



# Kachemak Kids

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Early Learning Center

**3838 Bartlett St  
Homer AK 99603  
907-235-2205  
[www.kachemakkids.net](http://www.kachemakkids.net)**

## **Registration Packet 2009**

Thank you for your interest in Kachemak Kids Early Learning Center. Enclosed you will find the following registration documents:

- Enrollment Policies and Procedures
- Registration Application
- Enrollment Contract
- Parent Time Contract
- Tuition & Other Fees
- Hold Harmless Agreement/Medical Release Form
- Privacy Policy and Photo Consent
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Please complete all pages and sign all forms. Return to the Ex. Director with your \$50 application fee.

\*Last updated April 2009. Subject to change.

## **Enrollment Policy & Procedure**

Kachemak Kids Early Learning Center, Inc. admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school and does not discriminate on basis of race, color, and national or ethnic origin in administration of our educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Although staff and the board of directors will make every effort to assist families in finding alternative payment plans and/or apply for state/federal funding, KKELC reserves the right to deny enrollment to children and families who cannot follow through on their financial commitment to the program.

KKELC will provide enrollment options to children and their families that will coincide with licensing requirements, current staffing, and the facility's capabilities. The Executive Director and Program Development & Implementation committee will determine these options and provide this information in the Registration Packet.

KKELC reserves the right to determine the appropriate age ratio of children in the program so as to provide the best possible educational experience in a safe setting. The Ex. Director will determine the appropriate age ratio based on our licensing requirements, current staff, current facility, and other factors he/she deems important to the well-being of the children and program.

### Enrollment Procedure

Parents are asked to visit the program with their child prior to deciding to apply for entrance. If they feel KKELC is a good match for their child and family, they need to complete a registration packet and provide health information, an emergency record card, immunization records or a signed exemption form and an annual \$50 nonrefundable application fee. The registration packet will be reviewed by the Executive Director and the Parents will be contacted in a timely manner to schedule an orientation to the center, our policies and parent participation requirements.

# **Registration Application**

Date\_\_\_\_\_

## **Child's Information**

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_ Sex\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_

## **Parent/Guardian Information**

Parent\_\_\_\_\_

Parent\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone\_\_\_\_\_

Home Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

E-mail\_\_\_\_\_

E-mail\_\_\_\_\_

Place of Work\_\_\_\_\_

Place of Work\_\_\_\_\_

Hours of Work\_\_\_\_\_

Hours of Work\_\_\_\_\_

## **Emergency Contact Information**

Please provide two emergency contact persons, other than the child's parents or persons in the child's home.

Name\_\_\_\_\_

Name\_\_\_\_\_

Phone\_\_\_\_\_

Phone\_\_\_\_\_

Relationship\_\_\_\_\_

Relationship\_\_\_\_\_

**Medical Information**

Is your child taking any ongoing medication? Yes \_\_\_ No \_\_\_

If yes, please list medication name, dosage, and reason for taking:

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Does your child have any allergies, food or otherwise? Yes \_\_\_ No \_\_\_

If yes, please list all allergies:

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Does your child have any physical disabilities that would restrict activities?

Yes \_\_\_ No \_\_\_ If yes, please describe:

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Please describe any other health related information concerning your child that you feel is important for us to know?

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**Medical Contact Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide a copy of your child's immunization record or sign a waiver.**

**Other Information**

Please list other members of your child’s household (name, age, relationship).

Name	Age	Relationship
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Does your child have any special characteristics of which the teacher should be aware (disabilities, fears etc)?

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Is there anything else we should know about your child, his or her history, current situation, and so on?

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How would you best describe your child? (Child’s strengths/challenges, what child is currently “working on”, interested in, or concerned about, etc)

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What are your reasons/goals for placing your child at Kachemak Kids?

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How did you hear about us?

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**Enrollment**

Please list the days and hours you would like your child enrolled. We will attempt to work with each family’s schedule; however if your desired space is not available we will advise you of other options and/or create a wait list.

