

ENCINO CREATIVE KIDS ENROLLMENT APPLICATION

We are required by the State of California to maintain certain documents and to operate in a safe manner. Accurate and up-to-date information is necessary, should we need to contact you quickly in the event of an urgent situation or an emergency. The information requested in this Enrollment Application allows us to meet these requirements so we can operate in a safe and efficient manner.

If you have any questions, please let us know before you sign these pages.
By signing this form, you are agreeing to the following:

1. Keep the information in this Enrollment Application current and up to date
2. Read and accept the rules and regulations found in the current Parent Handbook
3. Pay tuition on time. Tuition is due on Friday by 9:00 of each week, for the following weeks care. If it is not paid by Friday at 9:00, you may bring cash by 4:00 Friday.
4. Understand that Weekly rates are charged whether your child attends or is absent for any reason
5. Accurately log in and out each day
6. Sign the Daily Health Check book daily at pick-up
7. Call one day ahead if your child will not be in attendance, or in the event of illness or other emergency, as soon as possible
8. Give us at least two week's notice if you withdraw your child or want to change his/her schedule
9. Give permission for photos and videos of your child to be made during school events and for us to use those images in advertisements and in other media productions without compensation of any kind.
10. Discuss any issues with one of the directors immediately that you feel are of urgent or serious concern
11. Complete all documents in Family Enrollment Packet

Your child's name(s) _____

Your signature _____ Date _____

Received by: _____ Date _____

Photo Release Form

5167 Gloria Ave Encino, CA 91436 (818) 981-1268 Cell (818) 399-5907

Encino Creative Kids takes photographs and videos of our children throughout the year to use for a multitude of purposes, including but not limited to and for the following: Website, Social Media ECK Facebook page, posting throughout our school grounds/property, and Documentation of Learning in our classrooms.

I, _____ hereby give , Encino Creative Kids (ECK) permission to use my child(ren)'s photographs and videos.

Mother's Email Address:

Father's Email Address:

By signing this document, I agree to the above mentioned release of photos and videos for my child(ren).

Parent/Guardian Signature Date

Childcare Agreement Hours

8:00 - 5:00 Monday through Thursday

8:00 - 4:00 Fridays

1. Upon acceptance of enrollment child must submit statement from physician that he/she is free from communicable and infectious diseases and a signed and dated record of immunizations.
2. When showing signs of illness, child will be isolated and parent will be notified. Parent must then make arrangements for the child to be picked up as soon as possible.
3. Any medicine to be given must be authorized by a written statement from parent. Medications to be given must be authorized by a written statement from parent.
4. A well-balanced morning breakfast is served at 8:30, lunch is served about 11:45, and an afternoon snack is served after naptime daily.
5. Only parents and authorized persons may pick up child. If there is a restriction on either parent, a copy of the custody paper and restraining order must be kept on file at the school.

6. ECK is closed on the following Holidays: Labor Day, Thanksgiving holiday (2 days), Christmas through New Year's Day, Memorial Day, Fourth of July, Presidents Day, and a week in the summer.

**There is no reduction in tuition for these holidays. ECK closes at three on Christmas Eve unless it falls on a Monday or Friday, in which case it will be closed.

7. Personal belongings brought to ECK should be labeled with your child's name. We cannot be responsible for toys, pacifiers, electronics, etc. left in classroom, yards or main house.

8. Any special problems or occurrences with a child will be brought to the attention of the parents.

9. This school does not discriminate in enrollment on the basis of race, color, creed, religion or national origin.

10. Children needing discipline will be taken out of an activity or put in reflection (Time In) with teacher to explain situation / incident.

11. A non-refundable school registration fee is paid upon enrollment which covers insurance and cot/bedding fees. Insurance fee will be due again each September.

12. I agree to pay in advance my weekly tuition. The school closes at 5:00 Monday - Thursday and at 4:00 Fridays. There will be a \$1/minute charge for late pick ups.

