

Kaleidoscope Childcare Registration Form		Date Child Entered Care	Date Child Left Care
Child's Name (Last, First, Middle)	Name Used/Nickname	Birthdate:	
Street Address City Zip Code			
Parent/Guardian Name	Circle the best number to contact you when your child is in our care		
e-mail address	Phone Number	Alternative Phone Number	
Street Address City Zip Code			
Parent/Guardian Name	Circle the best number to contact you when your child is in our care		
e-mail address		Alternative Phone Number	
I give my permission for any of the following individuals to be contacted and my child may be released to any of them. Parent/Guardian Signature: _____ Date: _____			
In an emergency, if you are not able to contact me, contact the following:			
Name (First, Last)	Phone Number	Alternative Phone Number	
These individuals also have permission to pick up my child:			
Name (First, Last)	Phone Number	Alternative Phone Number	
Child's Health Information			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment.		Child's last physical exam, if available	
Name	Phone		

Child's dental care provider or parent's/guardian's preferred dental facility for treatment.		Date of Child's last physical exam:
Name	Phone	
Street Address		
Known Health Conditions		
Consent to medical care and treatment of minor children		
<p>I give permission that my child, may be given first aid/emergency. treatment by the childcare licensee and or qualified staff at:</p> <p>Name of Licensee: Kaleidoscope</p> <p>Address of Licensee: 1292 N Beach Rd, Eastsound, WA 98245</p>		
Parent/Guardian Signature: _____		Date: _____
Parent/Guardian Signature: _____		Date: _____
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child’s health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid care to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.</p>		
Parent/Guardian Signature: _____		Date: _____
Parent/Guardian Signature: _____		Date: _____

KALEIDOSCOPE FAMILY CONTRACT

For: _____ (child's name)

I, _____, understand and agree to the following:

There is an annual, nonrefundable registration fee of \$100.00 per child. This fee will be applied each year upon re-registration in September.

Tuition is annually based and is expected to be paid monthly. Tuition is offered through a three-tier system and is billed on a monthly basis for services from the previous month.

Kaleidoscope is open Monday through Friday, 8:00am- 5:30pm. Families will be entitled to all hours of care but may alter the schedule to meet their needs.

Tier 1-At Cost	Tier 2-Subsidized	Tier 3-Scholarship
2 consecutive days \$900	2 consecutive days \$750	2 days consecutive \$600
4 days (M-Th) \$1600	4 days (M-Th) \$1300	4 days (M-Th) \$1000
Include Fridays +\$400	Include Fridays +\$350	Include Fridays +\$250
This tier covers the actual cost of childcare and reduces the need for fundraising.	This tier is partially subsidized each month to offer assistance for childcare cost.	This tier utilizes scholarship assistance that increases the need for additional funding. (scholarship availability limited)

**There is an Enrollment Fee of \$500 to hold a spot when there is no attendance for any given month.*

Please check the boxes next to the Tier and next to the session that you are enrolling for:

<input type="checkbox"/> Tier 1	<input type="checkbox"/> 2 days Monday and Tuesday
<input type="checkbox"/> Tier 2	<input type="checkbox"/> 2 days Wednesday and Thursday
<input type="checkbox"/> Tier3	<input type="checkbox"/> 4 days (M-Th)
<input type="checkbox"/> ECEAP/ECEI/Working Connections	<input type="checkbox"/> Include Fridays
Total: \$	

_____ I am enrolling in After School Care in Kaleidoscope's Forest. The rate is \$30/day.

_____ I am enrolling in Summer School Aged Care in Kaleidoscope's Forest. The rate is \$500/week.

School aged Registration is available online

The Registration Packet must be completed and submitted prior to attendance.

A late fee of \$1.00 for every minute after closing will be charged for late pick up. The amount is to be paid the same day, directly to the staff person.

Payment Options: We accept Cash, Check, Direct Deposit (There is a form to fill out to have your payment taken directly from your bank), and PayPal. Payment options are also available through your emailed invoice. The first three options do not incur a fee. We charge \$50 for each transaction with PayPal.

Childcare fees are expected to be paid in full by the 15th for attendance to continue. If you are unable to pay in full by the 15th, please complete a payment plan and have it approved by the director. With no payment plan in place, enrollment may be suspended until your account balance is paid in full, at the discretion of the director.

Toddler and Waddler Disclaimer: I understand that my child may go off-site for walks and excursions to locations such as but not limited to, beaches, parks, forested areas, and wetlands. I understand that my children may engage in climbing, crawling and exploration of these areas.

Outdoor Experience Disclaimer: I understand that my child may engage in activities such as campfires, water exploration, climbing, foraging, real tool usage, shared public spaces and animal encounters. We understand teachers have policies in place to reduce the possibility of harm and accept the risk. I understand that my child may have these experiences in off-site locations such as but not limited to, parks, beaches, farms, forested areas and wetlands.

I have read this contract, the Kaleidoscope Family Handbook, Health Care, Disaster Plan, and Pesticide Plan. I understand them and agree to abide by the policies contained within. I understand that I am responsible for all Kaleidoscope childcare fees as stated in this contract. I understand that photos and/or videos of my child may be used for public and internal purposes.

Parent/Guardian signature

Date

Parent/Guardian printed name

Liability Release

I give permission for my child to take part in all school activities including sports and school sponsored trips, away from the school premises and release Kaleidoscope, its agents, and employees from any liability because of injury to my child at school or school related field trips.

Trip Permission Slip

I give permission for my child to participate in Kaleidoscope field trips, walking, car, bus or otherwise. Trip notifications will be posted in advance in classroom newsletters, parent boards, and/or a notice on the sign in sheet.

Print Name of custodial guardian

Date

Signature of custodial guardian

***If there are any legal documents regarding custody or visitation with this child, please attach copies.**

Dear Kaleidoscope Family,

During a disaster, communication may become challenging. Often it is easier to contact an out-of-area phone number than a local or cell number. Our facility is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child should local calling become challenging.

Our out-of-area contact is:

**Judy Paulsen
(425) 228-1589**

We encourage you to familiarize yourself with the disaster plans and policies established for our childcare facility. A copy of our Crisis/Disaster Response Handbook is available on our website.

Please sign and return the following portion.

I have received information regarding your childcare facility's out-of-area emergency contact.
I understand that your childcare facility has established policies to respond appropriately to a disaster and that they are available for my review upon enrollment and at any time.
I understand that if my child takes any medication for a life-threatening condition, I am required to bring in a 3-day supply to be included with Kaleidoscope's Disaster Response Kit.

Signature: _____ Date: _____

Please provide the following information for our emergency records.

Child's Name: _____

Child's Out-of-Area Contact (*100+ miles away*): _____ Emergency

Contact (*Friend, family, or loved one*): _____

Local Contact (*The "nearest" acquaintance*): _____