

KIDSPACE LEARNING CENTER

PARENT CHECKLIST

To enroll your child(ren), the following items must be completed and/or returned to Kidspace.

- Enrollment Form
- Heath History and Emergency Care Plan Form
- Final Authorizations Form
- Immunization Records
- Permission to Photograph Form
- Tentative Schedule Form
- Registration fee(s)
- First week's enrollment fee(s)
- Entry Code Agreement Form (East Elementary only)

We are so excited to have your child join our Kidspace Family!
Please feel free to contact us with any questions!

Wendy Trinko, Owner/Director
262-352-2397 / kidspaceLC@gmail.com

Bre Zuniga, Lead Teacher @ East Elementary
262-389-0428 / kidspaceLCeast@gmail.com

Mailing Address:

Kidspace Learning Center
c/o Wendy Trinko
W696 Froelich Road
Sullivan, WI 53178

IMPORTANT: Please be advised that space is limited, so early enrollment is encouraged. Your child's enrollment will be confirmed via email or text within one week of receipt. Children will be accepted on a first come basis. In the event that full enrollment has already been reached, you will be notified via email or text. If so desired, your child's name will then be added to our waitlist and when an opening for care becomes available, we will contact you.

KIDSPACE LEARNING CENTER

Enrollment Form

| CHILD INFORMATION | |
|---|--|
| Name (Last, First, MI) | Birthdate (mm/dd/yyyy) |
| School Attending <input type="checkbox"/> Sullivan <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Small World | Grade _____ Teacher (if not yet known, leave blank) _____ |
| PARENT/GUARDIAN #1 | |
| Name and Relationship to Child | Cell Phone No. _____ Email Address _____ |
| Home Address (Street, City, State, Zip) | Does child reside at this location? Yes No |
| Place of Employment & Work Phone No. | |
| PARENT/GUARDIAN #2 | |
| Name and Relationship to Child | Cell Phone No. _____ Email Address _____ |
| Home Address (Street, City, State, Zip) | Does child reside at this location? Yes No |
| Place of Employment & Work Phone No. | |

| | |
|--|----------------------|
| AUTHORIZED PERSONS - Persons other than parents/guardians who are authorized to pick up the child. If no one, write "None." | |
| #1 Name & Relationship to Child | Cell Phone No. _____ |
| #2 Name & Relationship to Child | Cell Phone No. _____ |
| EMERGENCY CONTACTS - Persons to be notified in an emergency when parents/guardians cannot be reached. | |
| #1 Name & Relationship to Child | Cell Phone No. _____ |
| #1 Name & Relationship to Child | Cell Phone No. _____ |
| PHYSICIAN OR MEDICAL FACILITY | |
| Name _____ | |
| Address (Street, City, State, Zip Code) | Telephone No. _____ |
| Medical Insurance Provider | ID# _____ |
| MEDICAL AUTHORIZATION | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO I hereby give my consent for emergency medical care, treatment and/or transport, at my expense, in the event that I cannot be immediately reached. | |
| Parent/Guardian Initials _____ | |
| IMMUNIZATION RECORDS | |
| State law requires all children in child care centers to present evidence of immunization against certain diseases within 30 school days (six calendar weeks) of admission to the child care center. These requirements can be waived <u>only</u> if a properly signed health, religious, or personal conviction waiver is filed with the child care center. | |
| You may obtain the required immunization records direct from your child's physician or online at https://www.dhs.wisconsin.gov/immunization/wir.htm A print out of the records is accepted or you may fill out and return the form available at https://www.dhs.wisconsin.gov/forms/f4/f44192.pdf | |

HEALTH HISTORY AND EMERGENCY CARE PLAN

| | |
|---|---|
| CHILD INFORMATION | |
| Name (Last, First, MI) | Birthdate (mm/dd/yyyy) |
| Home Address (Street, City, State, Zip) | First Day of Attendance (if not yet known, leave blank) |
| PARENT/GUARDIAN INFORMATION - Provide information where parent/guardian can be reached while the child is in care. | |
| Name | Cell Phone No. _____ Work Phone No. _____ |
| Name | Cell Phone No. _____ Work Phone No. _____ |
| PHYSICIAN/MEDICAL FACILITY INFORMATION | |
| Name - Physician | |
| Address - Medical Facility (Street, City, State, Zip) | Telephone No. _____ |

PARENT PROVIDED SUNSCREEN / INSECT REPELLENT AUTHORIZATION When provided, product should be labeled with child's name. Authorizations will be reviewed every six months and updated as necessary.

SUNSCREEN BRAND _____ Ingredient Strength _____

- YES NO I authorize the center to apply sunscreen to my child.
- YES NO I authorize the center to allow my child to self-apply sunscreen.

INSECT REPELLENT BRAND _____ Ingredient Strength _____

- YES NO I authorize the center to apply repellent to my child.
- YES NO I authorize the center to allow my child to self-apply repellent.

HEALTH HISTORY AND EMERGENCY CARE PLAN - If available, attach any health care plan information from the child's physician, therapist, etc.

Check any special medical condition that your child may have.

