

WELCOME

Looking for the right environment to place your children during the hours you cannot be with them is a difficult task. We appreciate the time and energy you have put into this important decision. We look upon the enrollment of your child in our *KidsFirst* program as a vote of confidence and we will do everything possible to provide your child with the quality care children need and deserve.

THE *KidsFirst* APPROACH

We believe that children grow and develop best in a secure environment based on unconditional love. To the staff at *KidsFirst*, this means accepting children as unique individuals. Our program enables children, through encouragement and positive reinforcement, to reach their highest potential by believing in themselves.

KidsFirst is patterned to reflect the structure of a family. A family system working to the benefit of all includes caring adults and children who enjoy each other's company and have a sense of joy working and playing together. The members of the family have both pride and excitement about each other's accomplishments, plus a sincere concern about each other's feelings.

This philosophy is based on years of observing young children's interactions in both home and child-care settings.

A safe, secure and loving environment in which each child can explore life at his own pace--that's our goal for children at *KidsFirst*. Our program builds a positive, healthy self-image, and stresses the vital balance between learning and play. Through example and encouragement your child is stimulated to develop physical, intellectual and social skills while expanding communication and self-expression through painting, storytelling, music and Discovery Areas. The wider world is brought into focus for the young child. Natural curiosity and boundless energy are nurtured by our creative and caring staff.

KidsFirst believes that it is important for the parent and the center to work together to ensure that the needs of the family and the child are being met. Your participation in the center activities and your comments are always welcome. We encourage you to make daily checks with your child's teacher about their activities and progress. A conference can be scheduled at any time through the administrator and at least one conference will be scheduled each year.

7025 West 130th Street
Parma Heights, OH 44130
440/842-4004

15163 Howe Road
Strongsville, OH 44136
440/878-0088

26184 Bagley Road
Olmsted Falls, OH 44138
440/235-3070

Discipline and guidance at *KidsFirst* are consistent and based upon individual needs and development. We promote self-discipline. Physical punishment is never permitted, nor is any form of discipline permitted regarding meals, toileting, or resting. A brief, supervised "time-out" is used and children are redirected to appropriate activities. Discipline policies apply to all persons in our center, including parents and visitors.

At *KidsFirst*, parents are always welcome and encouraged to visit at any time. It is important to us and to your child that you are actively involved in the activities of your center. The Administrator and the staff are proud of *KidsFirst* and look forward to your participation and support. Every parent has an open invitation to visit *KidsFirst* at any time.

***KidsFirst* GOALS**

- To provide a nurturing, safe, sanitary, stimulating environment for each child in our care.
- To provide love, kindness, and respect for each child.
- To recognize and help each child develop his/her own potential at his/her own rate.
- To treat children and parents in a non-threatening and non-judgmental manner.
- To give children, parents and staff, a positive, productive, happy experience.
- To help children develop a positive self-image through positive interactions and experiences.
- To help children explore their environment by encouraging them to make choices.
- To help children develop independence and the ability to get along with other children in a group setting.
- To help children express their wants and needs verbally and physically, and to allow each child the freedom to do so.
- To help each child through exploration and experimentation to become aware of their environment.
- To allow parents the peace of mind and freedom of not having to worry about their child while their child is at *KidsFirst*.
- To allow both staff and parents to **work together** in a professional, ethical, friendly, and cooperative manner so that we may be satisfied knowing that we have jointly provided the best care possible for our children.

KIDSFIRST APPLICATION FOR ENROLLMENT

*** Student Information ***

Preferred Name _____	First Name _____	Middle Name _____	Last Name _____
1 st day of Enrollment _____	Adult(s) Child Lives With _____	Male/Female _____	Child's Date of Birth _____

*** Family Information ***

Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed ___ Separated

Mother's Name _____
 First Middle Last Social Security Number

Home Address _____ City _____ St _____ Zip _____

Employer _____

Emp. Address _____ City _____ St _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Birth Date _____ Driver's License # _____

Father's Name _____
 First Middle Last Social Security Number

Home Address _____ City _____ St _____ Zip _____

Employer _____

Emp. Address _____ City _____ St _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Birth Date _____ Driver's License # _____

