

2024-25 Kinglets Licensed Childcare Application



Please email completed applications by **3/1/24** to:

admissions@fieldfarmandforest.org

or mail to: PO Box 334, East Burke VT 05832

Child's Name: _____ Preferred nickname? _____

Date of Birth: _____ Age when starting the program: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Phone: _____

Email: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Phone: _____

Email: _____

Child lives with: _____

Names & ages of siblings: _____

This application is NOT a confirmation of enrollment.

All families interested in our Kinglets program MUST visit our school, either at an Open House or an arranged visit, prior to sending in an application. We try our best to give each family their first enrollment option choice, but we cannot guarantee it. If we have space in our program and invite your child to join our "flock", there is a \$150 non-refundable registration fee to secure your child's enrollment for the school year. If we do not have space for your child, we will keep this application on file in case a space opens up.

Applications for new Kinglets will be prioritized by:

- 1. Siblings of current Kinglets*
- 2. Families on our waitlist*
- 3. Number of days requested (higher priority to 5 day and full day applicants)*
- 4. Flexibility with enrollment days*

Enrollment options	Tuition
5 full days	\$10,500
5 half days	\$6,850
3 full days (MWF)	\$6,300
3 half days (MWF)	\$4,100
2 full days (TuTh)	\$4,200
2 half days (TuTh)	\$2,750

2024-25 Year	9/3/24 - 5/30/25
Full day hours	8:30am-3pm
Half day hours	8:30am-12:30pm
Aftercare available M-Th for an additional \$15/day	3-4:30pm

Enrollment preference:

1st CHOICE

- ___ 2 half days (Tu/Th)
- ___ 3 half days (MWF)
- ___ 5 half days (M-F)
- ___ 2 full days (Th/Th)
- ___ 3 full days (MWF)
- ___ 5 full days (M-F)

2nd CHOICE

- ___ 2 half days (Tu/Th)
- ___ 3 half days (MWF)
- ___ 5 half days (M-F)
- ___ 2 full days (Th/Th)
- ___ 3 full days (MWF)
- ___ 5 full days (M-F)

3rd CHOICE

- ___ 2 half days (Tu/Th)
- ___ 3 half days (MWF)
- ___ 5 half days (M-F)
- ___ 2 full days (Th/Th)
- ___ 3 full days (MWF)
- ___ 5 full days (M-F)

Will your child need aftercare for an additional \$15/day at least once/wk? Yes No

Will your family apply for child care subsidized tuition? Yes No

Contact Emily Bache if you have childcare subsidy questions: emily@fieldfarmandforest.org

Please provide two emergency contact phone numbers other than parents/guardians (ie, relative, family friend, neighbor, etc).

Emergency Contact 1: _____ Phone: _____
Relationship to child: _____

Emergency Contact 2: _____ Phone: _____
Relationship to child: _____

Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____

Please check off the medications/applications that staff may administer to your child:

- sunscreen insect repellent other _____

Has your child ever received any counseling services, physical therapy, occupational therapy, or speech/language therapy? Yes _____ No _____

Does your child wear glasses? Yes _____ No _____

Does your child have a hearing impairment? Yes _____ No _____

Does your child take medication on a regular basis? Yes _____ No _____

Does your child have any allergies? Yes _____ No _____

If you answered "yes" to any of the above questions, or if you have other information you'd like to share, please explain here: _____

If your child has ever attended another early education program or daycare, list them here with dates attended: _____

What types of play and activities does your child currently enjoy most? (eg, gross motor, books, art/crafts, imaginary play, exploration, sensory play, building, cars, dolls/stuffies, etc) _____

What else would you like to tell us about your child? _____

Why do you think our Kinglets program is a good fit for your child? _____

As described in our Family Handbook, all children enrolled in our Kinglets licensed childcare MUST send us two forms:

- 1. Health Form from your physician:
<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Forms/CC-General-Health-Examination-Form.docx>
- 2. Immunization form or a signed religious exemption form

Parent Signature: _____ Date: _____

Field, Farm and Forest
AGREEMENTS & UNDERSTANDINGS

Please initial the following

___ I understand my child will be taking walking trips, sometimes up to 1 mile long.

___ I understand that Field Farm and Forest requires all children are independent in toileting.

___ I understand my child will be outside for long periods throughout the day and should be dressed appropriately for any weather.

___ I understand that when the children are outside, there are no fences. This means that if a child is a runner, FFF needs to know this ahead of time. FFF does not have funding for one-on-one support. If an educator has to leave to follow a child, that leaves the other educators short-handed. If a child is being unsafe in the woods and refusing to work with FFF educators, they will have to ask the caregivers to come pick up the child.

___ I have read and understood the Field Farm and Forest Family Handbook.

___ I give my child _____ permission to participate in walking trips.

___ I understand the inherent danger of bike riding and give my child _____ permission to ride bikes at FFF, while releasing FFF of any liability resulting in injury from bike riding.

___ I give my child _____ permission to use hand tools including but not limited to hammers, screwdrivers, and whittling peelers. I understand that my child will be supervised at all times during use.

___ I understand that my child _____'s participation in this program may increase their chance of exposure to diseases, including but not limited to Covid-19. Prevention measures will be implemented with CDC and state guidelines in mind.

___ I understand that under state law, all children are required to have a current immunization record on file with the school, unless they have religious or medical exceptions. The immunization form or a signed exemption form **must** be on file **prior** to starting the program and will be kept in each child's confidential file. Please request that your physician send you records that you can bring to us.

**FIELD FARM AND FOREST
MEDICAL EMERGENCY**

I hereby authorize and grant permission for Field, Farm and Forest and its employees to act on my behalf according to their best judgment in the event of a medical emergency or any and all injuries and illnesses sustained or experienced during my child's participation in activities, including but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical/hospital facility. I understand that in the event of an emergency or injury, Field, Farm and Forest will make reasonable attempts to contact me or my designated emergency contact.

By signing below, I further acknowledge that my child named below has health insurance and is covered by my personal medical insurance policy. I understand that I am responsible for any medical fees, including co-payments or other expenses not covered or denied by my health insurance policy.

The undersigned, the parent(s)/legal guardian(s) of Participant, has (have) reviewed the foregoing agreement and hereby consent(s) and agree(s) to the same.

(Child's Name)

Date _____

(Signature of Parent(s)/Legal Guardian(s))

(Print Name(s))

EMERGENCY EVACUATION RELEASE

In the event of an extreme emergency where evacuation is required, I give permission for my child _____ to be transported by Field Farm and Forest, its representatives, or employees, by any means necessary to a safe location. I understand that every possible effort will be made to reach me in this event.

Parent/Guardian Signature: _____ Date: _____

**FIELD FARM AND FOREST
PHOTO RELEASE***

I hereby consent that photographs taken of my child may be used by Field, Farm and Forest and its assigns and successors, for the Field, Farm and Forest website, social media pages, external publications, newspaper articles, and/or promotional materials about Field, Farm and Forest and/or Field, Farm and Forest Programs. I understand that photographs used will not include personally identifiable information.

I release Field, Farm and Forest from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below.

(Child's Name)

Date _____

(Signature of Parent(s)/Legal Guardian(s))

(Print Name(s))

***The photo release is optional. If you do not wish to give consent for photos, your child may still participate in activities.**