

KIDVILLE-KOVAR

APPLICATION ACCURACY AND AGREEMENT & FAMILY HANDBOOK AGREEMENT SIGNATURE PAGE

LIABILITY WAIVER

I hereby certify that my child is in good health and without disabilities that would limit their participation in all activities conducted by Kidville-Kovar CDC.

I understand that KKCDC will not assume any responsibility or liability for personal injury or damages incurred while my child is in licensed group care. I further understand to contact my insurance provider for the cost of any resulting medical expense.

In the event KKCDC Staff is unable to reach a parent, guardian, or any emergency contact, I hold the KKCDC staff harmless while obtaining medical attention for my child. In case of an emergency, I hereby give permission for my child to be transported to the nearest hospital for treatment. I further authorize any of the staff or employees to provide for, approve and authorize health care at the hospital. As the parent/guardian, I authorize the center to obtain medical attention for my child in an emergency.

I've read the above and agree to perform my responsibilities as outlined. *

PHOTO RELEASE

I hereby grant and authorize KKCDC the right to take, edit, copy, publish, distribute, and make use of any, and all, pictures or video of my child to be used in and/or for legally promotional materials and digital communications. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of the Center and will not be returned.

I've read the above & agree *

CANCELLATION & REFUNDS

We understand plans change. We will gladly issue a full refund for the enrollment and application fee for any cancellation requests received more than 14 days before the enrollment date.

I've read the above & agree *

ADMINISTRATOR'S AGREEMENT TO TRANSPORT IN CASE OF EMERGENCY

As the operator of this facility, I do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

PERMISSION TO TRANSPORT FROM AND TO HOME/SCHOOL AND IN CASE OF EMERGENCY

As Parent/Guardian, I give permission for my child to participate with Kidville-Kovar in the following activities:

> Trips in the company van/mini-bus (staff-owned vehicles are only used in cases of emergency) with certified drivers as indicated in their onsite staff files.

> Travel to and from local elementary, charter, Head Start, and Pre-K sites daily for Before & After School Enrichment at KKCDC. Schools include but are not limited to the following: Albemarle, Alliance for Children Head Start Sites: Bethlehem, McAlpine Park, Oakhurst, Stephanie Jennings; Billingsville, Briarwood, Devonshire, Druid Hills, Eastover, First Ward, Hickory Grove, Hidden Valley, J. H. Gunn, J.W. Grier, KIPP Charter, Lawrence Orr, Morehead, Newell, Oaklawn, Veritas Charter, and Winterfield.

> Travel to and from home as requested by families (fee-based).

> As needed in situations deemed an emergency by the Center Director.

> Field Trips away from the facility (permission given for each trip as notified).

Note: This is a Blanket Permission for ALL Given activities (except Field Trips). Authorization is valid for one year from the date authorized.

I've read the above and agree - see date of agreement on last line below. *

Permission to Transport From and To Home/School *

PERMISSION TO PARTICIPATE IN PLANNED ACTIVITIES OUTSIDE THE FENCED AREA - SEE NOTE BELOW*

Our children participate in a variety of activities outside the fenced area including nature observations and fire drills. However, we must have your permission to be able to take them outside of the fenced area for any reason, even as part of routine program activities. Please answer with one of the following responses.

POLICIES REVIEWED PRIOR TO ENROLLMENT

I was informed that the Center's policies and Addendums are posted on the Website at www.kidvillekovarclt.com. I reviewed them there or onsite prior to enrollment. I have had ample time to ask questions and gain clarification. Specifically, the following policies were reviewed with me by the Director or her designee:

1. Discipline and Behavior Management (4 pp).
2. Emergency Medical Plan
3. Emergency Preparedness and Response Plan
4. ITSIDS: Infant-Toddler Sudden Infant Death Syndrome Policy, students less than 2-years old
5. Maltreatment and Shaken Baby Syndrome & Abusive Head Trauma (3pp)
6. Provider Information for Parents and Summary of Child Care Law
7. 100% Tobacco-Free Policy for North Carolina Child Care Facilities (3pp)

I understand that the directors and owners are available to me at any time for questions about the Handbook, Policies, Information, or Addendums. Also, I understand that I can ask questions anytime about the program, and/or my child's care and development. I further understand that I will be notified of Handbook changes and that I can review a fully revised copy of the Handbook on the website or in the facility lobby.

