

KIDS CARE PLUS, INC.

20861 Wilbeam Avenue, Suite 5 Castro Valley, CA 94546

Main #: 510/538-7577 Fax: 510/538-7297 Email: admin@kidscareplus.net

****Billing**** Phone: 510/538-5130 Email: billing@kidscareplus.net

Dear Parent:

Thank you for your interest in enrolling your child/ren in our school year program. Enclosed are the forms needed to complete the registration process. **All registration must be completed through our main office before your child is considered registered.** Make sure to complete both sides of the forms, especially the emergency card. Please use **PEN, PRINT CLEARLY, and SIGN where appropriate**, to ensure the safety and quality of care for your child/ren.

To complete your child's registration, please follow these 3 simple steps:

1. Parents of **new students** must complete an application, emergency card, and a health history form. The fee schedule/parent work sheet has been included as a reminder. **Mail or drop off the completed forms to the Kids Care Plus Office: 20861 Wilbeam Ave, Suite 5, Castro Valley CA 94546 along with a check of \$40 for the Registration fee.** Please return the forms to the office no later than **August 20th.**
2. If all of the above paperwork has been completed and the \$40 registration fee has been turned in to the office, we will mail a confirmation letter to your home address.
3. Make your September payment by the **August 25th due date.**

Because the staff ratio must be higher during peak enrollment periods, the fee schedule reflects a higher rate per hour for students attending 12 hours or less per week. The monthly-prorated amount is less per hour than the extra hours fee. Prorating the fees over the entire school year allows your monthly payment amount to remain the same, and allows us not to charge extra for childcare during breaks and teacher workdays.

Welcome to our family of students, parents, and staff! We encourage you to communicate your ideas, comments, and concerns at any time. Working together, we will continue to make Kids Care Plus the most positive, caring, enjoyable program in Castro Valley!

Thank you,
Kids Care Plus

CURRENT DATE	START DATE	<input type="checkbox"/> NEW STUDENT	<input type="checkbox"/> RETURNING STUDENT	FAMILY ID #	GRADE (as of Sept 1st)	CHABOT
LAST NAME		FIRST NAME		D.O.B	AGE (as of Sept. 1st)	PRIMETIME
ADDRESS		CITY	ZIP CODE	HOME #		STANTON
Name of previous school child attended				Does your child have an IEP? [YES] or [NO] If YES, please provide a copy to KCP for our records.		KCP REC'D
PARENT'S / LEGAL GUARDIAN'S INFORMATION						
PARENT/GUARDIAN 1 NAME	CELL #	PARENT/GUARDIAN 2 NAME		CELL #	Are there court custody papers in place? [YES] or [NO] If YES, please provide a copy for our records.	
ADDRESS (if different)	HOME #	ADDRESS (if different)		HOME #		
COMPANY NAME & LOCATION	WORK #	COMPANY NAME & LOCATION		WORK #		
EMAIL		EMAIL				

PERSON(S) RESPONSIBLE FOR CHILD:

PERSON(S) FINANCIALLY RESPONSIBLE FOR CHILD:

SCHEDULE INFORMATION						
	MON	TUES	WED	THUR	FRI	HRS PER WK
DROP-OFF TIME						
SCHOOL SCHEDULE						
PICK-UP TIME						

TOTAL NUMBER OF HOURS ARE ROUNDED UP TO THE NEXT 1/2 HOUR

[] SPLIT BILLS: We would like separate bills sent to each parent at their respective home address. **Both parents signatures are required for spit bills.** Please split our monthly bill as follows: _____

FATHER'S SIGNATURE		DATE	MOTHER'S SIGNATURE		DATE
*****FOR KCP USE ONLY*****					
CALCULATION	DATED REGISTERED	1ST DAY OF ATTENDANCE		HRS PER WEEK:	
REGULAR MONTHLY FEE:	DISCOUNTS:	[Sibling] [Educator] [CVUSD Employee] [Military] [Financial Aide] [other]			TOTAL \$:
ANNUAL APPLICATION FEE [\$30] Additional applications [\$20]	ANNUAL REGISTRATION FEE [\$40] Additional registrations [\$25]	1ST PAYMENT:	TOTAL \$:	MONTHLY TUITION DUE DATE:	
METHOD OF PAYMENT					
CASH \$	CHECK #	CHECK DATE	CHECK \$	OTHER:	STAFF INITIAL DATE:

Monthly payment amounts remain the same. Extra hours are calculated to the next hour and are charged at \$14.00 per hour.

All health and registration forms must be on file BEFORE your child will be allowed to attend the program. Please include a \$40.00 Registration Fee for the first child in your family, and a \$20.00 Registration Fee for each additional child. We are unable to process this application without this payment.

*Tuition is due on the 15th of the month, 2wks prior to the month of service.

Payments received after the 20th of the month are subject to a \$20 late fee.

February 15th is the last day to DECREASE hours.

Name of Parent or Legal Guardian's (print)

Signature of Parent or Legal Guardian's

Date

PARENTAL CONSENT

SIGNED DURING REGISTRATION

CARE GIVER BACKGROUND CHECK PROCESS, PARENT'S RIGHTS, and PERSONAL RIGHTS NOTICE RECEIPTS (Copies of forms are provided at the end of the Parent Handbook)

The California Department of Social Services, Community Care Licensing, requires acknowledgment that you have received the **Care Giver Background Check Process**, **Parent's Rights**, and the **Personal Rights** notices as part of the enrollment process. Your copies of these forms are located in your Parent Handbook, given to you during the registration interview.