\*\*\*\*\*below to be completed with the director\*\*\*\*\*

**Enrollment Contract**

As the parent of \_\_\_\_\_, I commit to enroll him/her at KKELC for the contract period of

\_\_\_\_\_ - May 31, \_\_\_\_\_ (year)

\_\_\_\_\_ June 1- August 30, \_\_\_\_\_ (year)

My child is scheduled to attend KKELC on the following days each week:

- Monday: half / full
- Tuesday: half / full
- Wednesday: half / full
- Thursday: half / full
- Friday: half / full

I understand that:

- ~ I will receive the discounted tuition contract rate because of my commitment to the above schedule.
- ~ I will be billed monthly according to my child’s enrollment schedule and I am expected to pay tuition promptly and according to the guidelines set out in the KKELC Parent Handbook.
- ~ Payment for additional drop-in days for my child will be billed at the end of the month because I have committed to this contract (for families with no contracts, payment for drop-in days will be expected at the time service is provided).
- ~ In the event that this contract needs to be ended, I will notify KKELC’s executive director two weeks in advance of my child’s departure from the program and I will be responsible for the current month’s tuition, unless a replacement is found (as per Parent Handbook guidelines).

I have read, understand and agree to all the policies and procedures outlined in the Parent Handbook and this Registration Packet. I understand that if I do not adhere to these policies and procedures including fulfilling Parent / Member responsibilities and financial obligations, my child may be removed from the program. I certify that all information provided in this registration packet is factually correct to the best of my knowledge. I understand that if any of our child’s information changes in this registration packet, we must notify staff within an appropriate amount of time as to ensure the safety and care of my child.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of KKELC Exec. Dir.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## Parent Time Contract

As a cooperative-style childcare and preschool center, parents are required to participate in the school in a variety of ways. Families are required to participate 6 hours a month either in the classroom and/or out of the classroom. **In the event that you are unable to fulfill your monthly hours of service, you must pay \$20 per hour that is owed.** This amount will be placed on your next month's bill. Please communicate with the Parent Time Coordinator regarding your schedule or payment. Please see the parent handbook for more details regarding parent responsibilities and Parent Time opportunities.

As the parent of \_\_\_\_\_, I commit to the following parent time positions for the quarterly contract period of:

\_\_\_\_ September 1<sup>st</sup>-November 30, \_\_\_\_\_ (year)  
\_\_\_\_ December 1<sup>st</sup>-February 28<sup>th</sup>, \_\_\_\_\_ (year)  
\_\_\_\_ March 1<sup>st</sup>-May 31<sup>st</sup>, \_\_\_\_\_ (year)  
\_\_\_\_ June 1<sup>st</sup>-August 31<sup>st</sup>, \_\_\_\_\_ (year)

The in class positions I have chosen are:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Estimated Total Hours: \_\_\_\_\_

The out of class positions I have chosen are:

\_\_\_\_\_  
\_\_\_\_\_

Estimated Total Hours: \_\_\_\_\_

I understand that:

- The staff of Kachemak Kids are relying on me to fulfill my position;
- It is expected I will be on time;
- It is my responsibility to find a replacement whether it is for a day, or for the rest of the contract period.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Tuition & Other Fees

See Parent Handbook for more information on Tuition & Fees Policies & Procedures.

<b>With a Contract</b>	<b>Preschool Age</b>	<b>Toddler Age</b>
Full Time (full day) 5 Days per week	\$620 Monthly Rate	\$680 Monthly Rate
Full Time (full day)	\$38 Daily Rate	\$41 Daily Rate
Part Time (half day) 4 or 5 days per week	\$20 Daily Rate	\$22 Daily Rate
Part Time (half day) 1,2, or 3 days per week	\$24 Daily Rate	\$23 Daily Rate
<b>Without a Contract</b>	<b>Preschool Age</b>	<b>Toddler Age</b>
Drop In Rate - Full Day	\$42 Daily Rate	\$45 Daily Rate
Drop In Rate -Half Day	\$26 Daily Rate	\$27 Daily Rate

To figure monthly rates other than full time/5 days a week:

