

# A KIDS PLACE, Inc.

## PERSONAL DATA SHEET

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_  
Father's SS# \_\_\_\_\_ Mother's SS# \_\_\_\_\_  
Father's Home# \_\_\_\_\_ Mother's Home # \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Cell# \_\_\_\_\_ Mother's Cell# \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name of person to call if parents cannot be reached \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Is this person authorized to take child from center? \_\_\_\_\_  
List all other adults who may take child from center:

Name	Relationship	Name	Relationship	Name	Relationship			
_____	_____	_____	_____	_____	_____			
Address	_____	Address	_____	Address	_____			
_____	_____	_____	_____	_____	_____			
City	St.	Zip	City	St.	Zip	City	St.	Zip
_____	_____	_____	_____	_____	_____	_____	_____	_____
Telephone	_____	Telephone	_____	Telephone	_____	_____	_____	_____

### MEDICAL INFORMATION

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### CONSENT FOR EMERGENCY MEDICAL CARE

I, \_\_\_\_\_ Father  
Mother (cross out words that do not apply) of  
Guardian  
\_\_\_\_\_ do hereby give my consent to the director of A Kids Place, Inc.,  
Child's Name  
or his duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director or his duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.  
Signed \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

I hereby give/do not give the director of A Kids Place, Inc. or his appointed representative, permission to give \_\_\_\_\_ acetaminophen (Tylenol). I understand that I will be notified that the \_\_\_\_\_  
Child's Name  
medication has been administered. Parents must provide Tylenol labeled with your child's name at time of enrollment, which will be stored until your child needs it.

### **IMMUNIZATIONS**

**A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORD MUST BE PROVIDED AT TIME OF ENROLLMENT.**

Disease History: List dates of each:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Contracted Tuberculosis: Yes \_\_\_\_\_/No \_\_\_\_\_ Frequent ear infections: Yes \_\_\_\_\_/No \_\_\_\_\_  
Frequent throat infection: Yes \_\_\_\_\_/No \_\_\_\_\_ Defective heart: Yes \_\_\_\_\_/No \_\_\_\_\_  
Other conditions or comments: \_\_\_\_\_  
\_\_\_\_\_

Child's developmental needs:

Physical or emotional needs child may have \_\_\_\_\_  
Special food needs: Formula \_\_\_\_\_ Diabetic diet \_\_\_\_\_ Allergies \_\_\_\_\_  
Special problems: Medications \_\_\_\_\_  
Allergies \_\_\_\_\_ Temper tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Biting \_\_\_\_\_  
Sun sensitivity \_\_\_\_\_ Seizures \_\_\_\_\_ Fainting \_\_\_\_\_ Bed wetting \_\_\_\_\_ Other \_\_\_\_\_  
Requires help in: Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Toileting \_\_\_\_\_ Eating \_\_\_\_\_ Hand washing \_\_\_\_\_  
Is child toilet trained? Yes \_\_\_\_\_/No \_\_\_\_\_ Words used in toileting \_\_\_\_\_  
Favorites: Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_  
Siblings: Yes \_\_\_\_\_/No \_\_\_\_\_ Name(s) of siblings \_\_\_\_\_  
Type of child care used before \_\_\_\_\_  
Other useful information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ the parent/guardian of this child understand that I may ask for a conference with the caregiver(s) as needed.

\_\_\_\_\_  
Signature Date

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCIPLINE POLICY  
MINIMUM LICENSING REQUIREMENTS FOR CHILD CARE FACILITIES**

**A Kids Place, Inc. uses the following methods of discipline:**

**TIME OUT  
1 MINUTE X AGE**

I have read and understand the discipline policy of A Kids Place, Inc..  
I give my permission for the use of all methods set out above.

\_\_\_\_\_

Parent/Guardian Signature	Date
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\_\_\_\_\_

Parent/Guardian Signature	Date
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**PLEASE NOTE: Physical punishment shall not be administered to children.  
(Minimum Licensing Requirements for Child Care Centers 500.2)**

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**A KIDS PLACE, Inc.  
PAYMENT AGREEMENT**

Child's Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

\_\_\_\_\_ I agree to pay the specified amount (see rate sheet in handbook) of tuition for my child/children on Monday of each week.

- All fees are due in advance on Monday. All fees received after Monday will be considered late and a \$10.00 late fee per child will be assessed. Fees not paid by 6:00 p.m. Friday of that week will result in child being dismissed from center. Exceptions to this policy must be arranged with the director before 6:00 p.m. Monday and will be recorded in writing and signed by both parent and director. Failure to keep payment agreement will also result in dismissal from program.
- A handling fee of \$20.00 will be charged on all returned checks. After two returned checks, account will be on a cash only basis. Returned checks and past due accounts will be turned over for collection and subject to collection fees.
- There will be no reduction in tuition for holidays, vacations, snow, or sick days.
- A Kids Place requires a two week written notice before withdrawing your child from our center. Failure to do so will result in payment being due for those weeks.

I HAVE RECEIVED, READ, AND AGREE TO ABIDE BY ALL POLICIES CONTAINED IN A KIDS PLACE, INC. HANDBOOK.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



## Permission to Photograph

I, \_\_\_\_\_, give permission for A KIDS PLACE, Inc. to  
(Parent or Guardian name)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

- Display photos on A KIDS PLACE, Inc. bulletin boards/classrooms.
- Display photos on A KIDS PLACE, Inc. website or Facebook page.

Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

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I am aware that my child \_\_\_\_\_  
may be subject to interviews by licensing staff, and/or law  
enforcement officials for the purpose of determining licensing  
compliance or for investigative purposes. (Child interviews do not  
require parental notice or consent).

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

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I have received a "Kindergarten Readiness Indicator Checklist"  
(attached to Parental Handbook-for 18 months-Kindergarten)

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)