KKAPVA PARENT HANDBOOK QUIZ – REQUIRED

Childs Name	Parent Name	Date

PART 1

1. Operational hours - _____ am to _____pm
2. The grace period is _____ minutes
3. If I arrive late to pick up my child, I will pay a fee per child? Yes or No cost $ _____
4. When taking a vacation, the full tuition is due? Yes or No
5. TUITION IS BASED ON ENROLLMENT NOT ATTENDANCE – True or False
6. ALL HOLIDAYS ARE PAID – True or False
7. The last _____ of each month we close at _____pm.
8. Parents who are enrolled with us for _____year will get HALF OFF _____.
9. IF YOUR CHILDS TEMP IS ABOVE _____, EXCESSIVE DIAHRHHEA OR VOMITING…. THEY WILL NEED TO BE PICKED UP.
10. THE SCHOOL IS NOT RESPONSIBLE for lost, stolen or broken _____ .

PART 2

11. Enrollment fee (August) $ _____
12. Performance fee (August) $_____
13. January Supply fee $ _____
14. .Anyone picking up the child that is not the parent must present a copy of their _____ at pick-up.
15. We take field trips: weekly – monthly – yearly (circle one)
16. Medication is given at the school with _____ permission from parents.
17. Children with allergies need to complete the allergy preparedness plan. – True or False
18. Parent notifications will be sent via PLAYGROUND APP_____, (Please download this app) We will also communicate through text, flyers, in the folders & messages on our glass door.
19. All classes will have _____ sent home in their backpacks. Please check daily & initial.
20. Backpacks are required and must be _____size. Mini backpacks are not accepted.

PART 3

21. FRESHMAN & SOPHOMORE may NOT wear shoes that have _____.
22. JUNIORS & SENIORS that wear shoestrings may have them secured with a _____.
23. All students need immunizations or an _____ stating they don't receive immunizations.
24. KKAPVA has school _____. The children at times will be able to feed & care for them.
25. Infants under 12 months will not be able to sleep with a blanket, toys or swaddled. They will also be put to sleep on their _____.

26. ALL KIDDOS Need a sleeping _____ , sheet & blanket home to be washed on Fridays and returned on _____.
27. No children are allowed to enter the school during naptime – it _____ the schedule.
28. Any time policies are updated the parents will be given a copy – True or False
29. Any continual parent volunteers will need to submit a _____ check.

PART 4

30. All children need a pediatric health statement that states the child has been seen by a physician and they are safe to come to school – True or False
31. During the cool weather season, please label your child's _____. Dress appropriately.
32. Children should be at school by_____. After 8:30am/ 9:30am (summer) there is a $ _____ late fee if the child does not have a doctor, dentist or official excuse for being tardy.
33. UNIFORMS ARE WORN ON _____, _____ & _____.
34. We use _____ for discipline & bags with _____ for reward system.
35. All parents will be required to supply the school with a snack _____ a month.
36. Potty training children need to wear _____ clothes. **They MUST have pull-ups that are resealable on the sides**. They also need at least one _____ of clothes to stay at the school or in their backpack.
37. OUTSIDE FOOD IS _____ACCEPTED. In order to comply with state child nutrition policies, all children must eat what is served or bring meals from home that meet or exceed the child nutrition guidelines. If there is a birthday party that is planned _____ of time, cupcakes and treats may be brought in for the special occasion. All treats must be pre _____ and store bought.

POP

38.PARENTS ARE REWARDED for paying on time, by having their child's name put into a monthly drawing? **True or False**

39. Parents put their child's name and date of payment on what shape/ color paper? _____

40. The teachers also are entered into a drawing, by parents . **True or False**

Teacher appreciation drawing helps the teachers feel appreciated and encourages them to continue to work hard for the children . **True or False**

☐ I have read and or watched the PARENT PACKET

☐ I agree to comply with all the policies written/ spoken by KKAPVA.

Parent Print_____ **Signature** _____**Date** _____
Administration Print_____ **Signature** _____**Date** _____