

# KIDS ACADEMY LEARNING CENTER

Child's name \_\_\_\_\_ Password \_\_\_\_\_  
Nickname \_\_\_\_\_ Date of Enrollment \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Birth date \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Circle days to attend: Mon. Tue. Wed. Thu. Fri.  
Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

This child will be released only to the people listed on this application and the following persons:

Mother: Yes No	Father: Yes No		
Name _____	Phone _____	Relationship _____	
Name _____	Phone _____	Relationship _____	
Name _____	Phone _____	Relationship _____	

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Any Allergies or Special Needs \_\_\_\_\_

Emergency contact other than parent: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Enrolling Parent

875 Coral Ridge Rd  
Coral Springs, Florida 33071  
954-510-5437 (FAX) 954-510-2329  
web site: Kids-academy.com  
email: kidsacademy@fdn.com

# KIDS ACADEMY LEARNING CENTER

## Alternate Nutrition Plan

Date: \_\_\_\_\_

Dear Parent:

In accordance with the Broward County Child Care Ordinance, parents, and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility.

Please read the following carefully, sign, and return as soon as possible to Kids Academy Learning Center.

Kids Academy agrees to provide a nutritious:  
(Owner/Operator checks those that apply.)

\_\_\_\_\_ Breakfast  
\_\_\_\_\_ x \_\_\_\_\_ Mid-morning snack  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ x \_\_\_\_\_ Mid-afternoon snack  
\_\_\_\_\_ Evening snack  
\_\_\_\_\_ No meals or snacks

\_\_\_\_\_  
Owner/ Director

\_\_\_\_\_  
Parent Signature

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# Kids Academy Learning Center

875 Coral Ridge Dr, Coral Springs, Florida 33071

Phone 954-510-5437 Fax 954-510-2329

Email: [kidsacademy@fdn.com](mailto:kidsacademy@fdn.com)

## Payment Policies

### General Information

1. Please drop your payments into the drop box located on the front desk. Make sure your payment goes all the way through the slot on the drop box. Please do not leave checks on the desk.
2. Checks are preferable. If you must pay with cash please bring the exact amount you wish to pay since we do not keep cash in the office and cannot provide change. Please keep your receipt for all cash payments for the entire school year.
3. Make checks payable to Kids Academy Learning Center.
4. Make sure the date on your check is correct.
5. Include your child's name, a description of the payment and the time period the payment is for (e.g. Annie's August lunches, or Annie's August tuition).
6. Do not include lunch payments and child care tuition on the same check. Combining these payments increases the risk that a mistake may be made in crediting the proper accounts.

### Fees

1. Tuition payments are due no later than the third of the month for that month. Fees received after this time will be considered late. If your child is absent due to illness, please put a note with your check to avoid late fees.
2. Lunch payments along with your child's menu are due by the third Monday of the prior month.
3. Late fees are only waived per written request of the director.
4. There is a graduated late fee system for all over due fees:
  - \$10.00 per the first month
  - \$15.00 per the second month, and letter of encouragement

# Kids Academy Learning Center

We are using an electronic sign in and out system. Everyone allowed to pick up your child/children will be assigned a 4-digit code. We are using the last four (4) digits of your social security number for your code. It is imperative that you do not give your code to anyone else. This 4-digit code is connected to your name in our system.

Please provide the last four numbers of the social security numbers for those people authorized to pick up your child/children from Kids Academy to the front office as soon as possible, as they will not be able to pick up your child until they are in our system.

The following is a list of your authorized pick ups that I will need the last 4 digits of their social security numbers.

Thank you for your help in obtaining this information as quickly as possible.

