrolled in our Program. If you are religious exempt from immunizations, we are required to have proper documentation from a licensed physician stating so.

I have shown proof of my child's immunization record and it is current.

- **HOLIDAYS** I understand that Arms of the King, Inc. will be closed for the following Observance Days: New Year's Eve, New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Fourth of July, Labor Day, Veterans' Day, Thanksgiving Day, Day after Thanksgiving Day. In addition, I understand that Arms of the King, Inc. will be closed for business the last week of August (for a teacher work week) and the week of Christmas. If an Observance Day falls on a weekend, it will be observed on either the preceding Friday or the following Monday, or in accordance with the at-work/management contract holiday schedule. I agree that I am not entitled to any refund, credit, make-up day, or any other allowance for holiday closures. I also understand that I will receive notice prior to each closure to help me secure other means of care for my child(ren) during this time.
- **ABSENCES/TARDINESS** I understand that no allowance shall be made for occasional absences. Refunds, credit, or make-up days cannot be granted. If my child(ren) will be late or absent, I must notify Arms of the King, Inc. by telephone immediately. If my child arrives late, I must escort him/her to his/her classroom and they will be involved in whatever activities the class is involved in. It is my understanding that an "absentee credit" is NOT available. Regardless of how many days my child is in attendance during a particular week, I am still responsible for the entire week's tuition. I also agree to pay a holding fee of 50% of the actual tuition rate of \$_____.____, should I pull my child out and expect his/her slot to remain opened for Summer Camp.
- **DSS SWIPE SYSTEM** I understand that I am responsible for swiping my child(ren) in prior to taking them to their classroom on a daily basis along with the swipe receipt. Failure to do so will result in my child not being able to remain in childcare for that day. Furthermore, it is my responsibility to swipe my child out daily. I understand that swiping does not take the place of signing my child(ren) in/out on the DAILY SIGN IN/OUT sheet located in the entrance area. If my child is absent from childcare, it is my responsibility to swipe him/her as "absent" for that particular day(s). Lastly, when Arms of the King, Inc. is closed due to a recognized holiday according to the Social Services contract, I am responsible for swiping a "Holiday Absence" for that day(s). Should I fail to swipe my child in/out and DSS does not pay for my childcare expenses I understand that I must pay for those expenses prior to my child being able to return to the facility.
- **DAILY SIGN-IN** I agree to complete the Sign-In/Sign-Out Form including complete signatures, on a daily basis. All parents are required to escort their child(ren) to classrooms daily. I am responsible for my child until such time. Upon pick-up, I am responsible for my child upon signing my name on the signature line of the Sign-In/Sign-Out Form. I also understand that there is a \$5.00 fee for each day my child is not signed in/out.
- **PULL-UPS** I understand that should I choose to use Pull-Ups when my child is developmentally ready to be potty trained, I must provide pull-ups with the Velcro fastenings. If I choose not to provide pull-ups with the Velcro fastenings I must continue to provide appropriately sized diapers until my child completely transitions into underwear.
- **WITHDRAWAL FROM THE PROGRAM** I understand that I must provide two weeks' written notice of withdrawal from the program. If written notification is not provided, I agree to pay all fees for the program in which my child was scheduled to attend. I understand that my child will then be automatically withdrawn and

can be readmitted only if space is available. If I wish to re-enroll my child, an additional registration fee is due and payable to Arms of the King, Inc.

- **DISMISSAL FROM THE PROGRAM** The owner and/or Director reserves the right to dismiss any child for reasons which include, but are not limited to:
 - Failure to pay tuition or fulfill requirements for enrollment
 - Disruption of the program by a student or parent
 - Refusal or inability to follow Arms of the King, Inc. policies
 - Any child whose needs cannot be met in our program
 - Behavior that presents a risk to the health, safety, or wellbeing of other children or staff members

- **CHILD ACCIDENT INSURANCE** Accident Insurance is provided for all children during their hours of attendance for accidents that may occur while at Arms of the King, Inc.. I understand that it is an excess policy covering those costs not covered by any other insurance me or my child may have and requires me to pay a \$50.00 deductible per accident. Arms of the King, Inc. has a secondary insurance policy that will ONLY pay for treatment for my child to the extent that such costs are NOT COVERED BY MY CHILD'S PRIMARY HEALTH INSURANCE PLAN and the procedure is deemed necessary by your child's physician.

- **SPECIAL INSTRUCTIONS** I understand that field trips and optional programs, such as swimming, gymnastics, and special summer programs may be offered. Most of these programs require fees in addition to regular tuition and these fees are payable by the first day of the program. In instances of DSS reimbursement, fees for these programs are my responsibility.

