

Kids First Early Learning Academy, LLC
2024-2025 Enrollment Form

According to the Missouri Dept. of Health, all of the following information must be filled out completely. These records will be kept on file in our office for annual state inspections.

Child's Name: _____ Sex: M or F

Birth date: _____

Address (Street, City, State, Zip): _____

Family Email: _____

Father/Guardian Name: _____

Address (Street, City, State, Zip): _____

Home Phone: _____ Cell Phone: _____

Father's Employer: _____

Business Address (Street, City, State, Zip): _____

Business Phone: _____ Hours of Employment: _____

Mother/Guardian Name: _____

Address (Street, City, State, Zip): _____

Home Phone: _____ Cell Phone: _____

Mother's Employer: _____

Business Address (Street, City, State, Zip): _____

Business Phone: _____ Hours of Employment: _____

Emergency Contact (other than parents):

Name: _____

Address (Street, City, State, Zip): _____

Phone Number: _____

Relationship: _____

Name: _____

Address (Street, City, State, Zip): _____

Phone Number: _____

Relationship: _____

Persons Authorized to Take Child From Child Care Facility:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

PLEASE COMPLETE THE BACK

To be completed by Child Care Facility

Admission Date: _____

Discharge Date: _____

Authorization for Emergency Medical Care

I understand that I will be notified in case of an accident or illness concerning my child. I will arrange for the medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize Kids First to contact the following:

Physician or Clinic:

Name: _____

Address (Street, City, State,
Zip): _____

Phone
Number: _____

Preferred Hospital:

Name: _____

Address (Street, City, State,
Zip): _____

Phone
Number: _____

Field Trips

I do () I do not () give consent for my child to take part in field trips or excursions with Kids First under proper supervision. It is my understanding that I will be notified when such trips are planned.

Agreements

- A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.
- C. I agree to the terms and conditions stated in the Kids First Handbook.
- D. I have been informed that I may request notice of whether there are any children enrolled at Kids First with an immunization exemption on file.

Parent/Legal Guardian Signature _____

Child's Health History and Current Health Problems

Any allergies, special medical conditions, including chronic health problems: _____

Any Special Medications or Restrictions _____

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the school.

Parent/Legal Guardian Signature

Date

Medical Emergency Treatment Authorization 2024-2025

Please return by the first day of school

In the event of an emergency requiring medical attention for my child, if I cannot be reached or a delay would be dangerous to my child's health, I hereby authorize Kids First to call "911" or contact my child's physician or the hospital specified on my child's enrollment form!

Child's Name (Please print): _____

Parent Name (Please print): _____

Parent Signature: _____

Date: _____

Cox Hospital is the closest hospital to our location. If immediate attention is required, we will use Cox Hospital if necessary.

In the event of an emergency, Kids First will always make every attempt to contact you. Please keep all phone numbers on file up-to-date.

Evacuation Plan

If there is an emergency situation within the building, the children will be taken to A Creative Start Center 1439 E. Lark St. (located next door to Kids Firs. The children and staff will be at this location until you or your emergency contact are notified.

If we need to evacuate the immediate area, we will take the children to Finders Keeper located at 4240 S. Fremont Ave. The children and staff will be at this location until you or your emergency contact are notified.

Kids First Early Learning Academy, LLC

Parent Agreement

2024-2025

(Please return by the first day of school.)

1. This is to acknowledge that I have received a copy of Kids First Early Learning Academy's Parent Handbook for the 2024-2025 school year. I also understand that it is my responsibility to read, understand, and become familiar with, and comply with the standards that have been established.
 2. I have paid or agree to pay an annual registration fee of \$100.00 for each child, and I understand that this \$100.00 fee is non-refundable.
 3. I understand that there are nine equal tuition payments (Sept.-May) that are due by the 1st of each month. I also understand that if my tuition payment is not received by the 15th of the month, a late fee of \$15.00 will be charged. Cash and checks are accepted. Cards can be used on the website: kidsfirstspringfield.com or at the front desk. Receipts will be sent home. Tax statements will be sent by request.
 4. Monthly tuition remains the same in instances of school closures due to inclement weather or facility emergencies.
 5. I understand that the school will be closed throughout the year for holidays and school breaks. These have been taken into consideration in the overall tuition rates and do not affect any changes in tuition. We are unable to offer make-up days.
 6. I understand that Kids First Early Learning Academy, given a 14-day notice, may change the contents of the handbook at any time.
 7. I understand that if my child stays for an extended amount of time after 4 hours in a day, they will have a nap/quiet time. An individual cot, sheet, and blanket will be provided for all children 1 year and older.
 8. I have been informed that a copy of the licensing rules for child care centers is available at Kids First for review.
 9. Kids First and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.
 10. I have been informed that I may request notice whether there are any children enrolled in Kids First with an immunization exemption on file.
 11. I have noted the Behavior Management plan and program dismissal circumstances in the handbook. Kids First is committed to providing a safe and happy environment for the children who attend.
 12. I will provide updated pertinent information for my child's file as it occurs, including but not limited to, annual physicals, updated immunizations, emergency contacts, address, phone numbers, and pertinent medical information.
 13. I agree to have an Individual Plan for Specialized Care on file if my child has an allergy or medical condition. Parents must supply snacks and lunch for children with an allergy.
- I have read and understand the above conditions, and I agree to comply with these terms.**

(Parent Signature)

(Date)