

TDC Learning Centers, Inc.

Child's Enrollment Checklist "Creative Learning Adventures" (CLA)

Child's Name: _____

Enrollment Date: _____

Session Enrolled: _____ M/W/F am _____ M/W/F pm
_____ T/TH am _____ T/TH pm

Forms for Office:

_____ Enrollment Form
_____ Emergency Medical Form
_____ Health Form _____ Doctor's Statement _____ Shot Records
_____ Custody Form
_____ Walk Form
_____ Payment Policy
_____ Photo Release

Forms for Parent:

_____ Parent Handbook
_____ Copy of Payment Policy
_____ Abuse & Neglect Form



Creative Learning Adventures
2018-2019 Part-Time Preschool Enrollment Form

Start Date:	Drop Date:
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Child's Name:

Last First Middle

Sex Birth date Social Security Number

Parent (or Responsible Party): Relationship to child: _____

Last First Birth date Social Security Number

Address City Zip Code Home phone #

Cell Phone# Work phone # (if applicable)

Second Parent or Other Responsible Party: Relationship to child: _____

Last First Birth date Social Security Number

Address City Zip Code Home Phone #

Cell Phone # Work phone# (if applicable)

Do Not Write in this Section: For Office Use Only

Class Schedule

_____	Monday / Wednesday / Friday Morning	9:00 am to 11:30 am
_____	Monday / Wednesday / Friday Afternoon	1:00 pm to 3:30 pm
_____	Tuesday / Thursday Morning	9:00 am to 11:30 am
_____	Tuesday / Thursday Afternoon	1:00 pm to 3:30 pm

Demographics:

Your child's:

Ethnicity: (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race: (check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- White or Caucasian
- Native Hawaiian or Pacific Islander
- Other (please specify) _____

Household: (circle one) Single parent Two parents Foster Parent(s) Grandparent(s)

Total Annual Household Income: (check)

- Less than \$15,000 \$24,000 - \$37,999 \$50,000 - \$74,999
- \$15,000 - \$23,999 \$38,000 - \$50,000 More than \$75,000

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, relationship and telephone number.

Name	Address	Relationship	Phone #
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Name	Address	Relationship	Phone #
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Name	Address	Relationship	Phone #
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Name	Address	Relationship	Phone #
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I hereby certify the information I have provided TDC Learning Centers, Inc. is true and correct to the best of my knowledge.

Signature	Date
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In accordance with Federal law, the childcare provider does not discriminate on the basis of sex, race, color, religion, national origin or disability with respect to enrollment of children or employment of staff. With respect to disability, both the child and adult must be capable of functioning meaningfully within the center and without harming themselves or others.



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I hereby authorize _____ (Name of individual/staff member) and/or _____ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ MM/DD/YYYY and _____ MM/DD/YYYY.

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas
County of _____

Signed or attested before me on _____ by _____
MM/DD/YYYY Name of Person

(Seal, if any.)

Signature of notarial officer

Title (and Rank)

My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ___No ___Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

_____ Allergies	_____ Frequent sore throats/colds	_____ Ear Aches
_____ Asthma	_____ Speech, Visual, Hearing	_____ Diabetes
_____ Epilepsy/Seizures	_____ Other _____	

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? ___ No ___ Yes, as follows:

_____ Please provide additional information or special instructions that will help the person caring for your child.

Parent/Guardian Signature: _____ **Date:** _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

(A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:

____DTaP/DT ____Tdap/TD ____Pertussis Only ____Polio ____MMR ____HepA ____HepB ____Hib
 ____PCV ____Varicella ____Other

Physician's Signature (required): _____ **Date:** _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ **Date:** _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name _____ **Date of Birth** _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM %ILE _____		Weight: _____ LB/KB %ILE _____
Physical Examination	✓ If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
 None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City
Zip Code	

Child Abuse and Neglect Reporting Policy

All employees of TDC Learning Center, Inc. are State Mandated Reporters and are required to report any suspicion or knowledge of child abuse and/or neglect.