- **FIELD TRIPS** Supervised field trips may be scheduled to local settings of interest. I understand that I must complete, sign, and return a permission slip for each event to Arms of the King, Inc. Personnel prior to my child being able to participate.

- **RELEASE OF CHILD** I understand that my child will only be released to those persons whose names I have listed on the Registration and Emergency Transportation Forms. I understand that I must advise the Director or other designated person in charge, in writing, if any other person is to pick up my child. Arms of the King, Inc. will require proof of identification from a caller or any person arriving to pick up my child. A telephone authorization will be confirmed with the custodial parent at a previously designated telephone number.

- **MODEL RELEASE** Arms of the King, Inc., licensees and signees may may not use photographs, reproductions, and/or sound recordings of my child. Such use may include advertising and publicity purposes.

- **DEFAULT** In the event it becomes necessary to refer a delinquent account for collection to an authorized agent and/or attorney, I, my child's PARENT/GUARDIAN, agree to pay all costs of collection, including but not limited to: collection of costs, finders' fees, investigation costs, and attorney's fees at the rate of thirty-three percent (33%). Delinquent accounts are assessed at a yearly interest rate of twenty percent (20%) for every year **the account** remains delinquent. In the event Arms of the King, Inc. Personnel must institute legal proceedings to enforce any provisions of this agreement, PARENT/GUARDIAN agree that the venue will be in Hampton or Newport News, VA per Arms of the King, Inc. Personnel choice.

- **ILLNESS/GOOD HEALTH** I understand that I will be notified if my child becomes ill while at the center and that it will be necessary for me to make arrangements for my child to be picked up as soon as possible after notification. I also agree that my child will not be able to return to the center without a note from a licensed physician. If my child is exposed or contracts a contagious disease, I agree to notify the Director immediately. I understand that I will be notified of communicable diseases in accordance with Health Department regulations.

- **INSECT REPELLENT/SUNSCREEN/DIAPER RASH CREAM** In the event it is necessary to spray insect repellent and/or apply sunscreen, or diaper rash cream on my child(ren) for protection against mosquitoes, dangerous UV Rays, and/or diaper rash, I must first provide the repellent, diaper rash cream and/or sunscreen with my child's name on it and give written permission to Arms of the King, Inc. Personnel to apply such. It is my understanding that the issuing Personnel Member will use necessary caution when applying to my child's(ren's) skin.
- **UNPLEASANT BEHAVIOR NOTICES** An "Unpleasant Behavior Notice" is given if a child's behavior is disruptive to the point where formal parental notification is necessary. If 3 notices are received within a 30-day period, I will be asked to make other childcare arrangements for my child for the next two days. If the disruptive behavior continues, a conference will be planned to discuss the concerns of Arms of the King, Inc. Personnel and implementation of further actions as necessary. I understand that as a last resort and for the safety and well-being of other enrolled children, Arms of the King, Inc. Personnel may dis-enroll my child without giving a two- week grace period.
- **INTERVIEWING CHILDREN/INSPECTING RECORDS** Arms of the King, Inc./In Coretta's Care Personnel will report any and all suspected abuse/neglect to the Department of Social Services (DSS) and Child Protective Services (CPS). DSS or State Licensing Agencies shall have the authority to interview children or Arms of the King, Inc. Personnel and the right to inspect and audit child or facility records without prior consent. Arms of the King, Inc. Personnel shall make provisions for private interviews with any child(ren) or Personnel Member, and for examination of all records relating to the operation of Arms of the King, Inc. DSS, CPS, and State Licensing shall have the authority to observe the physical child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement. If it is necessary, a licensed medical professional will physically examine my child(ren).
- **INCLEMENT/CATASTROPHIC WEATHER** In an effort to service our parents/guardians and families, it is our intent to remain open every weekday (except designated observation days). If inclement weather occurs, please call the Center at (757) 599-5737 to ensure that we are open. Should Arms of the King, Inc. Personnel experience catastrophic weather conditions during the course of a regular business day and must evacuate away from the center, it is my understanding that their designated Shelter in Place site is Warwick High School at 51 Copeland Lane in Newport News. I will call this site at (757) 591-4700 to confirm a representative from Arms of the King, Inc. is present. I can also try to reach the Director via cell phone at (757) 358-5518. Arms of the King, Inc. Personnel will try to notify me once they are in a secured environment and if the opportunity arises.
- **TRANSPORTATION** Arms of the King, Inc. Personnel may transport my child to and/or from public school. I understand that a signed "Transportation Agreement" must be on file. I understand that an additional weekly transportation fee of \$10.00 per family is required for this service.
- **PERSONAL ITEMS** Arms of the King, Inc. or its Personnel ARE NOT responsible for personal items brought to the center such as toys, jewelry, games, computers, etc. Personal items such as backpacks, blankets, sheets, coats, hats, and extra changes of clothing should be labeled with the child's name written in permanent marker.
- **PAYMENTS** I understand that my payments are to be paid in full prior before service can be rendered. I agree to make my payments on Monday (prior to childcare services being rendered), on a:
 - Weekly basis
 - Monthly basisShould I fail to make my payments accordingly, I understand and agree that I am subject to paying a late fee of \$5.00 per day that I am late.

