



Kid's University is a public and private school preparatory childcare center that offers a Christian, safe, and fun learning environment for infants, toddlers, preschoolers.

972.218.0808

Non-Discriminatory Policy

In the spirit of Christian Unity and the love Christ shows for all mankind, Kid's University admit children of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded and made available to children at Kid's University. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policy or program. Children with special needs are accepted as long as a safe, supportive environment can be provided for the child and it is determined that we can successfully meet the needs of that child.

Twelve (12) Golden Rules

KID U Prep PARENTS, PLEASE REALIZE THE FOLLOWING UPON ENROLLMENT.
YOUR SIGNATURE ON THIS FORM AND/OR IN THE APPLICATION SIGNIFIES AGREEMENT.

Please ask questions now to the director(s). Your signature means your agreement and understanding

1. Months that have **5 Mondays**, tuition is due for the 5th Monday. If you are paying biweekly, your 5 week payments will be averaged.
2. Your receipt is your **proof** of tuition payment. (Be sure to get a receipt especially if paying cash.)
3. Because we hold your child's enrollment space, for Thanksgiving, Christmas, Spring Break, bad weather days or any week that **any** enrolled student is out of the center, a 1/2 (half) weeks fee is due for those weeks. **De-enrollment during these weeks will require a \$75 re-enrollment fee.**
4. If your child only attends **1 day** during any week, a full week's tuition fee is due for that week.
5. **\$30 late fees** will be assessed for any tuition payments made after Monday at 6pm.
6. According to the CCA program, all CCA Parents are subject to **\$25. per day per student** if parents fail to swipe CCA Cards in a timely manner **AND** CCA all monthly copays are due at the **beginning** of each month.
7. Any account **2 weeks past due** is subject to dismissal & late fees.
8. All forms can be released (**tax statement/report card**) if your account has a **zero \$0.00** balance.
9. Return check fee is \$35 per check plus the total check amount. This is only payable in cash only. After **6pm fees, \$2 per minute** per child must be paid in cash at the time of pick up.
10. All aftercare/bus riders:
 - a. \$75 is due per student per week if your child attends Kid U when their school is out for Spring break, Christmas break, Thanksgiving break etc...)
 - b. \$10 is due per student in addition to the regular weekly fee for each day at Kid's U Prep (Staff development day/suspension (if approved by Kid's U Prep Admin), Public School emergencies.
11. For girls...ages 0 to 5 because of choking dangers, hair barrettes can only be worn at the scalp, (not hanging from the ends of ponytails and braids) Hair beads are strictly forbidden!
12. Home-Pickup/Home Drop Off is \$40. per week in addition to weekly fees.

Parent's Signature: _____ Date: _____
Staff's Signature: _____ Date: _____

Kid's University Learning Center

Embracing, Educating, Empowering Students for an Exceptional Future

www.gokidu.com

643 W. Wintergreen Rd. Lancaster, TX 75134

Office: 972.218.0808

Administrator: Mrs. Danita Harris M.B.A.

Director: Mrs. Camille Penny, M.Ed.

Dear Parent,

Thank you for enrolling in Kid's University Learning Center. We are very excited to have you and your child as a part of our student body! Please take a few minutes to review our enrollment forms. Complete and sign all forms and return them to the director or administrator prior to your child's first day of attendance.

Also, please supply a copy of your child's immunization record.

Please take note of the following and **INITIAL** to indicate understanding and agreement:

- _____ All fees, registrations, and so forth are non-refundable.
- _____ All students should arrive on or before 9:30 am (unless a doctor's statement will be provided).
- _____ One day of attendance is a full week and a full week's fee is due.
- _____ Tuition is collected for the 5th Monday in the months that have 5 (five) Mondays (excluding CCMS families).
- _____ A half (½) weeks fee is due if students are out for school breaks, illness, Christmas break, spring break, parent's discretion, other...
- _____ *A doctor's signature is required on the "Health Requirements Form" within 1 year of enrollment.
- _____ All parents are required to participate in at least 2 fundraisers per year.
- _____ Tuition and payments are due every Monday by 6pm to avoid \$30 late fees. At the determination of the director a student may or may not be able to return once a weekly payment has been missed.
- _____ Provide the office with updated cell/ home/ work numbers immediately.
- _____ Supply fees are due upon enrollment.
- _____ Parents must completely fill out/sign "Lunch Food Program" forms.
- _____ Returned check fee \$35.00 plus the original amount of check.
- _____ For girls...ages 0 to 5 because of choking dangers, hair barrettes can only be worn at the scalp. (Not hanging at the ends of ponytails) Braiding/Hair beads are strictly forbidden!
- _____ Students riding bus from and to home must have an adult home that can come out to the van/bus every day. Students must be ready and waiting at the door at their scheduled time. We cannot leave the bus to go to the front door ever. Driver may call your home or honk the horn but will leave within 2 min. due to schedule restraints. A return visit for pick up may not be scheduled.