Procedures and Practices, including responsible person(s):

All observations or suspicions of child abuse or neglect will be immediately reported to the Child/Adult Abuse Kansas Protection Report Center: 1-800-922-5330, no matter where the abuse might have occurred. Staff should notify their Center Director that a report has been made. Center Directors are responsible to ensure that the Executive Director is notified immediately when a report has been made.

All staff involved in the reported incident will follow the direction of SRS regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of Child Protective Services regarding notification of the child's parent or legal guardian. Reporters of suspected child abuse will not be discharged for making a report, unless it is proven that a false report was knowingly made.

Signs of suspected child abuse or neglect will be recorded on the Suspected Abuse/ Neglect Report Form, which will be kept in a confidential file located in the Center file, Central Office file and in the child's confidential file.

Staff who are accused of child abuse may be suspended or given leave (with or without) pay, pending investigation of the accusation. Such staff may also be removed from the classroom and given a job that does not require interaction with children. However, no accusation or affirmation of guilt will be made until the SRS investigation is complete. Caregivers found guilty of child abuse will be immediately dismissed.

When this policy applies: Whenever any staff member has reason to suspect that any child on the premises of this child care facility may have been abused or neglected by anyone.

Communication plan for staff and parents:

Staff and volunteers will receive a written copy of this policy in their Orientation Packets before beginning work and will be required to sign that they have read and understood the policy. All parents will receive a written copy of this policy in their enrollment packet upon their child's enrollment.

TDC Learning Centers Inc. Photo Release Form

I, _____(name of parent or guardian), hereby give permission for my child, _____(name of child) to be photographed by TDC Learning Centers, Inc. and give TDC Learning Centers, Inc. permission to use the photographs for the following reasons:
(Check each box that you give your consent for)

- Our Website-www.learnplaygrow.org
- Other printable marketing materials
(ie: brochures, display boards, etc.)
- CLA Facebook Group
Your Facebook name for invites _____

I also give my permission for my child to participate in the making of a video experience of TDC Learning Centers, Inc. that will be used for marketing purposes.

- YES
- NO

Authorized Parental Signature

Date

Authorized Parental Name Printed

Center Director's Signature

Date

TDC learning Centers, Inc.

Child Custody/Visitation

TDC Learning Centers, Inc. does not intend to become an arbitrator of custody conflicts. We reserve the right to deny services to individuals who are unable to adequately resolve custodial conflicts without disrupting child care services. Please complete the appropriate section and sign below.

Child's Name: _____

_____ CHILD RESIDES WITH BOTH PARENTS OR LEGAL GUARDIAN
(No further information is required. Please sign below.)

_____ JOINT CUSTODY (Complete this section and sign below.)

Primary residential parent name

Address

Phone

Non-Residential parent name

Address

Phone

If your child's non-residential parent will be visiting the child care center, we require that you keep the center staff apprized of your arrangements.

_____ EXCLUSIVE (SOLE) CUSTODY (Complete this section and sign below.)

Custodial parent name

Address

Phone

Non-Custodial parent name

Address

Phone

Please indicate the terms of non-custodial parent's visitation below:

_____ **Specified Visitation:** Does this include visiting the child at the child care center? Yes___ NO___

_____ **General Visitation:** Do you give permission for the above non-custodial parent to visit the child at the child care center? Yes___ NO___

_____ **Severed Visitation:** No Visitation

If you desire that your child not be visited at the child care center by the non-custodial parent and the terms of the visitation do not specify that this parent may visit the child at the center, we will not allow the non-custodial parent visitation privileges. Custodial parents are responsible for communicating their child care visitation preference to the non-custodial parent.

If for any reason the custodial parent fails to provide the correct visitation policy, and the non-custodial parent visits at the center, bringing a copy of a certified court order specifically allowing for child care center visitation, we will respect the court order and allow visitation.

