



ENROLLMENT PACKET

Welcome to Countryside Child Development Center!
We are thrilled to have your family become a part of ours.

03-05-16

Countryside Child Development Center is committed to instilling a love for learning in your child. We allow your child to express their desires for learning and develop our curriculum based on those ideals. We encourage the children to explore various artistic material. Teachers become listeners and children become the focus.

We believe that children are full of potential, competent and capable of building their own theories.

At the heart of this learning is project work and a vast amount of documentation supporting their discovery. Parents find themselves encouraged to play a role in the child's life at school. Our classroom walls are filled with documents of the children's explorations and experiences; photos, conversations and visual expressions are used as a tool of reflection and revisiting by the children, parents and teachers.

We are grateful for the opportunity to be a part of that journey. Enclosed are the forms necessary to enroll your child.

Instructions for Registration/Enrollment

1. CDC's **Registration fee** is \$40.00 per annual year/per child. This fee is due upon enrollment and this will secure your child's spot and is non-refundable.
2. Complete the **CDC Enrollment forms** and **KDHE state forms** and include a copy of your child's immunizations record, plus a signed health assessment from your pediatrician.
3. All **Enrollment forms** must be turned in completed and submitted to the CDC Program Director by the first day your child attends the CDC.
4. **Tuition** will be due on the Monday of each week, you may be subject to a late fee if tuition is not paid by Wednesday of that same week. See the CDC Program Director if you have concerns about tuition.
5. **Summer Break:** In the event a child is removed from the Center, a \$10.00 charge per week will reserve their "spot" and is due on their return.

Countryside Child Development Center

Enrollment Form

Monday – Friday
7:00am to 6:00pm

List days you are interested in: _____

Child's Full Name _____ Sex _____ Birthdate _____
Home Address _____ City _____ State _____ Zip _____
Home Telephone _____ Email 1. _____ 2. _____
Mother's Name _____ Mobile # _____ Work _____
Address (if different than above) _____
Father's Name _____ Mobile # _____ Work _____
Address (if different than above) _____
Child lives with _____ (If custody order is in place, copies must be on file with Director)

Emergency Contacts (other than parents; must live in the area)

1. Name _____ Relationship _____
Address _____ Phone _____
2. Name _____ Relationship _____
Address _____ Phone _____
Person(s) Authorized to take child from school:
1. _____ 2. _____
3. _____ 4. _____

(We will not release your child to anyone except those listed above,
unless you have notified us prior to release. Proper identification must be presented.

Names and ages of other children in the home _____

Any problems at birth? **Yes/No** (If "yes" please indicate nature and duration of situation) _____

Any special health concerns of which we should be aware such as allergies, asthma, etc.? **Yes/No**
If "yes", please explain. _____

Does your child show any indications of possible problems or delay with speech, hearing, vision or other physical limitation? **Yes/No** If "yes", please explain. _____

Is your child on any regular medication? **Yes/No** Please specify _____

Is there any other pertinent information about the family such as recent move, death, separation or divorce, serious illness? **Yes/No** Please explain. _____

Office Use Only

Date Enrolled _____ Amount Paid _____ Class Placement _____

Countryside Child Development Center Enrollment Agreement

Monday – Friday
7:00 am to 6:00pm

I, the undersigned parent or guardian, hereby enroll my child, _____, at Countryside Child Development Center, conducted under the supervision of Countryside Christian Church. Tuition is due on Monday of each week for that week. If tuition is not paid by Wednesday of the same week you may be subject to a **\$10.00** late fee. I understand that there are no refunds or adjustments of tuition due to absence and/or inclement weather. I also understand that there is no deduction in the weekly tuition amount for days the school is closed due to holiday breaks. I further understand that tuition may be increased from time to time to maintain the operation of the center.

Pay a non-refundable **\$40.00 Registration Fee**, per child and on a yearly bases which I understand will hold my place for two weeks unless otherwise extended by the Director.