It is our desire that you and your child enjoy your child care services from Kid's U Prep. If there are any questions or concerns, please let the director and the administrator know and we will be absolutely happy to address the concern. Thanks again for enrolling! May God Bless your family!

Sincerely,

Mrs. Danita Harris, M.B.A., Administrator

Mrs. Camille Penny, M.Ed., Director

Admission Information

<u>Child Care Center's Name:</u> Kid's University		<u>Director's Name(s):</u> Mrs.Harris/Mrs. Penny	
<u>Child's Full Name:</u>		<u>Birth date</u>	<u>Home Phone</u>
<u>Child's Home Address:</u>			
<u>Admission Date:</u>	<u>Withdrawal Date:</u>	<u>Mom's Cell #</u> <u>Mom's Email:</u>	
<u>Mom's Name</u>		<u>Address</u>	
<u>Mom's Work Num:</u>			
<u>Dad's Name</u>		<u>Address</u>	
<u>Dad's Work Num:</u>		<u>Dad's Cell</u> <u>Dads' Email</u>	
<u>Give names and address and phone numbers of person to call in case of emergency if parents/guardian cannot be reached:</u>			
Name	Address	Cell	
1.			
2.			
3.			
<u>I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number of for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.</u>			
Name			Cell
1.			
2.			
3.			
Check all that apply: I hereby <input type="checkbox"/> give or <input type="checkbox"/> do not give permission/consent for my child to be transported and supervised by the Operation's employees.			
Field Trips:		Transportation:	
<input type="checkbox"/> I give consent for participation		<input type="checkbox"/> for emergency care	
<input type="checkbox"/> I do not give consent		<input type="checkbox"/> on field trips	
Water Activities:		<input type="checkbox"/> to and from home	
<input type="checkbox"/> I give consent for participation		<input type="checkbox"/> to and from school	
<input type="checkbox"/> sprinkler play <input type="checkbox"/> wading			
<input type="checkbox"/> water table play			
<input type="checkbox"/> I do not give consent		<input type="checkbox"/> Receipt of operational policies, including discipline and guidance.	
Comments:			
I understand the following meals will be served to my child while in care: <input type="checkbox"/> none <input type="checkbox"/> breakfast <input type="checkbox"/> am snack <input type="checkbox"/> lunch <input type="checkbox"/> pm snack			
My child is normally in care on the following days and times:			
<input type="checkbox"/> Monday from <input type="checkbox"/> to <input type="checkbox"/>		<input type="checkbox"/> Tuesday from <input type="checkbox"/> to <input type="checkbox"/>	
<input type="checkbox"/> Thursday from <input type="checkbox"/> to <input type="checkbox"/>		<input type="checkbox"/> Wednesday from <input type="checkbox"/> to <input type="checkbox"/>	
<input type="checkbox"/> Friday from <input type="checkbox"/> to <input type="checkbox"/>			
Authorization for Emergency Medical Attention: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:			
Hospital		Doctor	
Address of Hospital		Phone of Hospital	
I give consent for the facility to secure any and all necessary emergency medical care for my child:			
Parent's signature			Date

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which care-give's should be aware of

Parent's Signature _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that a such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514 0383 (TTY).