Parent Signature

Date



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) TDC's Creative Learning Adventures			License # 0072914-005		
Street Address of the Facility 300 NE 43rd Street		City Topeka	Zip Code 66617	County Shawnee	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Walking Trails	Street Address 300 NE 43rd	City Topeka	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place Soccer Field	Street Address 300 NE 43rd	City Topeka	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place Baseball Diamonds	Street Address 300 NE 43rd	City Topeka	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place Shelter House	Street Address 300 NE 43rd	City Topeka	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

student information

Student name: _____

Nickname: _____

Date of birth: _____

Medical conditions or allergies: _____

Siblings: _____

Special holidays your child celebrates/does not

celebrate: _____

Parent/Guardian: _____

Cell number: _____

Work number: _____

Email: _____

Best way to reach you: _____

Parent/Guardian: _____

Cell number: _____

Work number: _____

Email: _____

Best way to reach you: _____

Emergency contact: _____

Cell number: _____

Work number: _____

Relationship to child: _____

Getting to Know Your Child

Questionnaire

Dear Parent,

Please fill out the following questionnaire and return it to school as soon as possible.

Child's preferred name _____

I'd describe my son/daughter as _____

One important thing for you to know about my son/daughter is _____

What does your child like best about school? _____

His/her strengths include _____

List some activities your child is most interested or involved in. _____

What hopes or goals do you have for your child this school year? _____

Any additional comments or information you'd like to share _____

Thank you!

CLA Supply List for 2018-2019

This is optional and not a requirement

2 boxes Crayola® markers

4 glue sticks

1 package of stickers

2 boxes 5 oz. paper cups

1 package dry erase markers

4 pack of Playdough®

1 box of gallon sized baggies

please do not label supplies, as they will go into a general supply

REQUIRED FOR EACH CHILD:

Full set of extra clothes in a gallon sized zip lock baggie with name printed on it.

January 2019

Monday/Wednesday/Friday AM & PM Class: 4 weeks @ \$45.00/week - \$180.00

Tuesday/Thursday AM & PM Class: 4 weeks @ \$30.00/week - \$120.00

February 2019

Monday/Wednesday/Friday AM & PM Class: 4 weeks @ \$45.00/week - \$180.00

Tuesday/Thursday AM & PM Class: 4 weeks @ \$30.00/week - \$120.00

March 2019

Monday/Wednesday/Friday AM & PM Class: 3 weeks @ \$45.00/week - \$135.00

Tuesday/Thursday AM & PM Class: 3 weeks @ \$30.00/week - \$90.00

April 2019

Monday/Wednesday/Friday AM & PM Class: 5 weeks @ \$45.00/week - \$225.00

Tuesday/Thursday AM & PM Class: 5 weeks @ \$30.00/week - \$150.00

May 2019

Monday/Wednesday/Friday AM & PM Class: 1 week @ \$45.00/week - \$45.00

Tuesday/Thursday AM & PM Class: 1 week @ \$30.00/week - \$30.00

August 2018

Monday/Wednesday/Friday AM & PM Class: 2 weeks @ \$45.00/week - \$90.00

Tuesday/Thursday AM & PM Class: 2 weeks @ \$30.00/week - \$60.00

September 2018

Monday/Wednesday/Friday AM & PM Class: 4 weeks @ \$45.00/week - \$180.00

Tuesday/Thursday AM & PM Class: 4 weeks @ \$30.00/week - \$120.00

October 2018

Monday/Wednesday/Friday AM & PM Class: 5 weeks @ \$45.00/week - \$225.00

Tuesday/Thursday AM & PM Class: 5 weeks @ \$30.00/week - \$150.00

November 2018

Monday/Wednesday/Friday AM & PM Class: 3 weeks @ \$45.00/week - \$135.00

Tuesday/Thursday AM & PM Class: 3 weeks @ \$30.00/week - \$90.00

December 2018

Monday/Wednesday/Friday AM & PM Class: 3 weeks @ \$45.00/week - \$135.00

Tuesday/Thursday AM & PM Class: 3 weeks @ \$30.00/week - \$90.00



TDC Learning Centers, Inc.