1. \_\_\_\_\_ # \_\_\_\_\_
2. \_\_\_\_\_ # \_\_\_\_\_
3. \_\_\_\_\_ # \_\_\_\_\_
4. \_\_\_\_\_ # \_\_\_\_\_
5. \_\_\_\_\_ # \_\_\_\_\_

# Kids Academy Learning center

## DISCIPLINE POLICY

At Kids Academy Learning Center we help the children develop self esteem by showing them how to guide their behavior in positive ways. Simple classroom rules set up by the children and teachers enable the children to be responsible for their own behavior. Our staff will redirect inappropriate behavior and show the children how to make the right choices. No corporal, forceful, or questionable punishment is allowed or used at Kids Academy learning Center

Any recurring problems or concerns relating to a child's behavior will be documented. If necessary a conference with the parent or guardian, teacher and director will be held to establish a positive action to correct the child's behavior. Working as a team we will be able to make a positive difference in the child's development.

Kids Academy Learning Center has the right to dismiss from our center any child whose behavior is detrimental to another child or to school property.

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Parent Signature

---

Date

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# Kids Academy Learning Center

## DEVELOPMENTAL HEALTH HISTORY

Child's name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

### Physical Health

What health problems has your child had in the past?

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What health problems does your child have now?

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Other than what is listed above, does your child have any allergies? If yes, please name them.

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Does your child take any medicine regularly? If yes, please name them.

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Has your child ever been hospitalized? If yes, when and why.

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Does your child have any reoccurring chronic illness or health problems (such as earaches)?

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Does your child have any special needs? (Cerebral palsy, seizure disorder, developmental delays)

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Do you have any concerns about your child's health?

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## DEVELOPMENT

Does your child have any problems with talking or making sounds? If yes, please Explain

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How old was your child when he/she said their first word? \_\_\_\_\_

How old was your child when he/she started to:

Crawl \_\_\_\_\_

Walk \_\_\_\_\_

Speak \_\_\_\_\_

Use the bathroom \_\_\_\_\_

Eat by themselves \_\_\_\_\_

## DAILY LIVING

What is your child's typical eating pattern?

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What foods do your child

Like: \_\_\_\_\_

Dislike: \_\_\_\_\_

How well does your child use table utensils? (spoon, cup, and fork)

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How does your child indicate bathroom needs? Word(s) for urination and bowel movements

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What is your child's sleeping patterns?

Awakes at \_\_\_\_\_

Naps at \_\_\_\_\_

Evening bedtime is at \_\_\_\_\_

What help does your child need to get dressed?

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## SOCIAL RELATIONSHIPS/PLAY

What ages are your child's frequent playmates?

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Describe your child's behavior

Angry \_\_\_\_\_

Happy \_\_\_\_\_

Temper tantrums \_\_\_\_\_

Aggressive \_\_\_\_\_

Shy \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

Is your child frightened by: circle all that apply, animals? rough children? loud noises? the dark? storms?

Anything else? \_\_\_\_\_

How do you guide your child's behavior?

\_\_\_\_\_  
\_\_\_\_\_

How do you comfort your child?

\_\_\_\_\_

Does your child use a special comforting item such as a blanket, stuffed animal, or doll? \_\_\_\_\_

**If you have any other concerns about your child, please feel free to list them below.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Kids Academy Learning Center

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## ILLNESS POLICY

As parents and child care providers we both share a common goal of wanting happy and healthy children. However, in spite of everyone's efforts, children do and will get sick. Young children get sick more often because their immune systems do not fight illnesses, as well as adults, and they haven't yet been exposed to many of the germs (viruses, bacteria, etc.) that cause infection. Maintaining health and preventing the spread of contagious diseases among the children, in our program, are responsibilities which must be shared by the parent and the Kids Academy staff. Our program cannot keep sick children. It is the parent's responsibility to plan for alternate arrangements in the event of an illness. At Kids Academy, we always put a child first when making a decision as to his/her well-being and ability to participate fully in our program. It is difficult for both parents and staff when a child arrives at the center only to be excluded from participation that day. A child must be picked up immediately when a parent is called. If a child appears to have chronic or returning symptoms or a communicable disease such as strep, pink eye, impetigo, ear infection/sinusitis, thrush (yeast infection) or has undergone surgery or has been hospitalized, we will need a form signed by a physician before your child can return to our center. Again our aim is to keep all of our children, families, and staff as healthy as possible. We do appreciate your cooperation and assistance in enforcing our policies.

