



KANDYLAND KIDS INC.,
4945 BEACH RIDGE ROAD
&
6476 MAIN ROAD
LOCKPORT, NY 14094
PHONE: 716-625-9400
FAX: 625-9457



Child Information and Enrollment Form:

Date: _____

Name: _____

Address: _____

Date of Birth: _____ Age Upon Enrollment: _____

Male/Female: _____ Primary Language Spoken: _____

Parents / Guardians Information

Name: _____ Relationship _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Employed at _____

Address _____

Name: _____ Relationship _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Employed at _____

Address _____

Name: _____

Date: _____

Weekly Attendance

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

Please initial if your child is a School Ager and will need all day care on days off.

_____ Yes, my child will need all day care on days off

All contacts listed in the Emergency Data section from the Day Care Registration Form and the Additional Authorized Pick Up List, will be allowed to pick up your child in the event of an emergency, illness, or other circumstance that warrants pick up.

Additional Authorized Pick-Up List

Relationship	Contact Name	Telephone # During Child Care	Other Telephone #

I hereby authorize the above following people to pick up my child from Kandyland Kids Inc. in addition to the ones listed on the Day Care Registration Form in the Emergency Data section.

Parent Signature X _____ Date _____

1. Medical Information:

Physician Name: _____

Address: _____

Phone #: _____

Name: _____

Date: _____

2. Emergency Care:

If you would like to designate a medical facility for your child to be taken to in case of an emergency, please list it below. If no hospital is listed, or if your child's medical condition warrants it, the nearest medical facility will be used.

* I hereby authorize Kandyland Kids Inc., to take my child to his/her primary physician or emergency room for treatment in the event of an emergency in which neither parent/guardian can be reached. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent. In the event of an emergency, I hereby authorize Kandyland Kids Inc., to transfer my child's health records to the medical facility used.

Preferred Medical Facility: _____

Address: _____

Phone #: _____

Parent Signature X _____

Date _____

3. First Aid :

* I hereby authorize Kandyland Kids Inc., to provide any first aid care if deemed necessary for my child. (This includes the use of Neosporin as stated in the Parent Handbook.)

Parent Signature X _____

Date _____

4. Allergies: (Please list any and all)

6. Is your child on any Medications? _____ Yes If yes, please list medication and reason:

Name: _____

Date: _____

7. Please list any special instructions or special needs that your child may have and we need to be aware of.

Example: Diet Restrictions, Medical Conditions, etc.

8. All About Me!

Please answering the following questions so we may get to know your child better. If the question does not pertain to your child due to their age, please mark N/A

Does your child have any siblings? (Please list name and ages)

Does your child have any pets? _____

Has your child been in daycare/preschool before? _____

Have they been around peers their age before? _____

How do they interact with children their own age? _____

Does your child have any fears such as: Loud noises? _____ The dark? _____

Other adults/strangers: _____ Storms? _____ Anything else? _____

At what age did you child begin: Sitting _____ Crawling _____ Walking _____

Talking _____ Any speech difficulties? _____ Can your child catch a ball? _____

Run? _____ Does your child fall easily? _____

How much screen time does your child spend on electronics each day? Ex: TV/ Tablet/Computer/Video

Games? _____

Does your child like to: Read? _____ Listen to music? _____ Dance? _____ Play Dress up? _____

Name: _____

Date: _____

Play outside? _____ Does your child get over upset when they get dirty? _____

Does your child cut with scissors? _____ Put puzzles together? _____ Stack blocks? _____

Sort colors or shapes? _____ Use pencils/crayons/markers? _____

How far up can your child count to? _____

Does your child make eye contact while talking to you? _____

What do you and your child enjoy doing together? _____

What are your goals for your child while at Kandyland Kids? _____

How would you describe your child's personality? _____

What are there likes/dislikes, Favorite toys?

9. Do you have any concerns you would like us to be aware of?

Does your child receive any therapy services? _____ if so, with whom and what type? _____

10. Is there any references, resources, or help that we may provide for you? _____

Name: _____

Date: _____

OFFICE USE:

Date of Enrollment: _____

OFFICE NOTES:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child: _____	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary
 2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)



KANDYLAND KIDS INC.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Kandyland Kids Inc. (“the Center”) has put in place preventative measures to reduce the spread of COVID-19; however, the center cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Center could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Kandyland Kids and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Kandyland Kids employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury,



KANDYLAND KIDS INC.

disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Center or participation in Center programming (Claims”).

