

Kidz Connect Child Care Center LLC

Child Care Agreement

Child's name:		First	Middle	Last	
Parent or guardian name:		First	Middle	Last	
Days and times my child will receive care:					
Check days of care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival time					
Departure time					
Services to be provided as part of the day care fee (Transportation, Meals, etc.)					
Persons Designated by Parent to Whom Child May be Released					

Fee Amount: \$ _____ per:			Date payment due:		
<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month			Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):		
Overtime rate: \$ _____ per			Late fee: \$ _____ per		
Other Fees: \$ _____		Description:			
I, the parent/ guardian;					
<input type="checkbox"/> Received complete written program information at the time of enrollment					
<input type="checkbox"/> Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.					
_____ Signature of Parent		_____ Date	_____ Signature of Operator		_____ Date
Child's Admission Date:			Date of Withdrawal:		

EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b),
3290.181 & 182

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

KIDZ CONNECT CHILDCARE CENTER BEHAVIOR POLICY

Dear Parents/ Guardians,

The safety of our children is our highest priority. It is important that children are in an environment that is comfortable and enjoyable. We understand that children will be children and will display age-appropriate behaviors. However, if your child is constantly displaying behaviors that are disruptive, unacceptable and harmful to other children, the following steps will be taken:

- 1. Parent will be notified in person and in writing of the child's behavior.**
- 2. Child will be suspended from program after they have received 3 write ups pertaining to disruptive behavior. The time frame will be determined by the behavior displayed.**
- 3. A meeting will be held to try and resolve the issue. If the issue can be resolved the child may continue in our program. If we are unable to resolve the issue KIDZ CONNECT CHILDCARE CENTER LLC WILL DISCONTINUE SERVICES.**

Outside Resources

The staff at KIDZ CONNECT CHILDCARE CENTER LLC will constantly be observing and working closely with your child. If we feel as though your child needs additional services (speech, occupational, behavioral) we will request that you seek outside services for your child. The following steps will be taken:

1. A written letter requesting that your child is evaluated will be given to the parent.
2. A 30-day grace period to have your child evaluated or proof that your child has a scheduled appointment to be evaluated.
3. Meeting to discuss outcome of evaluation and future arrangements.

By signing this document, you understand and comply with the Behavior Policy set forth by KIDZ CONNECT CHILDCARE CENTER LLC.

PARENT SIGNATURE

DATE

-KIDZ CONNECT CHILDCARE CENTER LLC.

KIDZ CONNECT CHILDCARE CENTER LLC
EMERGENCY EVACUATION PLAN

Parents/Guardians,

This letter is to assure you of our concern for the safety and welfare of children attending ***KIDZ CONNECT CHILDCARE CENTER LLC***. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

Immediate evacuation: Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at a neighbor's.

In-place sheltering: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

□

Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility. We currently have 2 available, they are:

o

Emergency Relocation Facility A at ***SOUL WINNERS CHURCH 1913 FREEMANSBURG AVE. EASTON PA 18042***

o

And Emergency Relocation Facility B at ***GYM TIME 1800 SULLIVAN TRAIL EASTON PA 18040***

If it ever becomes necessary to relocate, a sign will be posted on the door stating which facility we've gone to (A or B).

If you're not sure how to get there, please ask for directions before there is an emergency.

In the event of a school closing due to inclement weather or other unforeseen events you will be notified via phone and or email.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

To assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact ***Yolanda Dunn/ Glendora Dunn 610-258-5439***.

Sincerely,
KIDZ CONNECT CHILDCARE CENTER LLC.



Permission to Photograph

I, _____, give permission for Kidz Connect Childcare Center LLC to photograph my child, _____ for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on childcare website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on childcare's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
Instagram	<input type="checkbox"/>	<input type="checkbox"/>
Blog	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian Signature) _____ DATE _____

KIDZ CONNECT CHILDCARE CENTER LLC

RELEASE FORM-AUTHORIZATION FOR PICK-UP

Dear Parent/Guardian:

Please fill out the form below relating to those persons who have your permission to pick up your child from school. Please give any additional information necessary in the appropriate space.

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, a note from the parent or a telephone call is necessary. Please be aware that the person will be asked to identify themselves with photo identification before the child is released. If there are any custody issues, we must have legal documents on file with regard to who can pick up your child and on what days.

Sincerely,
Kidz Connect Childcare Center LLC

RELEASE FORM

The following people are authorized to pick up my child from Kidz Connect Childcare Center LLC. I authorize the release of my child to their care.

CHILD'S NAME

DESIGNATED PERSONS TO WHOM CHILD CAN BE RELEASED

_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION

PARENT/GUARDIAN SIGNATURE _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):

NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):

NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						

Parents may write immunization dates; health professional should verify and complete all data.