We will require that any child with a fever of 101 or above, diarrhea and/or vomiting to be picked up immediately. The child cannot return to the center until he or she has been free of diarrhea, vomiting and/or fever (without fever suppressants) for 24 hours.

## Admitting Children with Infectious Disease

Parents or guardians of any child enrolled in Kids Academy or making an application for enrollment must notify the owner/director of any medical condition requiring special attention or consideration. Children afflicted with infectious disease shall be excluded from Kids Academy. When the child is free of disease, a physician's note to that effect must be submitted to the director. The child may then be readmitted.

Parent signature \_\_\_\_\_

# Kids Academy Learning Center

Subject: Items needed

Welcome to Kids Academy Learning Center. As you prepare for your child to begin attending school, here are a few things to remember. Please label all items with your child's name. Your child must wear closed shoes; No sandals, flip flops, or open back tennis shoes. No toys will be allowed to be brought to school except for show and tell on Fridays. Your child's teacher will be sending more information on show and tell. Blankets and sheets will be sent home on Friday's to be washed. Your child's vaccinations and physical forms will also be required.

The following is a list needed for each class:

## **Infants**

Port a crib sheets  
Small Blanket  
Diapers/Wipes  
Formula/Food/Juice  
2 Sets of Clothes  
Picture of your Family  
Mobile (optional)  
No bumper pads  
Bibs

## **Toddlers/Two's**

Sippy Cup  
Diapers/Wipes  
Small blanket  
Crib size sheet  
2 complete sets of clothes-  
shirt, socks, pants,  
underwear  
Family picture  
Bibs

## **3, 4, 5 yr olds**

Crib size sheet  
Small blanket  
Change of  
clothes-  
shirt, socks,  
underwear,  
pants  
Family Picture

All clothes should be placed in a large Ziploc bag with your child's name on the outside.

Also water shoes will be required on everyone for the water play area. We will keep these in their cubbies.

Thank you for your continued support and cooperation.

# KIDS ACADEMY LEARNING CENTER

## PARENT AGREEMENT

### Payment of Tuition

I understand that tuition is based on an entire academic year. It is payable in monthly payments. These monthly payments are due by the 5<sup>th</sup> of the month. A late tuition fee of \$10.00 per day will be charged which I agree to pay. \_\_\_\_\_

### Returned Checks

I understand that a fee of \$25.00 will be charged to my account for any and all checks returned to Kids Academy. If more than 1 check is returned in a year, I will be required to pay by cash or money order. \_\_\_\_\_

### Family Discounts

I understand that there is a ten per cent (10%) discount offered to me for each additional child from my immediate family. This will be applied to the lower tuition fee. Family discounts are not applicable to registration fees, and cannot be combined with any other discounts or promotions. \_\_\_\_\_

### Release of Children

I understand that my child will only be released to a parent, legal guardian, or those persons listed on the application. Kids Academy may at anytime require proof of identification from any one picking up my child/children. Kids Academy has the right to refuse the release of my child to anyone who appears unable to safely assume responsibility for my child/children. No one under 18 years of age may pick up my child/children from Kids Academy. I have provided Kids Academy with a password to identify me when calling Kids Academy on the phone to authorize a person not listed on the application permission to pick up my child/children from the center. \_\_\_\_\_

### Child Information and Emergency Contacts

I understand that it is my responsibility to inform Kids Academy of any changes in my personal, my child's personal, or emergency contacts information such as, addresses, home phone numbers, work phone numbers, or cell phone numbers. \_\_\_\_\_

## Daily Sign-in and Sign-out

I understand that I must sign my child/children in and out every day. I further understand my child/children cannot sign themselves in or out. \_\_\_\_\_

