



February 2024

Dear Families:

It is time for our 2024-2025 preschool registration. Some of our class options have changed to meet the needs of the local community:

We have the following classes available:

- T/TH (8:30A-11:30A): 1 class available, 20 spots total. This class is designed for students who will be 3 years old by July 31st. Your child will grow social emotionally, academically and more! Our monthly tuition for this class is \$200 per month.
- MWF (8:30A-11:30A): 1 class available, 20 spots total. Our MWF students practice literacy and writing skills, use problem-solving to learn, and so much more! Students must be 4 years old by July 31st. Our monthly tuition for this class is \$250 per month.
- M-F (8:30A-11:30A): 1 class available, 21 spots total. This class is for 4's and 5s or children who miss the Kindergarten cutoff. Our monthly tuition for this class is \$350 per month.
- M-F (FULL DAY-8:30-2:30): 1 class available, 20 spots total. This class is for 4s and 5s who need an extended day to better prepare for Kindergarten. This class still follows the Papillion La Vista Calendar and is closed during summer months, and all breaks. The monthly tuition is \$600 a month.

We do have a non-refundable enrollment fee to secure your child's spot of \$150.00. This fee will secure your child's spot. These increased rates will include snacks.

Thank you

For more information email info@kidnect.org

*****NEW FAMILIES MUST TURN IN ALL FORMS BY JULY 22ND 2024 OR YOUR CHILD WILL BE DISENROLLED FROM KIDNECT*****

*****NEW FAMILIES MUST PAY THE ENROLLMENT FEE VIA CASH OR CHECK*****

Kidnect Enrollment Form: 2024-2025 school year

Session requested for 2024/2025:

T/TH AM (8:30AM-11:30AM) (age 3)

MWF AM (8:30AM-11:30AM) (age 4)

M-F AM (8:30AM-11:30AM) (age 4-5)

M-F (8:30AM-2:30PM) (age 4-5)

MY CHILD IS NOT RETURNING

PLEASE PRINT CLEARLY

Child's Full Name: _____

Mother's Name: _____

Father's Name: _____

Parent's emails: _____

Parent's phone number's: _____

A 150 dollar non-refundable enrollment fee is due to enroll your child for 2024/2025

I WILL BE PAYING WITH A CHECK (MUST BE ATTACHED)

SEE ATTACHED CHECK

Parent Signature

(Signing below indicates you are enrolling your child
at Kidnect for the 2024/2025 school year)

I have a
sibling/relative/neighbor/friend who
is interested in enrolling at Kidnect
Part-Time Preschool. Please send me
a new-student registration form.

YES NO



**Please attach a copy of your
child's current immunization
records.**

Once attached please sign and date below:

**I HAVE ATTACHED MY CHILD'S CURRENT
IMMUNIZATION RECORDS.**

_____ (SIGN AND DATE)

OR

**I HAVE ATTACHED A MEDICAL EXEMPTION FORM
REGARDING VACINATIONS**

_____ (SIGN AND DATE)

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 _____

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: _____

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.

Class your child is enrolling into for 2024/2025

**** 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			

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: _____



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)

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

Kidnect
Child Development, LLC
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 children 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