5. One (1) day a week is considered a full week and a full week's fee is due.
6. Hours of operation is 6am to 6pm., Monday - Friday.
7. As a working parent, you understand that when your work time is over, you expect to go home. It is the same for our employees. Overtime charge is \$2 per minute per child after 6pm and is to be paid in cash upon pick up of the student. This fee will not be added to the weekly tuition bill and will be strictly enforced.
8. We take children to elementary public/Charter schools within the Lancaster area. Additional schools may be added as needed.
9. For serious illness or emergencies, half week's fee is due if the student is out for a full week. If the illness or emergency continues into a 2nd week, adjustments maybe made accordingly with a doctor's statement.
10. We do not practice any form of discrimination.
11. Parents must accompany their student into the center to sign them in or out as well as make the student's teacher aware that they are present.
12. All medications must be furnished by parents, the medication form completed in the office/ with parent signatures and directions. Parents must be sure the director or administrator receives the medication. Medication is not to be left in a backpack, diaper bag, or with the teacher in the classroom. ***Note** only one dosage of medication a day will be given to any student at the center and only 2 breathing treatments a day will be given. Parents will be called for pick up if needed.
13. Parents should furnish all diapers, baby food, formulas, wipes and any other special needed items. ***Note** Please label bottles, clothing, coats, etc...with your child's first and last name. Please check our lost and found area for lost items. **Kid's U will not reimburse money for lost clothing or any personal items.**
14. We will be closed on the following holidays: Anytime Cedar Valley Christian Center Church is Closed, Christmas Eve, Christmas Day, New Year's Eve and New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and the Friday after, Good Friday, and Dr. M.L. King Jr. Day. We are also closed anytime Lancaster ISD is out for bad weather. You may go online to channel 5 NBC news for information concerning closing or late openings..
15. If the student has completed two full semesters (from school start date (August) to school ending date-(May)) one week out of Kid's U for summer vacation is allowed within the months of June - the start of school again with no charge to the parents. However, September thru May, no adjustments can be made in rates.
16. All field trips will be planned, parents notified, and available on an optional basis. All Parents are to pay all field trip fees.
17. Kid's U. will not assume responsibility for toys or other personal items brought with your child from home. It is **NOT** a good idea to bring personal toys, video, etc... from home. Kid U will not be responsible for lost items, but we will try to help find lost items. Please do not accuse anyone of **stealing** the items. The items may simply be lost or misplaced or at your own home/car.
18. All parents must fill out completely and sign the Food Program forms. A well balanced, state approved lunch and breakfast will be served. *Parents are allowed to bring food into the center as long as it is during allotted dining hours.
19. There is a **\$35 service charge** on all returned checks. Kid's University reserves the right to refuse personal checks after the first return check.
20. Students must be present in the center before 9:30 am or a doctor's statement will be required for attendance. Breakfast is served from 6:30a to 8:15a. **After 8:15a no breakfast food will be allowed so please be sure to feed your child breakfast if coming after 8:15.**
21. If Kid's U is closed more than 2 days during any week for bad weather days, half a week's fee is due for that week. However, if the center is closed only 1 or 2 days for bad weather, the full amount of the week's fee is due.
22. Bi-weekly payers will pay the "averaged" amount of weekly fees during the school year.
23. Parents please know that class pictures will be taken of each child for Kid's University. Also, student pictures will be used for activities, arts and crafts, cards, and other activities. Permission will be asked for student pictures used for advertising and publicity.

24. Parents must supply napping bed/cots. No foam/plastic mats are allowed due to safety reasons and poor quality (plastic is easily torn and foam can be removed...therefore this is a safety concern.

25. FOR THE SAFETY OF YOUR CHILD AND THE OTHER CHILDREN, THIS IS A **“PARENT-NO CELL PHONE USE”** CAMPUS. PLEASE PAY ATTENTION TO YOUR CHILDREN AT DROP OFF AND PICK UP TIME BY NOT BEING ON YOUR CELL PHONE AT THOSE TIMES.

26. For birthday parties, please see the office only...not your child’s teacher.

I have read the statements and I agree to and understand these statements:

Parent’s signature

Date

Note: If medical diagnosis and treatment and or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this packet.

If immunization and or TB testing would be injurious to your child or family you must obtain a certified statement (signed by a physician) to that effect and attach it to this packet.

Please list any other child care centers your child(ren) may have attended in the last years and the reason for leaving.

1. _____

Reason for leaving _____

2. _____

Reason for leaving _____

Kid’s U Photo Release Agreement for Children under 18 years of age:

I hereby grant to Kid’s University Learning Center and its employees, agents, assigns, and sponsors the right to photograph my dependent and use the photo and or other digital reproductions of him/her or likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet, television or radio. There are no monies or services exchanged for this agreement nor a time limit established for use of in this agreement.

I certify that I am a custodial parent and have the aforementioned rights to this agreement:

Signature of Parent/Guardian:

_____ Date: _____

My student(s) is/are:

Immunization Information

Immunization Record:

_____ I have provided the child care operation with a copy of my child's most current immunization record.

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. **I have attached an official notarized affidavit form** developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact Department of State of Health Services at www.dshs.state.tx.us/immunize/public.shtm

My child attends the following Public/Private/Charter School:

_____ School Ph _____

Check all that apply:

His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and hearing screening records are also on file

My child has permission to _____ walk to and from school _____ ride a bus

_____ be released to the care of his/her sibling(s) under age 18

Name of Sibling(s) to be released to: _____

Admissions Requirements:

If your child does not attend pre-Kindergarten in a public/charter/private school away from Kid's U Prep, one of the following must be presented when enrolling within 1 week of admissions:

(All Infants - 0 months to age 5 that attend Kid's U needs this section to be signed by a doctor.)

1. Health-Care Professional's Statement: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

Signature of Health Care Professional / Doctor

_____ **Date**

_____ **Name of Health Care Professional**

_____ **Address of Doctor's Office**

_____ **Parent/Guardian :**

Return to Parent or Email to: gokidsu@yahoo.com

2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child care operation.