Parent/Provider Agreement

Welcome to TDC Learning Centers!

We hope you and your child will enjoy the child care and early education we provide. We continually work to improve our centers and our service to you. Your tuition fees help pay for the services your child uses, so it is very important you know the TDC payment policies. TDC is a nonprofit organization. The Board of Directors reserves the right to change fees or tuition as needed. We work hard to keep the costs of child care as low as possible.

This contract is made between **TDC Learning Centers, Inc.** and _____
(Parent/Guardian name) for the care of _____ (Child/ren
Name) at a licensed facility of the provider

Tuition rates are attached and are subject to change per the Board of Directors. Operating hours are 7am -6pm, Monday – Friday with the exception of 8 holidays and 2 staff education days.

- An enrollment fee of \$50.00 per child, or \$75 max per family and one week of tuition in advance is due at the time of enrollment. The registration fee and 1st week of tuition are Non-Refundable. After the first year of attendance, a \$15 annual enrollment fee will be charged each September.
- **Payment for child care is due the first work day of the week (or month) before the child attends.** If payment is going to be delayed for **any** reason, the Center Director should be informed immediately.
- A family who has not made payment for that week by Wednesday morning will lose child care service from TDC from that day forward until payment has been received.
- Payments received Wednesday or after are subject to delinquent fees.
- Families receiving DCF benefits will be required to run their Vision Card every month according to the above policy. Tuition fees not covered by DCF are subject to the above requirements.
- Families who lose child care for delinquent payment can re-enroll when the bill is paid in full, depending upon space available. The space will NOT be reserved.
- **A re-enrolling family, previously delinquent in paying for child care, is not eligible for subsidized care from TDC.**
- A monthly summary of your account will be provided.
- If you choose to withdraw your child from the program, a minimum written notice of 2 weeks (10 working days) is required. Any parent failing to do so will be charged the normal tuition rate for two weeks. Withdrawal forms are available at the centers.
- If a check, ACH payment, debit or credit card payment is returned for insufficient funds, cash or money order must be delivered immediately to replace the returned amount, plus the return fee. **A fee of \$30.00 will be charged for each returned check or payment.** In the event of two returned checks or payments, only cash or money orders will be accepted for future services.
- Late Pick-Up Fee: For each child picked up after center closing hours, a delinquent fee will be charged as follows: First 5 minutes is \$15. Each additional minute: \$1 per minute. The Procure clock will be used to determine fees.

I understand these policies and by my signature below agree to abide by them and assume full responsibility of payment. I understand that these policies are also in the Parent Handbook that I received.

Parent Signature

Date

Provider Signature

Date

3601 SW 29th St., Suite 209 * Topeka, KS * 66614 * (785)272-5051 * Fax (785)272-1906

TuitionExpress.com Information for Parents

Automatic Payment Processing

Safe – Convenient – Easy

We are excited to offer you the convenience of Tuition Express – an automated payment processing system that is intergraded into the ProCare Child Care Management System that allows you to pay your tuition and fees four ways:

- ❖ **Online Payments, when you choose**
- ❖ **POS/Credit Card Swipe, when you choose**
- ❖ **Recurring credit card payments, every Monday**
- ❖ **Recurring bank-to-bank transactions, every Monday**

Tuition Express is a Payment Card Industry Service Provider and it is the premier payment processing solution in the childcare/early education industry. It will allow parents the ability to check their balance online, receive Email Payment Notifications, and the ability to print reports regarding their account.

Since 2003, Tuition Express has safely and conveniently processed billions in tuition and fee payments. Your account information is safe. Write checks no more. And easily make your tuition payment on time, every time. Saving your childcare provider time and money, since they no longer need to go to the bank or hunt down parents regarding past due payments and fees.

Is it free?

Yes. All services are free to parents and guardians whose child care provider uses Tuition Express®.

How to sign up...

Call the main office at (785) 272-5051 to get a 4 digit registration code. Then you will receive an email with instructions and a link to start using Tuition Express at your convenience. Or complete the following form.



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

