

Kidnect

Child Development, LLC

Application for Enrollment

Child Information

Child's full name _____ Nickname _____ Age _____

Date of birth ___/___/___ Sex ____ Child's Address _____

Tel. # _____ City _____ Zip Code _____

Daily Arrival Time _____ Departure Time _____

1. Mother/ Guardian

Name _____ Home Phone _____

Home Address _____

Cell Phone _____ Email Address _____

Place of Employment _____ Business Phone _____

2. Father/ Guardian

Name _____ Home Phone _____

Home Address _____

Cell Phone _____ Email Address _____

Place of Employment _____ Business Phone _____

Family Information

Child lives with Mother Stepmother Legal Guardian
 Father Stepfather Grandparent

Are you a member of Beautiful Savior Lutheran Church? yes no

Do you currently have a church home? yes no

Estimated Start Date _____

Emergency Contacts: With written permission my child may be released to the following person(s). In the event that a parent cannot be reached, we will attempt to contact and release the child to the persons on this list.

**** must be eighteen (18) or older.**

1. _____ Relationship _____ Tel. _____

Address _____

2. _____ Relationship _____ Tel. _____

Address _____

3. _____ Relationship _____ Tel. _____

Address _____

Please notify us if anyone else will be picking up your child. If they are not listed above, and we have no other instructions in writing from you, we will **NOT** allow them to leave with your child.

Doctor: In the event that I cannot be reached, I give my consent to Kidnect Child Development, LLC to contact:

Doctors Name _____ Phone # _____

Hospital/ Clinic: If necessary, your child will be taken to the nearest Hospital/ Clinic.

Enrollment Needs

Part Time M-F AM (4 years to 5 years)	_____	8:30A-11:30A
Part Time MWF AM (4 years to 5 years)	_____	8:30A-11:30A
Part Time TTH AM (3 years to 4 years)	_____	8:30A-11:30A
Infant Care (2 weeks to 18 months)	_____	full time
Toddler Care (18 months to 3 years)	_____	full time
Preschool Care (3 years to 5 years)	_____	full time
School Age/ After School Care	_____	AM _____ PM

Schedule Verification-Full Time Child Care Only

**** Please limit your child's hours in child care to 10 hours or less per day.**

Day of the week	Estimated Time In	Estimated Time Out	Number of hours in care
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

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Child History Information

Family:

- Parents: () Married
() Single
() Divorced
() Remarried
() Separated
() Deceased

Age of child at the time of any above changes in family situation: _____

If divorced or separated, how often does child see absent parent? _____

Brothers and Sisters:

Name

Date of birth

Name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____

Please list any other persons living with family and indicate their relationship to the child:

If any other person shares in caring for the child on a regular basis, please indicate name, relationship (if any), days/hours responsible for child's care:

Parent's Perspectives:

What do you hope your child will gain most from his/her experiences at Kidnect?

Are there any additional circumstances regarding your child that you would like us to be aware of?

Do you have any concerns about your child's development in any areas?

Personal Information

How does your child relate to other children? _____

What kinds of group experiences has your child had? _____

How does your child relate to adults? _____

Does your child have any particular fears we should be aware of? _____

Are there certain situations that anger your child? _____

Health

Does your child have any dietary restrictions or allergies? _____

Physical handicaps? _____

Have there been any serious illnesses or hospitalizations? If so, please describe.

Other

Has your child chosen a hand preference? Right _____ Left _____ Not Yet _____

What is your child's concept of God? _____

How (or from whom) did you hear about Kidnect? _____

Any additional information that we need to know: _____

Food Allergen Waiver Form

In consideration of participating in Kidnect Child, LLC programs, the undersigned parent/legal guardian, on behalf of the student participant indentified below (hereinafter "the student"), acknowledges, appreciates, and agrees to the following conditions related to allergens in the child development environment:

1. I understand that there are health risks involving food allergies and the student.
2. I specifically understand that Kidnect Child Development LLC is located in an otherwise public church facility, and that the surrounding environment is not under the exclusive control of Kidnect Child Development LLC. I understand that the church facility is a multi-use facility that its uses include, but are not limited to, worship services; wedding and funeral ceremonies and receptions; vacation bible school; and other church-related functions and non-church-related functions. I understand that, as a result of the facility's multi-use nature, a large number of people enter and use the facilities that are beyond the control and/or direction of Kidnect Child Development LLC. These individuals will not directly interact with the children enrolled at Kidnect.
3. I understand that Kidnect Child Development LLC will take reasonable precautions to provide an environment mindful of nut, food and all allergens, but that, despite reasonable precautions, Kidnect Child Development LLC cannot guarantee a completely nut, food and allergen free environment. I understand that, despite reasonable precautions, there is inherent food allergen risk to the student.
4. I understand that it is my responsibility to ensure that Kidnect Child Development LLC is made aware of any specific known food allergen risk and that it is my responsibility to provided physician documentation and to discuss all necessary medical precautions and treatments with Kidnect Child Development LLC. I will assist the Kidnect administrative team in developing an emergency care plan for my child if needed.
5. I am aware that Kidnect Child Development LLC has an Allergen/Anaphylaxis Management Policy as an addendum to the Kidnect Child Development Policies and Procedures Handbook and that it is my responsibility to more fully review the policy if I so desire.
6. On behalf of myself, the student(s), and any other representatives or persons having a legal interest in the student, I hereby release, waives and forever discharge Kidnect Child Development LLC, Beautiful Savior Lutheran Church, individual staff members of Kidnect Child Development LLC and Beautiful Savior Lutheran Church, and all of their agents, members, officers, and other representatives, from any and all claims for damages or liability related to the student's attendance or participation in Kidnect Child Development or presence on Beautiful Savior Lutheran Church property resulting from exposure to nut, food and any other allergens.