13. I understand that tuition is due Fridays at 9:00, for the following week's care. A late fee of \$25 CASH will be charged if recieved on the weekend or Monday. Parent may call and notify school that he/she will bring cash at 4:00, if unable to pay tuition by 9:00am Friday.

_____ / _____ Parent Signature / Date

Discipline and Guidance Policy

ECK's Philosophy:

Discipline must be positive and use redirection:

- Individualized and consistent for each child
- Appropriate to the child's level of understanding
- Directed toward teaching the child acceptable behavior and self-control.

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

Using raise and encouragement of good behavior instead of focusing only upon unacceptable behavior

Reminding a child of behavior expectations daily by using clear, positive statements; Redirecting behavior using positive statements; and

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.

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

_____ Signature / Date

ENROLLMENT APPLICATION

DATE _____

PLEASE PRINT LEGIBLY

RESPONSIBLE PERSON: This person is responsible for payment of this account.

FULL NAME FIRST _____ MIDDLE

_____ LAST _____

MOTHER FATHER OTHER _____

_____ DOB _____ / _____ / _____ PHYSICAL ADDRESS STREET

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS:

Home _____ Cell _____

Work _____ Email _____

WORK BUSINESS NAME _____

ADDRESS _____ CITY

_____ STATE _____ ZIP _____

CONTACT PERSON _____ PARENT'S MARITAL

STATUS _____ CHILD(REN) LIVE(S) WITH _____

ADDITIONAL RESPONSIBLE PERSON (usually other parent)

FULL NAME FIRST _____ MIDDLE _____

LAST _____

MOTHER FATHER OTHER _____ DOB _____

PHYSICAL ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS:

Home _____ Cell _____

WORK _____ Email _____

WORK BUSINESS NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

CONTACT PERSON _____

IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION, I AUTHORIZE THE DIRECTOR OR PERSON IN CHARGE TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD.

IMMUNIZATION RECORDS ARE CURRENT AND WILL BE SUBMITTED UPON ENROLLMENT

MY CHILD(REN) HAS(HAVE) BEEN EXAMINED WITHIN THE PAST YEAR BY A LICENSED PHYSICIAN AND IS(ARE) ABLE TO PARTICIPATE IN THE DAY CARE PROGRAM.

ACKNOWLEDGE RECEIPT OF THE FOLLOWING: PARENT HANDBOOK DISCIPLINE POLICY AGREEMENT W/ ENCINO CREATIVE KIDS.

I AGREE TO KEEP THIS ACCOUNT PAID AND CURRENT, AND TO MAINTAIN CURRENT INFORMATION ON FILE.

SIGNATURE _____

DATE _____

_____ (MUST BE PARENT OR LEGAL GUARDIAN)

CHILD 1:

FULL NAME FIRST _____ MIDDLE _____ LAST _____

_____ BIRTHDAY _____ (CIRCLE ONE) BOY /

GIRL (CIRCLE ONE) FULL-TIME / PART-TIME (IF PART-TIME) CIRCLE DAYS: M T W TH F

ALLERGIES ? PLEASE LIST _____

CHILD 2:

FULL NAME FIRST _____ MIDDLE _____ LAST _____

_____ BIRTHDAY _____ (CIRCLE ONE) BOY /

GIRL (CIRCLE ONE) FULL-TIME / PART-TIME (IF PART-TIME) CIRCLE DAYS: M T W TH F

ALLERGIES ? PLEASE LIST _____

HOW DID YOU HEAR ABOUT ECK?

SIGNATURE / DATE _____

OLDER INFANT (12 months - 23 months) INFO SHEET:

Child's Name: _____ Date: _____ Birth Date:
_____ Hours in Care: _____

Please Circle One

Does child take a bottle?

Is the bottle warmed?

Can child hold his/her own bottle?

Does child take a pacifier?

If so when is it needed? _____

List any baby ointments or powder to use and when:

Any know allergies or allergic reactions:

CHILD'S DAILY MEAL SCHEDULE

Please list approx times:

Formula: _____ Baby food: _____ Snacks:

Type of food and approx. amount

Special Needs or

Comments: _____

Parents Signature: _____