**CHILDREN WILL BE RELEASED ONLY TO THE PERSON SIGNING
THIS APPLICATION AND TO THE FOLLOWING PERSONS
EXCEPT AS REQUIRED BY LAW**

*** Contacts or Family Friends Information ***

Contact #1
Name

First _____ Last _____

Home Address _____ City _____ St _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Relationship _____ Driver's License # _____

Contact #2
Name

First _____ Last _____

Home Address _____ City _____ St _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Relationship _____ Driver's License # _____

*** Person Responsible for Payment ***

Name

First _____ Last _____

Address _____ City _____ St _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Relationship _____ Driver's License # _____

Employer _____

Address _____ City _____ St _____ Zip _____

*** Medical Information and Emergency Information ***

Physician's Name _____ Office Address _____ Office Phone _____

Dentist's Name _____ Office Address _____ Office Phone _____

Hospital Reference _____ Address _____ Phone _____

PARENT AGREEMENT

General Terms:

1. ***KidsFirst*** Learning Center provides equal access to public accommodations. Applications for enrollment are acted upon without regard to race, religion, color, national origin or sex.
2. The hours that the center will be open each day are 7:00 AM to 6:00 PM. The center is open Monday through Friday, except holidays as indicated below.
3. The center will be closed for the following holidays on the day that the holiday is observed: New Year's Day, Martin Luther King's Birthday, Presidents' Day Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. If Christmas and/or New Year's days fall on a weekend, ***KidsFirst*** will be closed on the closest school day. Because tuition rates are determined by averaging, a full week's tuition will be charged during these weeks.
4. Parents are welcome and encouraged to visit at any time.
5. Parents are expected to bring their children into the Center, sign-in and see that they are under supervision before leaving the premises and to re-enter the building when picking up their children and signing them out.
6. Parents will be called to pick up children who become ill. Children absent due to a contagious disease may not return to the Center without a signed statement from a physician indicating that they are no longer contagious.
7. Children must have current medical and immunization records on file at the Center by the first day of enrollment. Children must also have a statement signed by a licensed physician verifying examination and immunization within 30 days of the first day of enrollment. They must be regularly updated in compliance with the state law.
8. In the event of an emergency, the Center has my permission to administer First Aid or to obtain medical treatment in the child's best interest.
9. Discipline and guidance at ***KidsFirst*** are consistent and based on individual needs and development. We will promote self-discipline. Physical punishment is never permitted. Instead, we may use a brief supervised "time-out" period.
10. Children may not bring food to the center. Adequate snacks and a hot lunch are provided daily. Food and menu exceptions cannot be made for individual children except for documented medical reasons.
11. Every pre-school child will have an afternoon rest period/nap as required by state law.
12. Children will be encouraged to play outdoors on the playground daily, except during intense heat or inclement weather.

13. Every child must have a change of clothing that is left at the Center to be used for emergencies, and a smock for painting. All clothing must be marked. The Center is not responsible for lost clothing.
14. We cannot accommodate or ensure safety of toys for all children. Therefore, we ask that children do not bring toys/personal belongings to the Center. The Center is not responsible for any articles brought from home.
15. **KidsFirst** will administer only dated, labeled, prescribed medications (or physician prescribed non-prescribed medications) as stated on the Rx bottle. All medication policies are subject to state regulation. Administration of medication will be approved on an individual basis, at **KidsFirst**'s discretion. Due to staff/child ratio requirements, **KidsFirst** cannot provide staff to administer breathing treatments using a nebulizer. However, these nebulizer treatments may be administered in our facility by a parent or parent representative.
16. Should the management of **KidsFirst** determine in its sole discretion that a child has not adjusted to the daily program, the child may be dis-enrolled, and this agreement will be terminated at the option of **KidsFirst**. Parents will be given one week's notice of the dis-enrollment, when possible.
17. In the case of withdrawal of my child from the Center, I agree to give the Center one week's written notice prior to the withdrawal.

