

# KinderArt Preschool and DayCare

Inspiring Confident Enthusiastic Learners!

## Infant and Toddler Application

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Days Desired M T W Th F Early Care? Y/N

Parent/Guardian #1: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address & Alternative Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address & Alternative Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

Custody-Visiting Arrangements: \_\_\_\_\_

List Siblings and their Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Members of the Household: \_\_\_\_\_

Is there anyone else who will be picking up your child? Yes No

If yes, names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been in childcare before?      Yes      No

What type? \_\_\_\_\_

Was it a positive experience? \_\_\_\_\_

### Personality/Temperament

How would you describe your child's personality/temperament? (Easy going, shy, adventurous, quiet, active, etc.)

\_\_\_\_\_

\_\_\_\_\_

What are some of your child's favorite things to play with, activities, and habits?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child need to be comforted if upset?

\_\_\_\_\_

\_\_\_\_\_

How does your child communicate if they are upset?

\_\_\_\_\_

\_\_\_\_\_

### Feeding

How does your child eat? Bottle? Spoon? Fork? Hands?

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What types of food, if any, does your child eat?

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Are there any food restrictions? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any known allergies? Yes No

If so, please explain: \_\_\_\_\_

Are you concerned that your child may be prone to any type of allergies?

Yes No

If yes, please explain: \_\_\_\_\_

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### Sleeping

How many hours does your child typically sleep? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

What time does your child wake up in the morning?

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What time does your child typically nap? \_\_\_\_\_

Does your child have any naptime rituals? (Pacifier, etc.) \_\_\_\_\_

### Diapering/Toileting

Does your child wear diapers or pull-ups? \_\_\_\_\_

How many times a day does your child typically get changed?

\_\_\_\_\_

What is your diaper procedure at home? (Changing table, bathroom, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Health and Development History

Does your child have any medical conditions which KinderArt should be made aware of? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any diagnosed speech, hearing or visual problems?

Yes No

If yes, please explain: \_\_\_\_\_

Do you have any concerns regarding specific areas of your child's development?

Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have:

Frequent colds?	Yes	No
Earaches?	Yes	No
Stomachaches?	Yes	No
Sore Throats?	Yes	No
Fevers?	Yes	No
Constipation?	Yes	No
Convulsions?	Yes	No
Diarrhea?	Yes	No
Fainting Spells?	Yes	No
Skin Rash?	Yes	No
Stomach Upsets?	Yes	No
Urinary Problems?	Yes	No
Asthma?	Yes	No
Diabetes?	Yes	No

Heart Disease? Yes No  
Hepatitis? Yes No

Are there any special medical, physical or emotional needs or restrictions that  
KinderArt should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Age your child began to: Sit \_\_\_\_\_ Crawl \_\_\_\_\_ Walk \_\_\_\_\_  
Talk \_\_\_\_\_ Any difficulties with speech? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child had experience playing with other children? Yes No

If yes, where? \_\_\_\_\_

Have you read KinderArt's policies and procedures? Yes No

Do you have any specific concerns? Yes No

If yes, what? \_\_\_\_\_

How did you hear about KinderArt? \_\_\_\_\_

Pricing:

Frequency	Sweet Peas Weekly Fee	Little Lambs Weekly Fee
1 Day	\$65.00	\$58.00
2 Days	\$130.00	\$116.00
3 Days	\$195.00	\$174.00
4 Days	\$260.00	\$232.00
5 Days	\$325.00	\$290.00

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Person to be notified in case of emergency:

Parent/Guardian: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

## Persons authorized to pick up your child:

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I authorize KinderArt to seek medical attention for my child, \_\_\_\_\_

Special Considerations: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Hospital Preference: \_\_\_\_\_

I understand that all changes to this document must be made in person. Pick up MAY NOT be changed over the phone, through email or fax. I further understand that changes to pick up schedule need to be made at least 24 hours prior to alternate pick up.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Revision Date(s): \_\_\_\_\_

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## Handbook Sign-off

I have read the KinderArt Infant/Toddler handbook and agree to follow KinderArt policies which include but are not limited to the following:

initial

- \_\_\_\_\_ My tuition is payable on the 1st of each month prior to services for monthly payments and on the first day of care each week for weekly payments, whether or not a bill is received. I understand there is a 10% late fee assessed to my bill for any late payments received, and that services may be suspended if payment is not received.
- \_\_\_\_\_ My child will be kept home from school if they are experiencing fever, vomiting or diarrhea, and will remain at home for a full 24 hours until they are symptom free without medication. They will also be kept home for the first 24 hours after beginning an antibiotic.
- \_\_\_\_\_ KinderArt does not allow peanut or tree nut products on the premises. I agree to refrain from sending such products to school with my child.
- \_\_\_\_\_ KinderArt does not allow the substitution of non-scheduled days for scheduled days. If I need to send my child on an unscheduled day, I understand there will be a charge for the added day. If I keep my child home for any reason, I understand there will be no deduction for the missed day.
- \_\_\_\_\_ KinderArt's Infant/Toddler program ends at 5:30pm. I understand that I must have my child picked up and out of the building by the appropriate time. I understand there is a charge of \$2.50 per minute which will be assessed to my bill in the event that my child is picked up late.
- \_\_\_\_\_ KinderArt requires a two week written notice if I wish to withdraw my child from the Infant/Toddler program. I understand that if proper notice is not given, I will be responsible for the entire 2 weeks tuition rate.
- \_\_\_\_\_ I understand that KinderArt staff are prohibited from babysitting KinderArt students and/or their siblings, and agree not to request such services..
- \_\_\_\_\_ I am aware that KinderArt will send bills and correspondence via mail, handouts, or electronically. I understand that I am responsible for information received via mail, handouts, or email.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Infant/Toddler Permission Slip

At KinderArt, we take lots and lots and lots of photos. Some of these are used for projects, some for the slide show at graduation, some for KinderArt's website, Facebook page, and some just for fun!

I give KinderArt permission to photograph my child and display these photographs in the following manner: (Place a check for all that apply)  
in classroom displays \_\_\_\_\_ for publicity purposes \_\_\_\_\_  
in the slideshow \_\_\_\_\_ on Facebook \_\_\_\_\_ on the website \_\_\_\_\_

No matter what the use, children will not be identified in the photos.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# KinderArt Preschool and Daycare

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## Infant/Toddler Preadmissions Record

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

(H) \_\_\_\_\_ (H) \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

(OTHER) \_\_\_\_\_ (OTHER) \_\_\_\_\_

- Background Information Sheet
- Handbook Sign off
- Permission Slip
- Physical Form with Immunizations
- Emergency Information Sheet
- Copy of Birth Certificate
- \$75.00 Registration Fee

.....  
(for office use only)

Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Days Enrolled:      M      T      W      Th      F

Early Morning Care? Yes No

Deposit Amount: \_\_\_\_\_ Discount (if any): \_\_\_\_\_

Date: \_\_\_\_\_ Weekly Tuition Rate: \_\_\_\_\_

Admin Signature: \_\_\_\_\_