Daily Rate x # Days per week x 4 weeks per month = Monthly rate

### Rate Calculators

<b>Preschool</b>	<b>monthly rate</b>	<b>Toddler</b>	<b>monthly rate</b>
FT- 5 full days w/ contract	\$620.00	FT- 5 full days w/ contract	\$680.00
FT 4 full days w/ contract	\$608.00	FT 4 full days w/ contract	\$656.00
FT 3 full days w/ contract	\$456.00	FT 3 full days w/ contract	\$492.00
FT 2 full days w/ contract	\$304.00	FT 2 full days w/ contract	\$328.00
FT 1 full days w/ contract	\$152.00	FT 1 full days w/ contract	\$164.00
Drop in Full Day- No Contract	\$42.00	Drop in Full Day- No Contract	\$45.00
PT 5 half days w/ contract	\$400.00	PT 5 half days w/ contract	\$440.00
PT 4 half days w/ contract	\$320.00	PT 4 half days w/ contract	\$352.00
PT 3 half days w/ contract	\$288.00	PT 3 half days w/ contract	\$276.00
PT 2 half days w/ contract	\$192.00	PT 2 half days w/ contract	\$184.00
PT 1 half days w/ contract	\$96.00	PT 1 half days w/ contract	\$92.00
Drop in half day- No Contract	\$26.00	Drop in half day- No Contract	\$27.00

### Other Fees:

Annual Registration Fee-\$50.00 due upon receipt of initial registration and on the anniversary of registration.

Late Payment Fee-\$10.00 a day after the 5<sup>th</sup> of the month

Late Pick-up Fee- \$1.00 for each minute after arranged pick-up time

Bad Check Fee-\$20.00

Parent Time Fee- \$20 per hour not worked (required 6 hours per month)

KKELC Registration Packet- update April 2009

# Hold Harmless Agreement Medical Release Form

I/We authorize any Kachemak Kids Early Learning Center employee to provide emergency care within the scope of their training for my child in the event of an accident or illness.

I/We hereby authorize any emergency medical technician, paramedic, or doctor to attend to my child in the event of an emergency if I cannot be reached in a timely fashion.

I/We hereby release and hold harmless Kachemak Kids Early Learning Center, Inc. and its agents, employees, volunteers and directors from all claims, obligations and liability of any kind arising out of my child/children's participation in the Kachemak Kids Early Learning Center preschool and/or child care program, including but not limited to transportation to and from and participation in outdoor and off-premises activities. **I have read the Injury Response section of the Kachemak Kids Parent Handbook and agree to the provisions therein.**

I certify that all information provided in this agreement and all Kachemak Kids Early Learning Center registration documents is factually correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## CONSENT TO APPLY OVER THE COUNTER SKIN PRODUCTS

Sunblock                    yes\_\_\_ no\_\_\_

Diaper cream            yes\_\_\_ no\_\_\_

Germicidal gel         yes\_\_\_ no\_\_\_

Arnica                    yes\_\_\_ no\_\_\_

Insect repellent        yes\_\_\_ no\_\_\_

Vaseline                 yes\_\_\_ no\_\_\_

Moisturizer lotion     yes\_\_\_ no\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Privacy Policy

The information you supply in this registration packet will be made available to staff and the board of directors and is confidential. We also publish a class list and a phone list of all the families enrolled. We do this so you may exchange volunteer days amongst yourselves, and so that you can arrange play dates. You can choose to refrain from having your name published on the class phone list by checking the box below. Please note that only those families who publish their phone numbers will receive a phone list.

- Please DO NOT publish my name and phone number on the class phone list.

**Photo Consent**

I/We hereby give my consent for photos of my child to be used for the following purposes (please check):

- For Kachemak Kids purposes (bulletin board, newsletters, etc.)
- For newspapers/media

**Consent Agreement**

I/We have read and understand the above Consent Information Form. I understand that if any of our child’s information changes on this Consent information Form, we must notify staff within an appropriate amount of time as to ensure the safety and care of my/our child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\* Below to be completed by KKELC Director \*\*\*\*\*

Date Parent/Guardian and Child Visited KKELC and given Orientation: \_\_\_\_\_

Date Received Registration Packet: \_\_\_\_\_ Registration Fee: Check/Cash \_\_\_\_\_

Days Enrolled: \_\_\_\_\_ Monthly Tuition: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Contact 1<sup>st</sup> \_\_\_\_\_

Contact 2<sup>nd</sup> \_\_\_\_\_

Director’s Notes: Accepted Denied Reasons:  
\_\_\_\_\_  
\_\_\_\_\_