Date Enrolled _____ Amount to Pay \$ _____

Days _____ Times _____

There is a **\$30.00 service charge** on all returned checks to cover the bank service charge. _____

Pick up my child(ren) by 6:00pm and if I don't, I agree to pay **\$1.00 a minute per child after 6:05**. _____

This agreement may be terminated by either parent/guardian or provider by giving 2 (two) weeks written notice in advance of the ending date. Payment by parent/guardian is due for the notice period whether or not the child is brought to the provider for care. The provider may terminate the agreement without giving any notice if the parent/guardian does not make payments when due. Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract. _____

I understand that my child(ren) **may not attend the center until all forms have been completed and submitted to the office.** These forms include: CDC Enrollment Form/Agreement, KDHE Authorization for Medical Care, KDHE Medical Record Form (including History of Immunizations), and KDHE Physician's Assessment. Registration Fee & Tuition must also be paid on the child(ren)'s first day or before your child(ren) start the center.

Provide 2 (Two) extra sets of clothing, a blanket and crib sheet, and such other personal items for my child may be reasonably requested by the center. Infant & Toddler: Diapers, wipes and other may be requested.

Notify the center Director promptly of any changes in the information given to the center. _____

I give consent for my child to use the church's Fellowship Hall, use all play equipment on property and participate in all program-related activities. _____

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. In the event I cannot be reached, I give authorization to the attending physician and any hospital to which my child is taken, to administer any emergency care or other treatment said physician recommends. If time permits, the attending physician will be requested to contact the family physician, named above, for consultation regarding treatment of my child.

I understand that neither Countryside Christian Church nor Countryside Child Development Center have qualified medical personnel on their staff. I do not expect anyone to provide medical evaluation or treatment for a medical condition of my child, other than following necessary dietary requirements. Therefore, I hereby waive and release all personnel of the Church and the CDC listed above from liability for any cause or claim relating to any pre-existing medical condition and/or treatment of my child. _____

I hereby authorize Countryside CDC to use my child's photographs, artworks, project works, videos, and audio recordings taken of the me and/or my children, for use in printed publications, video documentaries, audio recordings, and internet websites. I acknowledge that since participation in publications and websites produced by Countryside is voluntary, myself or my minor child(ren) will not receive financial compensation. I further agree that participation in any publication and website produced by Countryside confers no rights of ownership whatsoever. I release Countryside CDC, Countryside Christian Church, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Guardian _____ Date _____

I understand that Countryside CDC is a licensed facility in the state of Kansas and fully complies with and has annual inspections regarding safety, fire and sanitation. I also understand that Countryside CDC, in accordance with KSA 44-1009 stating that admission policy shall be non-discriminatory in regard to race, color, religion, national origin, ancestry, physical handicap, or sex. Countryside CDC reserves the right to cancel classes with low enrollment. Parents will be notified if such situation occurs

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Director _____ Date _____

Countryside Child Development Center Personal Information Form

Child's Name: _____ Child's DOB: ____/____/____
Date Completed: _____

Who are your child's primary caregivers? Who takes care of your child in the absence of your primary caregivers?

What is your child's sleeping routine like?

Bedtime: _____ Wake-up: _____ Naptime: _____

Potty Training: Does your child require any assistance in the bathroom? Does he/she stay dry through the night?

Does your child have any special items (blankets, stuffer animal, etc.)? What does your child call these/ this item(s)? How are these items used and how often?

Are there any other languages, other than English, spoken at home or in your child's life?

Please list any family traditions, cultural, or religious customs that you observe. Would you be willing to share more about these with your child's class?

Please list any pets or animals at home and names, if applicable? _____

How much time does your family spend outdoors? What kinds of outdoor activities does your child like to participate in?

What are your child's television viewing habits? What shows/ characters are they interested in? How much screen time do you allow?

Does your child use a computer/ video games/ iPad/ etc.? How much time is spent with such devices?

How does your child react when he/she separates from you? How are these transitions handled?

Have there been any changes in your family in the last year? Do you anticipate any big changes in the upcoming year?

How does your child typically react when things change?

Does your child have any fears?

Please list any previous early educational experiences your child has had (preschool, child care, play groups, church, etc.). What did you notice about their experience attending these programs?

How does your child do when he/she separates from you at school? Does he/she react to these activities?

Has your child been exposed to various creative and sensory experiences? How does he/she react to these activities?

Please note any additional information that we should know about your child's previous or current educational experiences.

Does your child participate in any group activities, groups, or sports?

Does your child have any strong interests in particular things?

What is your child's current favorite toy or book?

How does your child express emotions, such as frustration? Anger? Sadness? Disappointment?

How do you handle situations where your child feels uncomfortable or upset?

Are there any particular behaviors or situations that may cause difficulty in your home?

Please note additional information that may help us with the education and care of your child.
