



Kidtastic Kids Full Day Preschool & Daycare
1075 Portion Road, Suite 23/22, Farmingville, NY 11738
Phone: (631) 320-1599 Fax: (631) 561-4194
kidtastic@gmail.com www.kidtasticpreschool.com

Child's Name: _____ Child's DOB: _____
Child's Primary Address: _____
Town: _____ Zipcode: _____

Parent's/Guardian's Name: _____ DOB: _____
Address: _____ Town: _____ Zipcode: _____
Home Phone #: _____ Cell #: _____ Work #: _____
Email: _____ SS#: _____
Place of Employment: _____
Employer's Address: _____ Town: _____ Zipcode: _____

Parent's/Guardian's Name: _____ DOB: _____
Address: _____ Town: _____ Zipcode: _____
Home Phone #: _____ Cell #: _____ Work #: _____
Email: _____ SS#: _____
Place of Employment: _____
Employer's Address: _____ Town: _____ Zipcode: _____

Physician's Name: _____ Physician's Telephone: _____
Any Allergies* (please list): _____
*If yes, please provide additional information using the allergy form and/or medical forms from physician
Any Health concerns: _____ If yes, please explain: _____
Any Educational concerns: _____ If yes, please explain: _____
Any Dietary restrictions: _____ If yes, please explain: _____
What district does your child reside in? _____ Does your child have a IEP and/or receive any services : _____
Will he or she receive any services during the school day: _____
Please provide the name of the service provider: _____
Child's Nickname (s): _____
Days Needed: Mon Tues Wed Thurs Fri Hours Needed: ____:____ am to ____:____ pm
Program: _____ Session: Early Care AM PM Full day Aftercare Daycare
How did you hear about us? _____

DROP OFF & PICK UP SCHEDULE



The following people will be **REGULARLY dropping** off my child:

NAME OF PERSON	RELATIONSHIP TO CHILD	SCHEDULE OF DROP OFFS

The following people will be **REGULARLY picking** up my child:

NAME OF PERSON	RELATIONSHIP TO CHILD	SCHEDULE OF PICK-UPS

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Address: _____

Town: _____ Zipcode: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____

Town: _____ Zipcode: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____

Town: _____ Zipcode: _____ Phone #: _____

For your child's safety, we must know who has your permission to pick your child up from school. Whether it becomes necessary because your child is sick, or just that you cannot make it to pick him/her up that day, we must have this information.

We will not release any child to anyone other than a parent unless we receive prior permission and his/her name appears on this form.

Even though the person picking up your child is on the list, you must notify the school with a written note on the day that someone other than yourself will be picking up your child. They **must** show photo ID.

Parent / Guardian Signature: _____ Date: _____

Childs Name: _____ DOB: _____

ALLERGIES

Child's Known Allergy	
Nature of the Allergy	
What are some signs your child may exhibit when having a allergic reactions. Ex. Rash, rapid breathing	
What is the emergency care plan in the event of a allergic reaction?	

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MEDICAL CONDITIONS

Child's Medical Condition	
Nature of the Condition	
Does your child take any medication for this condition	

EDUCATION SERVICES

IEP	
SUPPORT SERVICES	

STANDARD CONDITIONS OF ENROLLMENT

1)_____	A medical certificate is required prior to the first day of attendance (this can be faxed to 631-564194).
2)_____	Children must be fever free for 24 hours before they can return to school and have a doctor's note upon returning. .
3)_____	Should any infectious disease be an issue I must notify Kidtastic Kids ASAP.
4)_____	Should my child come in contact with someone who has had LICE it is my responsibility to notify Kidtastic Kids as soon as possible.
5)_____	I give Kidtastic Kids permission to seek EMERGENCY medical treatment for my child in the event I cannot be contacted immediately.
6)_____	Permission is granted to take pictures and video of my child in group activities for office display, school brochures or any other promotional purpose.
7)_____	I assume full responsibility for my child en-route to and from Kidtastic Kids.
8)_____	I am responsible for providing my child's daily nutritious snacks and drinks as per Kidtastic Kids orientation. Children are not allowed to share snack due to allergies.
9)_____	Kidtastic Kids is a peanut free school. I will not bring any peanut related snacks, lunch items, etc. into the center.
10)_____	If my child has any allergies I have provided the school with that information.
11)_____	I understand that tuition is a yearly fee , broken down into ten equal payments for convenience.
12)_____	The \$100 registration fee is NON-REFUNDABLE.
13)_____	My child's security deposit is a combination of the first and last month's tuition and are NON-REFUNDABLE within three days of signing this contract. Kidtastic Developmental Center begins designing your child's curriculum the moment they are enrolled.
14)_____	COUPONS/SPECIAL PROMOTIONS: If you decide to withdraw your child and you received a special rate that rate will be waived and you will be responsible for the entire registration fee.
15)_____	A NON-REFUNDABLE \$75.00 supply fee is due upon registration.
16)_____	Monthly payments are due the 1 st of each month. They are considered late after the 5 th (unless a special arrangement has been made with the office). Late payments will result in a \$30 last fee. WE DO NOT SEND BILLS. <i>Children that start mid-year will have an addendum added to their contract.</i>
17)_____	No refunds will be made for school closings, holidays, withdrawals, illness or absences due to vacations.
18)_____	I understand that should I choose to Pay in Full, it is at the discretion of the school to refund me the balance within 5 months.
19)_____	I understand there fees associated with GRADUATION /MOVING UP DAY.
20)_____	Kidtastic Kids reserves the right to disenrollment any person(s) at any time, if the school deems it to be in the best interest of the school.
21)_____	Please supply Kidtastic with a change of clothes, in a clearly marked plastic bag. All clothing must be labeled with your child's name.
22)_____	Please do not send children with toys, gum or candy. Kidtastic Kids is not responsible for any that my child may lose.
23)_____	Kidtastic Kids reserves the right to hire and fire any teachers at any time.
24)_____	Kidtastic Kids reserves the rights to offer any enrichment programs throughout the school year, enrichment is optional and at no time is any family required to enrolled in any program offered.