## Insurance

Kids Academy insurance coverage is designed to work with your personal health insurance as a supplement. If the expenses for an accident are less than \$100 our policy will pay 100%. If the expenses are over \$100, our policy will pay only those expenses not paid by your personal carrier. If there is an accident, you and the Kids Academy Director should complete the Accident Claim form. The child's full legal name should be used. Be sure to include the child's name and the date of the accident on all correspondence. If the expenses exceed \$100, send those bills unpaid by your personal health carrier along with the child's name and date of the accident to the insurance company. Should you have additional questions concerning our insurance coverage for your child, please discuss them with the Kids Academy Director. Kids Academy's main concern has been, and will always be, the health and safety of your child. \_\_\_\_\_

## Absences/ Holidays and Illnesses

Tuition is based on an annual fee and is paid monthly to guarantee a placement for your child at Kids Academy. I understand that there will be no adjustments to my child's tuition because of illness, vacations, early withdrawal, weather closings such as, hurricanes and tornadoes. Refunds or credits will not be given. \_\_\_\_\_

## Holidays

I understand that when the Kids Academy is closed for Holidays I will not receive a refund, credit, or any other allowance for these days. If a Holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. \_\_\_\_\_

## Emergency Weather Closings

If the Broward area is placed on a Hurricane Warning, Severe Weather Warning or Broward County Schools are required to close and/or remain closed, Kids Academy will be closed and/or remain closed. **Please stay tuned to your local television station for updates.** If the warning occurs during the school day, it is the parent or guardians' responsibility to pick the child up by the scheduled closing time (within one hour of the issued warning announcement). Any parent leaving their child after the designated time will be charged one dollar per minute per child. \_\_\_\_\_

## Withdrawal from Program

I understand I must provide a written two (2) weeks notice to withdraw my child/children from Kids Academy. If I fail to give a 2 week notice, I agree to pay all tuition and fees whether or not my child/children attend. If I owe tuition or fees I will be required to bring my account current prior to withdrawing my child/children. \_\_\_\_\_

**Collection and Litigation**

In the event it is necessary to collect monies due under this contract the **Customer** shall be responsible for all the costs and attorney’s fees, including any such costs and fees incurred on appeal. Furthermore, the parties agree that venue shall be Broward County, Florida.

\_\_\_\_\_

**I have completely read and understand and will comply with all Kids Academy policies in this agreement and the Kids Academy Handbook.**

\_\_\_\_\_  
Mother’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Owner/Director

\_\_\_\_\_  
Date

# KIDS ACADEMY LEARNING CENTER

## PARENT AUTHORIZATION AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I consent to have qualified hospital/emergency personnel to treat my child in the event that I cannot be located:

The patient and others, whose signatures are below, do hereby consent to any and all medical and surgical treatments, which maybe deemed advisable by his/her physician.

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

I consent to allow my child to attend off-center field trips:

My child \_\_\_\_\_ has my permission to attend planned field trips away from the preschool grounds. I understand that the excursions will be planned and adequately supervised.

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

I consent to release from personal liability and hold harmless all employees of Kids Academy Learning Center for injuries and illnesses of my child \_\_\_\_\_, which may occur as a result of and in conjunction with his/her activities. I understand that the necessary precautions and plans for the safe care and supervision of my child have been taken.

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

In witness of all consent, agreement and disclosure contained in this application and so as to attest to their validity and veracity, I/we have subscribed our signatures below.

Child's Name \_\_\_\_\_ Child's SS# \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Driver's License \_\_\_\_\_

Father's Signature \_\_\_\_\_ Driver's License \_\_\_\_\_

Notary:

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires on \_\_\_\_\_

Notary Signature \_\_\_\_\_

# KIDS ACADEMY LEARNING CENTER

## PARENTAL CONSENT FORM FOR DEVELOPMENTAL SCREENING

Dear Parents:

In an effort to ensure your child is ready to learn, Kids Academy will provide Developmental Screening in our child care program. Kids Academy will complete the Ages and Stages Questionnaire. You will receive the results of the screening and be informed of any recommendations. Please sign your name below to give consent for this screening.

If you have any questions or concerns about developmental screening, may contact the director. Thank you.

By signing below, I acknowledge that I have read the above and agree to allow developmental screening for my child.

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Child's Name

---

Parent's Signature

---

Date

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