Financial Terms:

18. I agree to pay each week, on the first day of the week that the child attends, a **REGULAR WEEKLY TUITION FEE**, with no deductions for absences or holidays. If tuition is not paid prior to the close of business on the first day of weekly attendance, a **LATE PAYMENT FEE** may be added to my child's tuition.
19. I agree to pay a **REGISTRATION FEE** at the time of enrollment, to be renewed each anniversary date.
20. I agree to pay ½ of the **REGULAR WEEKLY TUITION FEE** for my child's absence due to vacation time of one calendar week (Monday through Friday) or more (not to exceed 4 weeks per calendar year), to hold my child's place at the Center. It is agreed that I will notify the administrator 2 weeks in advance of vacation absence.
21. I agree to pay the **REGULAR WEEKLY TUITION FEE** if my child is absent for any other reason whatsoever.
22. The Center is open whenever possible, but should it be absolutely necessary to close because of severe weather conditions, it will be announced on local radio and television stations. Tuition must be paid even if the Center is closed.
23. I agree to pay a **LATE PICK-UP FEE**, that I may be charged, per child, for each 15 minute period that the child(ren) is (are) left at the Center after 6:00 PM.
24. I agree to pay any **RETURNED CHECK FEE** that I may be charged, as stated on the

front side of this form, for any returned check. *KidsFirst* will then have the option to refuse any future check.

25. This parent agreement is subject to change in whole or in part by *KidsFirst* with two weeks' notice.

**THE FOLLOWING PARAGRAPHS APPLY ONLY TO
PARENTS AND/OR GUARDIANS OF INFANTS AND TODDLERS**

26. The infant must be at least 6 weeks of age before being enrolled.
27. There shall be a written diet plan for each infant or toddler, signed by the parent, until he or she is on table food. This shall be updated as the diet changes.
28. The parent shall provide the following:
- a. Bottles of formula for infants or toddlers, prepared at home.
 - b. Disposable diapers.
 - c. Baby foods and/or special foods with individual identification on each. Unused portions shall be discarded or returned to the parent at the end of the day.
 - d. At least 2 complete changes of clothing brought to the Center daily.
 - e. A physical examination report shall be required within 30 days of enrollment. This report must have been made within the 6 months previous to admission to the Center and is renewable at yearly intervals thereafter.
 - f. One large container of baby wipes per child.
29. Infants will be held during bottle feeding.
30. When an infant or toddler shows evidence of wanting to feed himself or herself, the child will be encouraged and permitted to do so.
31. Children will be given encouragement, stimulation and guidance in physical, mental, emotional and social adjustment. The daily activities and play experiences will be planned in accordance with the ages, development levels, and interest of the child.
32. Every effort shall be made to coordinate toilet training in the facility with the program started by the parent. No effort shall be made to toilet train until the parent agrees the time is right to begin. This generally occurs around the age of 2 years
33. This Parent Agreement is subject to change in whole or in part by *KidsFirst* with two weeks' notice

Parent's Signature *

Date

Parent's Signature *

Date

* The term "Parent" includes Guardian or other person equally in custody or control of the child.

ITEMS NEEDED FOR CHILDREN AT *KIDSFIRST*

	<u>Infant</u>	<u>Toddler</u>	<u>Pre-Schooler</u>
1 Container of Baby Wipes	X	X	X
1 Package of Disposable Diapers	X	X	
2 Changes of Clothes	X	X	X
Diaper Cream	X	X	
Blanket (Baby Size)	X	X	X
Plastic Bottle	X	X	
Milk or Formula	X		
Sipper Cups	X	X	
Spoon	X		
Box of Cereal	X		
Baby Foods	X		
Pacifier (if used)	X	X	
Bibs (3 cloth fabric)	X		
Sun Screen (#20 or higher)	X	X	X
Boots	X	X	X
Hat	X	X	X

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address					
City			State	Zip	
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> Work number <input type="checkbox"/> Cell number <input type="checkbox"/> Home number					
Where can you be reached while your child is in this program?					
Parent/Guardian Name			Relationship to Child		
Home Address					
City			State	Zip	
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> work number <input type="checkbox"/> cell number <input type="checkbox"/> home number					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.					
Name			Name		
City		State	City		State
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City			State	Telephone Number	

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
--

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.
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Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Center or Type A Home Name			Center or Type A Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook.

Parent/Guardian Signature	Date
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Signatures

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. The administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form to indicate the date reviewed.			
Parent/Guardian Signature(s)		Date	
Administrator/Designee Signature		Date	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.