I agree to the conditions of this contract.

Parent Signature: _____ **Date:** _____

Parents Name: _____

ABOUT YOUR CHILD...

Child's Name: _____ DOB: _____

Parents/Guardian Name: _____

Days Enrolled: _____ Hrs: _____

What is your school district? _____ What hand does your child favor? _____

What are some of your child's likes? _____

What are some of your child's dislikes? _____

Fears & habits? _____

Does your child have the opportunity to play with children his/her own age? _____

Please list siblings: _____

Has your child been in a school setting before? If so please explain... _____

Are both parents living at home? _____ Do grandparents live at home? _____

Do you have any pets? _____

What holidays do you observe? _____

Is your child speaking at a pace you are comfortable with? _____

Is there anything additional you feel we should know about your child: _____

Snack & Lunch Agreement

Breakfast/Snacks/Lunch will be served at Kidtastic. Parents are responsible for providing healthy nutritious meals. All food and beverages must be transported and stored in an insulated lunch carrier and/or thermos. Children are not allowed to share food due to dietary restrictions and allergy concerns. For the safety and health of all our students some foods are not allowed in the school because they have the potential to become a choking hazard. Listed below are the foods not permitted in the school.

Hot dogs

Soda, glass bottles

Popcorn

Hard Candy, cough drops, gum, lollipops, caramels, or jelly beans

Whole grapes

Tree nuts, spreads, or butters

To keep snacks and lunches at the correct temperature, children's lunches must be stored in an insulated lunch bag with an ice pack. Be sure to pack a thermos for foods that need to remain hot. It is imperative to keep items cold, that must remain cold, And items hot, that must remain hot. **Kidtastic is not allowed to refrigerate, heat or make food.** Some examples of appropriate food storage containers are:



Thermos can keep food hot up to 8 hours.



Insulated Lunch bags with ice pack can keep food cold up to 8 hours



Keeps Beverages warm or cold for 8 hours

I _____, understand that I am responsible for providing Kidtastic with nutritious snacks and meals for my child. I was made aware that Kidtastic cannot warm or make food for my child to eat. Any food that I bring into Kidtastic for my child, will be stored in the manner listed in this agreement; and in accordance to Dept. of Health Regulations.

Child's Name: _____

Parent Signature: _____ Date: _____

Kidtastic Permission Slips

PERMISSION TO USE SUNSCREEN

My child, _____, may have sunscreen applied to exposed skin areas when going outside on sunny days. I will provide a sunscreen with a sun protection factor (SPF) of 15 or higher. I will label my child's sunscreen with his/her first and last name. I understand if I do not provide sunscreen none will be applied to my child (ren).

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____

PERMISSION TO APPLY DIAPER CREAM

My child, _____, may have diaper cream applied to skin areas. I will provide diaper cream for my child. I will label my child's diaper cream his/her first and last name.

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____

PERMISSION TO TAKE PHOTOS

My child, _____, may have their picture taken for entertainment purposes only. Photos will be used for display in house at the child care program, on the child care website, and in marketing materials used to promote the child care.

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____

PERMISSION TO USE TOPICAL OINTMENTS

My child, _____, may have the following topical ointments used on them.

PLEASE CHECK ALL THAT APPLY:

_____ Neosporin

_____ Triple Antibiotic Ointment

_____ Bacitracin

_____ Vaseline

_____ Alcohol Swabs

_____ Other (Please List) _____

Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____