On my behalf, and on behalf of my children,

I hereby release, covenant not to sue, discharge, and hold harmless the Kandyland Kids Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Center program.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - o Cough (new or worsening)
 - o Shortness of breath (new or worsening)
 - o Trouble breathing (new or worsening)
 - o Fever
 - o Chills
 - o Muscle pain (new or worsening)
 - o Headache (new or worsening)
 - o Sore throat (new or worsening)
 - o New loss of taste
 - o New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature

Date

Signature

Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

Kandyland Kids Parental Media Consent, Photo/Video Release Form



We like to share pictures and videos of daily activities, field trips, and fun times that the children and parents have here at Kandyland! Please fill out the appropriate statement regarding permission to publicize you and/or your child's photos, video and name (NO addresses or phone numbers will be publicized) with Kandyland Kids:

I, _____ (parent/guardian), give Kandyland Kids Inc. permission to use my/my child _____'s name, photograph or video images including but not limited to:

- ❖ Group pictures to be shared on our Brightwheel App
- ❖ Kandyland Kids Social Media on the Internet/Web (Please note that *first names only* may be used when posting pictures on Facebook)
- ❖ Graduation slideshows/videos
- ❖ Newsletters
- ❖ Press releases/photo captions (photos/stories may appear in newspapers, magazines and/or television)
- ❖ Admissions or Promotion materials (print advertisements, brochures)
- ❖ Kandyland Kids Website
- ❖ Parent recommendation letters

Print Name: _____

Signed _____ Date: _____

OR

I, _____ (parent/guardian) DO NOT CONSENT for Kandyland Kids to use or release my/my child _____'s name, photo or video images.

Print Name: _____

Signed _____ Date: _____

If you have any questions or concerns, please do not hesitate to inquire.
Thank You, Kandyland Kids



CHILD CARE PARENT/GUARDIAN CONSENT FORM

Dear parent/guardian,

We are happy to announce that we are collaborating with Help Me Grow WNY. They have set us up with a program that allows us to complete our children's assessments online. This is the AGES AND STAGES. Please see the back for a description of our ASSESSMENTS, PARENT TEACHER CONFERENCES and SCREENINGS policy from our handbook for more information. Please see Miss Laura or Miss Nikki if you have any questions!

From Help Me Grow: Because your child's first five years are so important, we want to help your child get the best start in life. Our program offers a special resource to help your son or daughter thrive. Through a partnership with Help Me Grow WNY, we are able to provide you with the Ages & Stages Questionnaires, at no cost to you. These questionnaires can help you and our staff better understand your child and support his or her growth.

These questionnaires ask for responses about some things your child can and cannot do at this stage of development. There are no "right" or "wrong" answers. This information will help us structure the best environment for your son or daughter and work with you to track progress. The information is confidential and will only be shared with Help Me Grow WNY early childhood professionals.

If a questionnaire shows that your child is developing without concerns, we will provide some ideas about how to build upon your child's development. We will then provide the next questionnaire at the appropriate time. If a questionnaire shows some possible concerns, you will be contacted to discuss community resources that may be helpful for your family. At any time, you may reach out to us or Help Me Grow WNY with questions or concerns about your child's development.

Please write your child's name and then complete the section below (Option 1 or Option 2) that indicates if you would like to participate.

Child's First Name: _____ Child's Last Name: _____

OPTION 1:

_____ I do wish to have my child participate in the developmental monitoring program. I understand that the staff of this child care program may complete the Ages & Stages Questionnaires (ASQ-3 and/or ASQ:SE-2) about my child's development or that they may request that a parent/guardian does.

Parent/Guardian Signature: _____ Today's Date: _____

Child's Date of Birth (mo/day/yr): _____

Weeks Premature (if applicable): _____

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Mailing Address of Parent/Guardian: _____

Preferred Phone Number of Parent/Guardian: _____

E-mail Address of Parent/Guardian: _____

I prefer to be contacted by: E-mail Phone Mail

OPTION 2:

_____ I do not wish to have my child participate.

Parent/Guardian Signature: _____ Today's Date: _____

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of _____
Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY	
CACFP Agreement # _____	
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>	
Total Household Income \$ _____	
Free _____ Reduced _____ Paid _____	
Date of Determination _____	
Signature of Center Staff _____	

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

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 DATE _____

USDA is an equal opportunity provider and employer.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.