Parents with Co-Payments, payments are due **no later than the fifteen of each month with no extensions**. If my child is a Drop-In, I agree that payment is due upon drop off each day my child attends, **prior to childcare services being rendered**. If I have chosen full-time childcare, **I understand that I am responsible for paying the weekly fee for my child's care regardless of the number of days that they attend during the week**. Furthermore, I understand that I am subject to having my child(ren) dis-enrolled without receiving a two-week grace period due to non-payment or continual late payment.

- **HOUSEHOLD ILLNESSES** In the event anyone living in my household becomes infected with a reportable, communicable disease or illness, I will notify Arms of the King, Inc. Personnel within 24 hours of this occurrence. In the event an enrolled child of Arms of the King, Inc. is reported to have a communicable disease or illness, I will be notified within the next business day. All life-threatening diseases will be reported to me immediately.
- **POLICY ON APPLYING TOPICAL SOLUTIONS** In an effort to protect my child's delicate skin from Insect Bites, Diaper Rash, and/or UltraViolet Sun Rays I will provide Arms of the King, Inc. Personnel with SunScreen, Diaper Rash Ointment, and Insect Repellent labeled with my child's name which is only to be used as needed.
- **PARENT'S GUIDE** I have read and received a copy of Arms of the King, Inc. Admissions Agreement and Parent's Guide. I fully understand the contents, policies, and procedures and agree to abide by it. I also understand that my initials and signatures indicate my acknowledgement of this agreement being a legal and binding contract. I understand that as new state laws and regulations change, I may be required to sign an amended agreement.

Parent/Guardian Signature

Date

Signature of Director/Supervisor

Date

Late Fees and Additional Charges

A \$25.00 late fee will be assessed if payment has not been received by the close of school on the date due for weekly payments. Co-Payments are due by the 5th of each month, payment received after that will be charged a \$35.00 late fee. If the account remains delinquent, an additional finance charge of 10% will be assessed on the balance due and will be added on the first of each month until the balance is paid in full. After two weeks, the student may not be allowed to return to the school until full payment is received. Re-enrollment will be based upon availability. All returned checks will be assessed \$30.00. A late charge of \$2.00 per minute for pickup after 6:00pm will be applied to your account. After 6:30pm the charge will increase to \$5.00 per minute.

Please call if you are going to be late (charges will still apply).

I agree to all policies and procedures stated above, as well as in the Parent Handbook.

Parent/Guardian Signature

Date



Emergency Transportation Permission

Child's Name: _____ **Date of Birth:** _____

I understand that NO emergency treatment may be given without parental consent except in a life-threatening situation. Because informed consent must be given at the time of the incident, I agree to give telephone numbers where my spouse, a designated and responsible adult, or I can be reached promptly.

In Case of medical emergency while my child is attending Arms of the King, Inc., I understand that the following procedures will be followed:

1. Arms of the King, Inc. Personnel will contact the parent(s)/guardian(s) listed in the enrollment paperwork.
2. If neither parent/guardian is available in an emergency, Arms of the King, Inc. Personnel will contact the emergency contacts listed in the enrollment paperwork.
3. Arms of the King, Inc. Personnel will provide First Aid/CPR and take appropriate measures including contacting the Emergency Medical Services (EMS).
4. Arms of the King, Inc. Personnel will arrange for Emergency Transportation to the nearest Emergency Medical Facility or _____, if necessary. At no time will Arms of the King, Inc. Personnel drive with my child unless accompanied by another adult. An ambulance or another such vehicle shall transport my child.

I hereby authorize Arms of the King, Inc. Personnel to follow this procedure.

Signature of Parent or Guardian

Date

Permission to Apply Insect Repellent, Sun Screen & Diaper Ointment/Cream

I, _____, parent/guardian of, _____, give **Arms of the King, Inc. Personnel** permission to apply the following on my child's skin and/or clothing as deemed necessary.

- Insect Repellent prior to going outside (to protect from Insect Bites)
- Sunscreen prior to going outside (to protect from dangerous UltraViolet Sun Rays)
- Diaper Rash Ointment/Cream during each diaper change or as needed (to protect skin from irritations to his/her bottom, provided by parent/guardian)

Signed By: _____

Date: _____