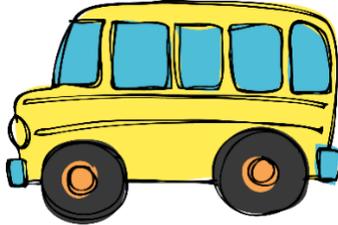
CHILD HEALTH REPORT (CONT'D)

VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE:		
ADDRESS:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:

Date _____

Kidz Connect Child Care Center LLC

Transportation Agreement



Date: _____

Child's Name: _____

Parent's Name(s): _____

Child's School & Address: _____

Effective Dates: School Year _____

IMPORTANT INFORMATION PERTAINING TO TRANSPORTATION SERVICES

Primary Method of Transportation: Van

Driver: Glendaria Crudup/ Yolanda Dunn

I, the undersigned, authorize Kidz Connect Child Care Center LLC, located at 1601 Lehigh St. Easton, PA 18042 to transport my child from the center to the school named above at an agreed upon time.

I also authorize Kidz Connect Child Care Center LLC to pick my child up from the designated school and transport them back to the center at an agreed upon time at the end of the school day.

Kidz Connect Child Care Center LLC has advised me that whenever my child is being transported in a vehicle, owned by the facility, that my child will be properly wearing a seat belt or always seated in a car seat. In addition, the doors on the vehicle will be locked while transporting the children.

I have been advised that Kidz Connect Child Care Center LLC is insured with **Selective Way Insurance Company**, and the insurance policy is located on the premises. This document can be viewed by parents upon request.

In the event of an accident, I authorize Kidz Connect Child Care Center LLC to take the appropriate action for getting my child any medical attention that may be needed. I also understand that in the event of an accident I will be informed immediately or as soon as the situation allows; understanding that the safety of the child is the priority.

ADDITIONAL IMPORTANT INFORMATION

- Any child needing to eat breakfast at the center before school must arrive no later than 8am.
- Any child not needing breakfast will arrive at the center at or before 8:15am.
- Parents will be responsible for transporting any child to school who is not present at the center at or before 8:15 /8:25 (depending on the school they attend)-please be sure to discuss the latest time that your child can be dropped off.
- Children will meet at a designated place for pick up each day at each school (pick up place to be determined by the school).
- Kidz Connect Child Care Center LLC must be informed via phone call/ text/ or email if a child will not be in attendance. The facility must also be informed of any changes regarding transportation, for example, no drop off/ no pickup.
- Any child that is unable to attend their school due to sickness may not attend the center that day as well. (Please see Sick Child Policy in Handbook).
- Kidz Connect Child Care Center LLC's behavior policy will be in effect when children are being transported. If a child is unable to be transported to school due to behavior, it is the responsibility of the parent to transport their child.

I have read and discussed the procedures which have been put in place regarding the safe transportation of my child, and I agree and comply with them in their entirety.

Parent(s) Signature: _____

Date: _____

Getting to Know You

Childs Names(s) _____

Parent Names(s) _____

Date _____

1. Does your child have a nickname? Please provide it if you would like us to use it.

2. In what language do you and your child communicate at home? _____

3. Is there information about your family composition or household members that you would like to share?

4. What are some of your child's favorite things

5. Are there cultural or religious holidays that your family observes or does not observe that you would like to share with the program?

6. What are your child's napping behaviors? _____

7. Does your child have any special needs?

8. What are your child's favorite foods?

9. Is there anything else you can share with us about your child that will help us ease the transition for your child?

10. Has your child been in an early learning program or childcare before?

11. Any special needs (medical, developmental, social, mental health)?

12. Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?

- If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.

Influenza ACIP Vaccine Recommendations



The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States.

Why is it important to get the Influenza?

To protect their health, all children 6 months and older should be vaccinated against flu each year. Vaccinating young children, their families, and other caregivers can also help protect them from getting sick. These children are more likely to have severe flu illness that results in hospitalization or death.

While the influenza vaccine is recommended, it is not a requirement in the state of Pennsylvania. Please check one of the boxes below.

- Yes, I have had or will have my child vaccinated
- No, I choose not to have my child vaccinated

If you marked "NO," please indicate why:

Explanation:

Child or Children's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Family Handbook Acknowledgement

After reviewing the Family Handbook, please sign and return this acknowledgement form to the center prior to your child's enrollment.

If you have any questions or require further clarification after reviewing the handbook, we encourage you to schedule a time to speak with a member of the Kidz Connect Management Team.

Please be advised that the Family Handbook is subject to periodic updates. Families will be notified of any changes as they occur.

Thank you for taking the time to review and acknowledge the policies and procedures we have established to ensure the safety, well-being, and success of every child in our care. We look forward to partnering with you and getting to know your family.

Acknowledgement Statement

I acknowledge that I have received and reviewed the Kidz Connect Child Care Center Family Handbook. I understand and agree to comply with the policies and procedures outlined therein and will contact center management with any questions or requests for clarification.

Recipient Signature

Date

Center Staff Signature

Date