Child(ren) Enrolled

Parent/Guardian

Date



Parent Code of Conduct

Child/Children's names: _____

Purpose and Scope

The purpose of the Parent Code of Conduct is to provide a mutual understanding to all parents/guardians and visitors to our school about conduct expectations while on school property, at school events and when interacting with administrators, employees, staff, families and/or other guests.

General Propositions

We expect parents/guardians and visitors to have a fundamental understanding and commitment to the following general propositions:

- Communication must be conducted in a Christ-like manner, with love, respect, kindness and compassion.
- A Christian lens should be utilized to support positive interactions, through challenging situations.

Prohibited Behaviors

In order to provide a peaceful and safe school environment, Kidnect prohibits the following behaviors by parents/guardians and visitors:

- Abusive, bullying, threatening, profane or harassing communication, either in person, by e-mail or text/voicemail/phone or other written or verbal communication
- Disruptive behavior that interferes or threatens to interfere with school operations, including the effective operation of a classroom, an employee's office or duty station, the church lobby, or school grounds, including parking lots and car-pickup
- Threatening to do bodily harm to an employee, visitor, fellow parent/guardian or child.
- Threatening to damage the property of an employee, visitor, fellow parent/guardian or student.
- Damaging or destruction of school property
- Excessive unscheduled campus visits, e-mails, text/voicemail/phone messages or other written or oral
 - School staff and administration may not always be immediately available to speak with you. The only way to *ensure* that you are able to speak with a staff member or administrator is to schedule an appointment. Staff and administrators have a practice of attempting to return all phone calls/e-mails within 24 hours with great success. Your calls and visits will be responded to consistent with this practice if someone is not immediately available to speak with you
- Defamatory, offensive or derogatory comments regarding the school or school staff made publicly, on social media or to others.
 - This includes but is not limited to: websites, blogs, wikis, social networking sites such as Google+, Facebook, Instagram, Snapchat, LinkedIn, Twitter, Flickr, etc.

Consequences

- Meeting with the Pastor to discuss behavior and a final written warning.
- Termination of care effective immediately for your child.

By signing you indicate your understanding, and acceptance of our parent code of conduct:
(both parents/guardians sign and date)

Kidnect

Child Development, LLC

Parent/Child Care Agreement

(please initial each section and sign below)

_____ Kidnect Child Development Center agrees to provide developmentally appropriate curriculum for _____, enrolled from _____ until FURTHER NOTICE.
(child's name) (year)
(circle days) Monday Tuesday Wednesday Thursday Friday

_____ The tuition rate for the service is _____ and due on the Monday of the week of service (full time) or the first of the month (part time). Payments will be considered late on Friday (full time) or the 7th of the month (part-time). A \$5.00, per business day, late payment fee will be assessed to delinquent accounts. If tuition is not paid, I may be asked to withdraw my child until payment is complete.

_____ Kidnect requires **two (2) weeks written notice** if I decide to remove my child from care. The full tuition is due and no refunds will be given.

_____ Medication is administered only with a medication administration authorization form including the date, name of child, name of medication, and dosage. Medications are kept locked near or in the office. All medications **MUST** be accompanied in the original box and/or packaging.

_____ My child will not be permitted to enter or leave the center without being escorted by an authorized person. Teacher will be notified daily upon the arrival and dismissal of my child.

_____ I acknowledge that it is my responsibility to keep my child's record current to reflect any significant changes as they occur...telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records.

_____ The center agrees to keep me informed of any incidents, injuries, and illnesses and adverse reactions to medications that may occur with my child.

_____ In the event of an emergency that involves my child, and I am unable to be reached by Kidnect Staff, I hereby authorize any medical care.

Parent/Guardian signature

Date

Director signature

Date

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Parent Authorizations

Medical:

I hereby give my consent and authorize Kidnect Child Development, LLC to take my child to the nearest hospital or any authorized clinic for any medical or surgical care or treatment in case of an accident or sudden illness, when deemed necessary by a medical advisor or responsible persons, x-rays, the administration of necessary anesthetics and hospitalization. I have determined Kidnect Child Development, LLC competent to give or apply medication to my child upon my request. I understand that the director has the responsibility to assess the ability of staff to give or apply medication safely.

Parent/Guardian

Date

Photography:

I give my permission to the staff of Kidnect Child Development, LLC to take pictures, movies, and videos of my child. These pictures and videos may be used on Facebook, school bulletin boards, newsletters, and website without compensation. Furthermore, I consent that such photographs and/or videos shall be the property of Kidnect, which has the right to duplicate, reproduce, and make other uses as they deem necessary.

Parent/ Guardian

Date

Field Trips:

I give my consent and authorize Kidnect Child Development, LLC to take my child on walks, excursions, and field trips. I also give my permission for my child to ride as a passenger in any vehicle owned, leased, or authorized by Kidnect Child Development, LLC. I understand that school busses used for transportation do not use seat belts. Other vehicles used to transport child will follow the mandated State Transportation guidelines in relation to car seats. Children under the age of 8 years old will be in a booster/car seat. Children ages 8 and older will not use a booster/car seat.

Parent/ Guardian

Date

School- Age Transportation:

I give consent and authorize Kidnect Child Development, LLC to provide transportation to and/ or from Portal Elementary School.

Parent/ Guardian

Date

Sunscreen:

I authorize Kidnect Child Development, LLC staff to apply sunscreen between the months of May and August which I have provided whenever he/ she is to go outside.

Parent/ Guardian

Date

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Parent Handbook Acknowledgement

By signing below, I acknowledge that I have received and agree to observe all policies and conditions set forth by Kidnect Child Development, LLC.

Parent(s) signature

Date

NEBRASKA

Good Life. Great Mission

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

Parent Information Brochure For Licensed Child Care



Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**