Kandyland Kids Enrollment Agreement

Kandyland Kids Inc. at 4945 Beach Ridge Rd and 6476 Main Rd, Lockport, NY 14094 shall provide care for the child(ren) being enrolled.

Parent/Guardian/Responsible Party _____
(Name of person enrolling child who takes responsibility of payments) (Relationship to child)

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Secondary Parent/Guardian/Responsible Party _____
(Name of 2nd person taking responsibility of payments) (Relationship to child)

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

CHILD (REN) NAMES/ SCHEDULED DAYS:

_____ (DOB) _____ M T W TH F Time: between _____ & _____

_____ (DOB) _____ M T W TH F Time: between _____ & _____

_____ (DOB) _____ M T W TH F Time: between _____ & _____

If your child is a School Ager, will you require care on days Starpoint Central Schools are closed?
_____ (Please note that you will be billed for these days unless a change of service form is submitted at least two weeks in advanced.)

TUITION AND FEES

- ◆ A non-refundable annual registration fee of \$30 per child shall be paid upon initial enrollment and re-enrollment for the new calendar school year (year begins September 1st until August 31st of the current year). If a child is withdrawn for any reason it is understood that a non-refundable re-registration fee shall be paid upon re-enrollment.
- ◆ Upon enrollment, the \$30 registration fee, a non-refundable first week's and last week's tuition is due per child in order for your child to start (See provisions on last week's tuition below).
- ◆ Monthly invoices will be emailed before the 1st of every month to the designated email address provided on the enrollment agreement.
- ◆ Weekly Tuition Payments are due 1 week in advance by the Friday before the following (current) week.
Bi-Weekly payments are due in advanced by the Friday 2 weeks before the start of the current week of attendance. All tuition for the month must be paid in full by the 2nd to last Friday before the start of the following week.
Monthly Tuition Payments are due no later than the Friday before the start of the new billing period.
- ◆ A late payment fee of **\$5 PER DAY** will be charged for any payments made past the tuition due date. Each account **MUST** be paid in advance of care to be in good standing. If services are terminated due to lack of payment, you will still be responsible for 2 weeks tuition beginning on the termination date.
- ◆ The paid last week's tuition will be used for 1 week of the last 2 week's tuition due the child is enrolled only when a two-week termination notice is given. The last week's tuition will be forfeited if a child's tuition becomes overdue and a child/ren may not return to daycare until

the last week's tuition is replenished. If services are terminated by Kandyland Kids, the last weeks tuition will be forfeited and you will still be responsible for 1 weeks' worth of tuition as per agreement.

- ◆ Tuition is determined by this agreement (see current price sheet for tuition rates).
- ◆ There are no refunds for any absences, including but not limited to: holidays, sick days, snow days, inclement weather, time out days, power outages, pandemics, mandatory closings, or any days the center may be closed due to safety concerns, hazards, or issues. Full tuition is due each week.
- ◆ A "Change of Service" must be completed if your child is to be absent or requires additional days.
- ◆ Vacation days. You must be enrolled for at least 90 days and tuition must be paid up-to-date before vacation time may be used. You must give a two-week notice if you wish to use vacation time or you will be charged for that week. Vacation days must be taken in one-week increments. Vacation time is equal to 2 days per day a week your child attends. Maximum 10 days. Vacation time does not apply to School Age children.
 - ◆ 10 Hour policy- If your child is in our care for 10 hours or more, you must provide a dinner and there is an additional charge of \$6.00/hour for Infants/Toddlers and \$5.00/ hour for Pre-K/School Agers that will be added.
- ◆ There will be a \$1.00 a minute charge per child due for every minute after 6:00 p.m. that your child is here. Payment is due at the time of pick-up.
- ◆ There will be a \$40 charge for returned checks. Your child may not attend until tuition is current.
- ◆ Any charges not covered by DSS (Department of Social Services), or any other tuition assistant program, will be billed to the parent/guardian/responsibly party and you will be responsible for payment in full.
- ◆ The Parent/Guardian/Responsible party will be responsible for any additional costs, service fees, court costs, or attorney fees resulting in unpaid tuition and fees and/or any court issues that may arise in regards to Kandyland Kids and/or its staff.