Discipline and Guidance Policy for: **Kid's University**
Name of Operation

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self control.

A care-giver may only use positive methods of discipline and guidance that encourage self esteem, self control, and self direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements
 - (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;

and

- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapter 746 and 747, Subchapter L, Discipline and Guidance

My Signature verifies that I have read and received a copy of this discipline and guidance policy.

Signature _____ Date _____

Check One Please:

_____ Parent _____ Employee/Caregiver _____ household member of child care home

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for Kid's U Prep to take my child (or children):

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.	Doy mi consentimiento para el tratamiento Medico necesario estando mi nino bajo la tencion de Este hospital doctor u hospital o clinica
_____ Signature-Parent or Legal Guardian Firma-Padre o Tutor	_____ Date/Fecha
_____ Parent's Home Address	
_____ Cell	_____ Work Phone
_____ Home Phone	
_____ Emergency Contact	_____ Phone

<u>Name of child (1) (Nombre de nino (1))</u>	<u>Name of child (2) (Nombre de nino (2))</u>
<u>Name of child (3) (Nombre de nino (3))</u>	<u>Name of child (4) (Nombre de nino (4))</u>

to:

<u>Name of Doctor/Nombre del Doctor</u>	<u>Telephone No./telefono</u>
<u>Address of Doctor/Direcion del Doctor</u>	

or to:

<u>Name of Hospital or Clinica/Nombre del Hospital o Clinica</u>	<u>Telephone No./telefono</u>
<u>Address of Hospital or Clinica/Nombre del Hospital o Clinica</u>	

Emergency Contact Information Form

Please include ALL (Update) PHONE NUMBERS

Print Clearly

Student's name: _____ DOB _____ Age _____
Student's name: _____ DOB _____ Age _____
Student's name: _____ DOB _____ Age _____

Mom's Name _____

Mom's Email _____

Mom's Cell _____

Dad's Name _____

Dad's Email _____

Dad's Cell _____

Name of 1st emergency contact

<u>Name</u>	
<u>Address</u>	
<u>Cell</u>	<u>Work</u>
<u>Home</u>	<u>Email</u>

Name of 2nd emergency contact

<u>Name</u>	
<u>Address</u>	
<u>Cell</u>	<u>Work</u>
<u>Home</u>	<u>Email</u>

Parent's Insurance Information:

Company: _____

Policy Number: _____ Group # _____

Preferred local hospital: _____

Food & Allergies Policy

It can be confusing when trying to determine what food items are acceptable to bring to a class party, especially in terms of following the “No Peanut” policy. The policy was developed in response to the increasing number of children with peanut/nut allergies and the severity of those allergies, which can even cause death even if the nuts are just touched by the naked skin or nut residue is absorbed by the skin.

For that reason, any items with nuts and or peanut oil in the ingredients or products that state they are produced or may have been produced on shared equipment with other products that contain nuts, are not allowed in any of our centers.

To make sure everyone clearly understands what is and what is not allowed, we have made the following list:

NOT ALLOWED IN ANY CLASSROOM OR THE CENTER:

- Any item containing nuts
- Any item made with peanut oil (Chick-Fil-A uses peanut oil)
- Any chocolate candy that states it was produced or processed on shared equipment
- Any pre packaged cakes or cookies was produced or processed on shared equipment

Thanks for your consideration!

Parent Signature

Date

Please list any allergies (food, insects, detergents, medicine etc...) your child may have:

Kid's University - Supply List - Items with * will stay at the school & used "community style".

Note: Teachers may request additional items during the year.

Pre-Kindergarten (age 2, 3, 4, early age 5)

Check List	Items on List
	All infants must have 3 clean labeled bottles that will stay at the center & a pacifier.
	All toddlers ages 1 & 2 must have a labeled sippy cup that will stay at the center.
	*2 rolls of paper towels
	*2 pkg of computer typing paper
	*3 bottles of hand soap
	*2 boxes of jumbo crayons
	*1 sleeping cot or bed (NOT a plastic mat) blanket (with child's name on it)
	*2 pkg of washable markers (8 count)
	4 Plastic classroom folders (mandatory- Orange, Blue, Yellow, Green)
	2 pkg jumbo pencils
	*3pkg baby wipes
	*3pkg kleenex (tissue)
	*2 construction paper (long size)
	*2 boxes or packages of disposable gloves
	1 child's Bible (with child's name on/in it)
	1 backpack (medium size-no rollers/wheels - with a change of clothing in side that can stay inside)
	4 writing tablets
	1 box plastic zip lock bags (gallon size)
	4 glue sticks or bottles of glue
	1 pkg Long manilla paper
	*Change of clothing that stays at center.