I do hereby state that I have read and have access to a copy of the facility's 4-Part Discipline and Behavior Management Policy, Emergency Medical Plan, Emergency Preparedness and Response Plan, ITSIDS Policy, Maltreatment and Shaken Baby Syndrome & Abusive Head Trauma Policy and that the facility's director/operator (or other designated staff) has discussed these policies with me prior to enrollment. *

AGREEMENT TO ABIDE BY POLICIES

I agree to abide within these policies except for the written exceptions that I have brought forward to the Director. Any agreed exception different from the pre-published Family Handbook has been signed by both the director and the parent/guardian. One signed copy is issued to the parent/guardian, and a second copy is kept in the child's file for record.

I've read the above and agree. *

TUITION AND OTHER FEES

I understand that tuition fees are due on Fridays, PRIOR to services being rendered. I agree to fulfill my financial obligations as well as the requirement for timely drop-off/pick-up daily, and when children are sick and in emergencies.

Kidville Kovar staff will engage with families in a professional, respectful, open, and honest manner. The staff expects the same professional, respectful, open, and honest interaction from families. If for some reason families are not able to interact in this way, please make alternate care arrangements for your child as kindness is a cornerstone of our values.

I've read the above and agree to perform my responsibilities as outlined. *

MANDATORY REPORTERS - ALL KKCDC STAFF

I understand that all Child Care Professionals are mandatory reporters regarding facts presented to them verbally, visually, or in another manner. I will provide routine care and basic needs for my child and will openly communicate about my child's health, safety, and well-being. I will request or cooperate with additional support needed in any area for my child's success.

I've read the above and agree to perform my responsibilities as outlined. *

SUPPORTING CHILD'S EDUCATIONAL SUCCESS

I will fully support my child's Educational Success by reading/recording at least 100 books read during the school-year, securing a library card, creating an in-home library, completing daily R2K interaction activities with my child, visiting/supporting the school a minimum of 4 times per school-year, attending 1-2 Parent Workshops, engaging in Weekly Lesson Plans, attending conferences, providing feedback about the program, and participating in the PTA to assure the school meets its goals.

I've read the above and agree to perform my responsibilities as outlined. *

FOR CHILDREN UNDER 2 ONLY: ITSIDS COOPERATION AT HOME

We encourage families to follow the safe sleep practices at home for consistency and safety.

EMERGENCY MEDICAL CARE AUTHORIZATION

Medical attention authorization.

I authorize the center to obtain medical attention for my child in an emergency. *

MEDICAL HISTORY - COMPLETED BY PARENT

My checkbox and signature indicate that the information provided about my child's medical history is complete and accurate.

The medical history that I completed is accurate and true. *

ATTACHMENT #5 - APPLICATION AND FAMILY HANDBOOK AGREEMENT SIGNATURE PAGE

Step #1 - Prior to finalizing your application, make certain that you have Adobe Reader so that you can E-sign. If so, proceed to Step #2. If not, please download a "free" version of Adobe Reader by clicking this link: <https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html>

Step #2 - To finalize your application, please go to Kidville-Kovar's website's Enrollment Page @ [Application Accuracy and Family Handbook Agreement Signature Page](#).

1. Download the document.
2. Once it is downloaded, E-sign it.
3. Save the Signed Document to your computer

Step #3 - Upload the E-signed copy below.

ATTACHMENT #5 - APPLICATION AND FAMILY HANDBOOK AGREEMENT SIGNATURE PAGE - REQUIRED!!*

UPLOAD FILE

Parent/Guardian Signature: _____ Date Application Completed: _____

Administrator Signature: _____ Date Signed: _____

Planned Date of Enrollment: _____ Actual Date of Enrollment: _____