

House of Kids, Inc.
Intake Agreement

Today's Date: _____

Child

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Gender: Male Female
Date of Birth: _____ Present Age _____
Center Entrance Date: _____

First Parent

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Social Security Number: ____ - ____ - ____
Company / Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Second Work Phone: _____

Second Parent

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Social Security Number: ____ - ____ - ____
Company / Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Second Work Phone: _____

If applicable, legal custody has been awarded to: _____

How did you hear about our center? _____

Emergency Numbers

Name: _____ Daytime Phone: _____ Relationship: _____
Name: _____ Daytime Phone: _____ Relationship: _____
Name: _____ Daytime Phone: _____ Relationship: _____

Pickup Authorization

Name: _____ Daytime Phone: _____ Relationship: _____
Name: _____ Daytime Phone: _____ Relationship: _____
Name: _____ Daytime Phone: _____ Relationship: _____

Medical Information

Physician: _____ Address: _____

Phone Numbers: _____

Dentist: _____ Address: _____

Phone Numbers: _____

Hospital: _____

Insurance Provider: _____ Policy Number: _____

Medical Form on File: Y N Date: _____ Expires: _____

Emergency Transportation Authorization (Parent Signature) _____

Special Instructions: _____

Scheduling

IN

OUT

Monday: _____ Monday: _____

Tuesday: _____ Tuesday: _____

Wednesday: _____ Wednesday: _____

Thursday: _____ Thursday: _____

Friday: _____ Friday: _____

Transportation Schedule:

TO

FROM

Monday: _____ Monday: _____

Tuesday: _____ Tuesday: _____

Wednesday: _____ Wednesday: _____

Thursday: _____ Thursday: _____

Friday: _____ Friday: _____

(Signature of Parent / Guardian)

(Date)

Rules and Regulations

Please read the following regulations and sign the ensuing document for admittance.

1. The day care center will be open Monday through Friday from 6:00 a.m. to 6:00 p.m.. Late charges will be \$ 1.50 per minute after 6:00 p.m..
2. Each child will only be released to the parents and persons named in writing by the parents.
3. Each child is to be signed in and out daily. If the child's arrival times and departure times are not recorded, the parent will be charged the full day rate.
4. In case of serious injury or illness, the child will be given emergency medical treatment.
5. All accounts shall be settled in full on the Friday of each week. If the balance is not paid, the parent or guardian will be responsible for collection fees, court costs, and the remaining balance plus fifteen percent.
6. Breakfast will be served until 8:00 a.m. each morning. The cost of breakfast is an additional \$1.50.
7. Each child's teacher will schedule two parent / teacher conferences per year.
8. All children must receive a pre-entrance physical exam, including immunizations. This exam must be on file within one month of entry.
9. Health examinations must be repeated yearly for children two years or younger, and all children must maintain a current immunization report on file.
10. The day care center will notify parents of any significant occurrences or problems, which could affect the child, including exposure to communicable disease.
11. The day care center has the right to deny admittance to any child whose needs cannot be met by the existing program.
12. The day care center uses a positive disciplinary approach with children. Children are informed of any inappropriate behavior and the redirected to more constructive activities, or allowed to spend some quiet time to themselves in an area so designated in the classroom. Disciplinary problems will be addressed with the parents and documented in the child's file.
13. The House of Kids will be closed on the following holidays, but payment is required for these days: Memorial Day, July 4th, Thanksgiving, Christmas, Labor Day, and New Year's Day. If the holiday falls on a weekend, it will be observed on either the preceding Friday or the Monday following.
14. Prescription and over-the-counter medications will only be given with written instructions and signature from a doctor. The instructions should include child's name, date, amount to be given, and times to administer.
15. The parent shall notify the child's teacher upon arrival and departure.

(Signature of Parent / Guardian)

(Date)

16. The day care center shall accept and maintain only the children who are at a stage of growth and development which enable them to benefit from the program. The day care reserves the right to expel any child whose behavior could be dangerous to other children, staff, or themselves. The day care will provide a written explanation and documentation, if such an incident occurs.
17. The day care does not provide care for sick children. A sick child is a child with a fever over 100 degrees, vomiting, diarrhea, or a change in behavior.

(Signature of Parent / Guardian)

(Date)