- No specific medical condition
- Asthma Diabetes Cerebral palsy / motor disorder Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
- Other condition(s) requiring special care - Specify:

1. Check any allergy that your child may have.

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies - Specify food(s):
- Non-food allergies - Specify:

2. Triggers that may cause problems - Specify:

3. Signs or symptoms to watch for - Specify:

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be requested and attached to this form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or treatment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE - Parent or Guardian

Date Signed (mm/dd/yyyy)

Kidspace Office Use Only:

Review Dates (mm/dd/yyyy):

PARENT/GUARDIAN AUTHORIZATIONS *Please review and check off each statement before signing the bottom of this page.*

- I acknowledge that I have had the opportunity to review the policies of this child care center.
- I agree to pay the registration fee and all weekly enrollment fees in full.
- I understand that weekly enrollment fees not received the Friday prior to care will be subject to a late payment fee.
- I realize that fees unpaid for two weeks will result in suspension from the program until all enrollment and late payment fees are paid in full.
- I agree to inform Kidspace Learning Center via text or email in the event that my child will be absent.
- I understand that Kidspace Learning Center cannot be held responsible for lost, stolen or damaged personal items.
- I realize that disruptive and disrespectful behavior will not be tolerated and would be reason for dismissal from the program.
- I am aware that Kidspace Learning Center may offer participation in walking field trips.
- I have been advised that there are no pets at this location.
- I attest that all the information provided on this form with regards to my child is true and correct to the best of my knowledge.

SIGNATURE - Parent or Guardian

Date Signed (mm/dd/yyyy)

TENTATIVE SCHEDULE

Before School Care 7am-8am
Drop Off Time

4K Wrap Around Care 11am-3pm
Pick Up Time/Bus/To Afterschool

| | | | |
|-----------|--|-----------|--|
| Monday | | Monday | |
| Tuesday | | Tuesday | |
| Wednesday | | Wednesday | |
| Thursday | | Thursday | |
| Friday | | Friday | |

After School Care 3pm-6pm

Pick Up Time

| | |
|-----------|--|
| MONDAY | |
| TUESDAY | |
| WEDNESDAY | |
| THURSDAY | |
| FRIDAY | |

- The above schedule should be used each week. (Fixed Schedule)**
- My child will attend on No School Days/Breaks.**
- My child's schedule will vary from week to week. (Drop-In Care)**
- My child will not attend on No School Days/Breaks.**

KIDSPACE LEARNING CENTER

Permission to Photograph

Here at Kidspace, we believe that a picture is worth a thousand words. We are so fortunate to spend our days with your child and would love to be able to document and share pictures of the fun times we are having within our classroom, as well as, on our website and Facebook page.

Please review the below and let us know your preferences regarding photographs of your children. Thank you!

_____ I give permission for my child's photos to be taken and displayed within the Kidspace classroom.

_____ I give permission for my child's photos to be taken and published on the Kidspace website and private Facebook page.

_____ I would prefer that you do not take photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT): _____

Parent/Guardian Name (PLEASE PRINT):

Parent/Guardian Signature:

Date: _____

NOTE: This form is considered valid and up-to-date until written notice is given that Kidspace no longer has permission to take/use your child's photos.

KIDSPACE LEARNING CENTER

East Elementary Entry Code Agreement

Safety First! The doors to the school are locked at all times and an entry code is required at Door #9 to gain entry to the building for drop off to Before School Care between 7:00am and 7:45am and for pickup from After School Care between 3:15pm and 6:00pm. Please be advised that the pinpad will not work during other times of the day and that if you arrive for drop off or pickup during a time not listed above, you will need to use the school's doorbell/buzzer system at Door #1 to gain entry to the building. As a reminder, when entering at Door #1 during regular school hours, you are required to check in and show a photo ID at the school office before venturing downstairs to Kidspace.

IMPORTANT: It is imperative that you do not give out the entry code to others who are authorized to pick up your child without prior authorization from Kidspace staff. We also ask that you do not share the entry code with your children or have them enter it on the pinpad. The entry code is to be used ONLY by those listed as Parent/Guardian on the Kidspace Enrollment Form for the 2019-20 School Year. If someone other than Parent/Guardian will be dropping off or picking up your child, they will need to call or text Mrs. Z at 262-389-0428 to inform her of their arrival and she will provide further instructions for entry at that time. Also, we ask that you instruct all other adults authorized to pick up your child to bring a photo ID when picking up your child from Kidspace for the first time. Please know that our goal is to provide the safest environment for your child, so we thank you in advance for your patience and understanding of these rules and requirements.

Please fill out the below form and return to us at your earliest convenience. Once reviewed, the entry code will be sent via text to the parents and/or guardians listed on the enrollment form. Thank you!

- _____ I have read the above information regarding the new pin pad entry system.
- _____ I agree not to share the entry codes provided to me by Kidspace Learning Center with any other person.
- _____ I understand that this privilege may be revoked or suspended due to breaking any part of this agreement.

Parent/Guardian Name (PLEASE PRINT): _____ Date: _____

Parent/Guardian Signature: _____

KIDSPACE LEARNING CENTER

Homework Policy for After School Care

At Kidspace, we recognize that academic success is important for children who are enrolled in our after school program. Our staff members support the parents of program participants by encouraging students to take responsibility for completing their homework. Our schedule will include thirty minutes of designated homework time.

During homework time staff members will monitor and work with the students at request, but will not provide one-on-one tutoring. Daily program schedules do not provide for additional homework time beyond the daily scheduled thirty minutes.

Homework guidance from our staff will include:

- An explanation of the directions
- Reading instructions and giving examples (please be advised that this does not include grading or corrections to work as to defer to the school's teaching methods)

Please also note that our staff is not responsible for checking the children's belongings for homework or assignments. We encourage students and parents to review and/or complete homework together.

If you would like your child to participate during our designated homework period, please notify one of our teachers/staff members and if/when necessary, we will give them a gentle reminder to check their backpack for work that needs to be completed. As always, feel free to contact us with questions!