TERMINATION OF ENROLLMENT

Enrollment shall be terminated if any one or more of the following occur:

- ◆ The parents deem it necessary to terminate enrollment and has given two weeks written notice to the Administration. (Account will be charged for 2 weeks if a 2 weeks notice has not been received in writing.) There will be NO exceptions.
- ◆ The parent or guardians of the child(ren) allow their account to become delinquent.
- ◆ Failure to provide the required forms for enrollment.
- ◆ Non-compliance with policies and procedures.
- ◆ Consistently bringing sick child(ren) to care.
- ◆ The center determines that it is unable to meet the individual needs of the child or it is the best interest of the center or other children for them not to be in attendance. (This will be determined after consultation. See handbook.)
- ◆ Failure of the child's parents or guardians to cooperate with the center on issues related to the child(ren), which the center determines is serious enough to warrant termination.
- ◆ Any conflict of interest that may cause interference or harm to Kandyland Kids Inc.

MODIFICATION CLAUSE OF ENROLLMENT AGREEMENT

This agreement may be modified whenever any of the circumstances covered by this agreement change. Such modifications will be made in writing, and must be signed and dated by the parties involved in order to be binding and effective.

AGREEMENT

For services listed in this agreement and in accordance with the terms of the parent handbook, I agree to pay Kandyland Kids Inc. the amount of \$ _____ per week or other invoiced amount should I require additional days, late fees, or other necessary fees.

We take full responsibility for tuition and fees owed to Kandyland Kids Inc. and agree to pay (Please initial one)

_____ Weekly _____ Bi-Weekly _____ Monthly

Acknowledgement

My signature below indicates that I have read and understood the enrollment agreement and parent handbook. I agree to abide by the policies and procedures of the center and to perform the obligations of parents/guardians/responsibly party. I have had this material explained to me and all my questions have been satisfactorily answered.

Please Print and Sign below:

Parent/Guardian Print: _____

Email where invoices are to be sent: _____

Parent/Guardian Signature: _____

Date: _____

Secondary Parent/Guardian Print: _____

Email where invoices are to be sent: _____

Parent/Guardian Signature: _____

Date: _____

Business Manager/Director _____ Date _____

Revised 07/10/2020

New Rates: Effective 09/01/2020

Infant

Ages 6 weeks to 18 months	
Two days	\$110.00
Three days	\$164.00
Four days	\$218.00
Full week	\$260.00

Toddler

18 months to 3 years	
Two days	\$106.00
Three days	\$158.00
Four days	\$210.00
Full week	\$255.00

Pre-K

Ages 3 years to 5 years	
Two days	\$104.00
Three days	\$154.00
Four days	\$206.00
Full week	\$245.00

School Age

Ages 5 years to 12 years	
ALL DAY	
Two days	\$96.00
Three days	\$144.00
Four days	\$190.00
Full week	\$235.00

**School Age
Before School
OR
After School**

Ages 5 to 12	
Two day Before Only	\$32.00
Three day Before Only	\$48.00
Four day Before Only	\$64.00
Five day Before Only	\$80.00

School Age Before & After School

Ages 5 to 12	
Two day Before & After	\$50.00
Three day Before & After	\$75.00
Four day Before & After	\$100.00
Five day Before & After	\$125.00

UPK PROGRAM (Starpoint Lottery)

Ext. Care 2 1/2 or less hrs	\$18.00
Ext. Care 2 1/2 to 5 Hrs	\$29.00
Part Time (4 Days or Less)	\$38.00
Full Week	\$185.00
UPK PROGRAM ONLY	\$24.00

*UPK Extended Care past 3:30 is consider Part Time @\$38/day.

Minimum of 2 days a week per child.

For vacation time, please refer to the Enrollment Agreement. You must be enrolled for at least 90 days and tuition must be paid up-to-date before time may be used. You must use a FULL week at a time. We require 2 weeks' notice. (Submit Form

We are closed:

New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving & Christmas -

You are still responsible for tuition even if those days fall on your scheduled days.

(See parent handbook agreement for observed holidays.)

You will still be billed and responsible for tuition even if your child does not attend. This includes (and is not limited to) sick days, snow days, inclement weather, time out days, power outages, pandemics, and any days the center may be closed due to safety issues or concerns.

We offer a discount for 2 or more siblings that attend 5 days a week / full day only.