



HOURS OF OPERATION

MONDAY: CLOSED

TUESDAY: 10AM-3PM

AM/PM Extended day available with reservation

WEDNESDAY 10AM-3PM

AM/PM Extended day available with reservation

THURSDAY 10AM-3PM

AM/PM Extended day available with reservation

FRIDAY: CLOSED

Ask about FUN FRIDAY

FINANCIAL INVESTMENT

Annual Registration: \$200 per child (per school year)

Unlimited/FLEX Membership: \$125 per week

Includes 10am-3pm Tuesday, Wednesday **AND** Thursday

Two Days Per Week: \$100 per week

Includes 10am-3pm two days per week
(availability may vary)

One Day Per Week: \$50 per week

Includes 10am-3pm one day per week
Tuesday, Wednesday **OR** Thursday *(availability may vary)*

Extended Day *Reservation Required*

Morning 9-10am \$10 per day

Afternoon 3-4pm \$10 per day

Additional fees may apply for special events, clubs & activities. (Optional)



REGISTRATION FORM

CHILD'S FULL NAME: _____

NICKNAME: _____ BIRTH DATE: ____/____/____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ALLERGIES: _____

RESTRICTIONS: _____

IS THERE ANYTHING SPECIFIC TO YOUR CHILD THAT WE SHOULD KNOW? _____

PARENT INFORMATION

PARENT #1's FULL NAME: _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____ TEXT OKAY? YES NO

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT #2's FULL NAME: _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____ TEXT OKAY? YES NO

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT LIST & AUTHORIZED PICK UP

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

#1 FULL NAME: _____

PRIMARY PHONE: _____ TEXT OKAY? YES NO

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

#2 FULL NAME: _____

PRIMARY PHONE: _____ TEXT OKAY? YES NO

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

#3 FULL NAME: _____

PRIMARY PHONE: _____ TEXT OKAY? YES NO

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY/MEDICAL CONTACTS

NAME OF PRIMARY DOCTOR: _____

PHONE NUMBER: _____

IN THE EVENT OF AN EMERGENCY WHERE MY CHILD REQUIRES
MEDICAL TRANSPORTATION, PLEASE HAVE THE AMBULANCE
TRANSPORT MY CHILD TO:

_____ THE HOSPITAL RECOMMENDED BY EMERGENCY
PERSONNEL

_____ TRANSPORT TO _____

TERMS AND CONDITIONS

_____ I authorize Kind Kids LLC to take photos and video of my child during the day. I understand that Kind Kids LLC may use these photos for marketing and online platforms.

_____ I understand that my child may be involved in incidents and/or accidents while at Kind Kids LLC. I will not hold Kind Kids LLC, the owners, staff, volunteers, sponsors, business partners or the property owner/landlord (UUUF) responsible for any applicable fees or medical cost associated. In the event of an incident or accident, Kind Kids LLC will make contact via phone and will also complete a detailed incident/accident report. I understand that a parent or authorized individual is required to sign this document at pick up. A copy may be provided. I also understand that Kind Kids LLC is not responsible for the supervision of my child when a parent or authorized individual is on site.

_____ I understand that fees are due regardless of my child's attendance or closures.

_____ I understand that a two-week notice is required for withdrawal and that my account will be charged regardless of attendance.

_____ I understand that my account will be charged for extended hours as well as late fees when applicable.

_____ I understand that Kind Kids LLC is Licensed and Regulated by the Department of Children and Families.

_____ I understand that Kind Kids LLC is required to report any cases of suspected or confirmed child abuse and/or neglect.

_____ Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. (Kind Kids LLC requires up-to-date documentation to be on file prior to the first day of attendance.)

_____ Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) (Posted in the welcome area at Kind Kids LLC.)

_____ Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. (Posted in the welcome area at Kind Kids LLC.)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility and DCF representatives to have access to my child's records.

Signature: _____ Date: _____

Authorization for Emergency Medical Treatment

I _____ give permission to Kind Kids LLC to take any and all measures necessary for the care and protection of my child _____ while under the supervision of Kind Kids LLC.

In cases of a medical emergency I _____ am requesting that my child _____ is transported to _____ hospital by the local emergency unit for treatment shall the local emergency resources (Ex. Police or paramedics) deem it necessary.

If my child _____ should become ill or injured at Kind Kids LLC, I understand that Kid Kids LLC will 1) Contact me immediately and 2) will contact the additional emergency contacts and authorized pickup individuals should Kind Kids LLC not be able to reach me.

Should Kind Kids LLC be unable to contact me and/or any other authorized individual, Kind Kids LLC is authorized to contact my child's Pediatrician and/or arrange for immediate medical treatment.

The physicians and/or medical facility are authorized to administer emergency medical treatment as necessary to ensure the health and safety of my child.

I _____ will accept financial responsibility for all costs associated with the transportation, care, and treatment of my child _____.

I _____ also understand that in extreme circumstances Kind Kids LLC may need to contact the local emergency resources (911) prior to contacting myself or other authorized individuals.

Child's Full Name	
Child's Date of Birth	
Parent/Guardian's Full name	
Signature & Date	