This acknowledges that I/we, the parents of _____, have received a copy of the Parent's Rights Notice, Care Giver Background Check Process, and the Personal Rights Notice from an authorized representative of Kids Care Plus. **Parent(s)/Guardian(s) Initial** _____

WALKING/SITE FIELD TRIP AUTHORIZATION

_____ has my permission to participate in scheduled field trip activities. I understand that I may be informed of scheduled field trips and activities held away from the site by a newsletter, a flyer, and/or bulletin board notices. In addition, I also grant permission for the authorized staff of Kids Care Plus to include my child in occasional walks in the neighborhood. I reserve the right to keep my child home on scheduled field trip days if I so choose. I understand that should I choose to keep my child(ren) home, I am still obligated to pay for scheduled child care whether or not my child attends the program. **Parent(s)/Guardian(s) Initial** _____

WATER PLAY/SWIMMING PERMISSION

1) My child _____ [CAN] (Beginner - Intermediate - Advance) or [CAN NOT] swim.

2) I, _____ (PARENT'S OR GUARDIAN'S NAME), agree to allow my child to play and/or swim in the INFLATABLE ABOVE GROUND KIDDIES/WADING POOL while in the care and under supervision of KIDS CARE PLUS. **Parent(s)/Guardian(s) Initial** _____

This form is required for wading pools/other similar water-play areas, in ground, above ground pools or natural swimming area.

PHOTOGRAPHY, MEDIA COVERAGE, WEBSITE

I hereby authorize for my child _____ to be:

*Photographed (for KIDS CARE PLUS use only). *Participate in media coverage (videotape/photographs/interviews)

*Website usage (following the guidelines above) **Parent(s)/Guardian(s) Initial** _____

MOVIE TIME

My child _____ has permission to watch PG movies while attending Kids Care Plus. **Parent(s)/Guardian(s) Initial** _____

INTERNET USAGE

Student User Agreement : As a user of the Kids Care Plus computer network, I hereby agree to comply with the statements and expectations outlined in the Acceptable Use Guidelines for Electronic Devices and Information Systems: E-Mail, Networks, and Internet and to honor all relevant laws and restrictions.

Student Name _____ Student Signature _____ Date _____

Parent/Guardian Permission: I have reviewed the Kids Care Plus Procedure "Acceptable Use Guidelines for Electronic Devices and Information Systems: E-Mail, Networks, and Internet, and give permission for my student to use Kids Care Plus electronic resources, including the internet.

Print Name of Parent or Legal Guardian's _____ Signature of Parent or Legal Guardian's _____ Date _____

Name of of KCP staff (print) _____ Signature of KCP Staff _____ Date _____

LAST NAME		FIRST NAME		D.O.B		AGE (As of Sept 1st)		KCP USE ONLY
STREET ADDRESS CITY ZIP CODE				HOME PHONE ()		GRADE (As of Sept 1st)		
PARENT/GUARDIAN 1 NAME				PARENT/GUARDIAN 2 NAME				ANY ALLERGIES?
ADDRESS (if different)				ADDRESS (if different)				
HOME PHONE (if different)		CELL PHONE ()		HOME PHONE (if different)		CELL PHONE ()		ANY MEDICATIONS?
EMAIL				EMAIL				
PLACE OF EMPLOYMENT				PLACE OF EMPLOYMENT				OTHER?
WORK #		ALTERNATE#		WORK #		ALTERNATE#		

PLEASE LIST SIBLING(S) INFORMATION

NAME	AGE	GRADE	PHONE # (if applicable)	CVUSD STUDENT

PERSON(S) RESPONSIBLE FOR CHILD:

Please list a person in another state, or who lives 100 to 500 miles away, as a MUTUAL CONTACT PERSON, in case of a major disaster and we are unable to communicate with one another locally via phone.

NAME	PHONE #	ADDRESS	RELATIONSHIP
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Name of persons authorized to take child from the facility MUST PRESENT GOVERNMENT ISSUED IDENTIFICATION CARD UPON PICKING UP YOUR CHILD. Your child will not be allowed to leave with any other person without PRIOR written authorization from parent(s) or legal guardian(s).

WE CANNOT ACCEPT AUTHORIZATION BY PHONE FOR YOUR CHILD TO BE PICKED UP BY ANYONE WHO IS NOT ON THIS LIST, EVEN IN CASE OF AN EMERGENCY.

INDIVIDUALS YOU HAVE GIVEN PERMISSION TO PICK UP YOUR CHILD MAY BE CALLED IN AN EMERGENCY.

Please list them in the order you wish for them to be called.

NAME	PHONE #	ADDRESS	RELATIONSHIP
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Medical History:

Does he/she have any allergies to medications, food, etc? **YES NO (please circle)** If YES, Please _____

Does he/she currently take any prescription medications? **YES NO (please circle)** If YES, Please list them and the possible side effects. _____

Does he/she carry an inhaler for asthma? **YES NO (please circle)** LIC 9166 Rec'd with doctor's note. Y/N Date: _____

Does he/she use a Nebulizer? **YES NO (please circle)**

Does he/she carry an Epi-pen for allergies? **YES NO (please circle)** If YES, Please list: _____

Does he/she have any chronic health concerns? **YES NO (please circle)** If YES, Please list: _____

Has his/her physical activity been restricted during the past five years? Please explain: _____

PHYSICIAN and DENTIST to be called in an EMERGENCY:

Physician's Name Telephone Address

Dentist's Name Telephone Address

Health Care Provider: _____ Policy Number: _____

Name of Policyholder: _____ Is your policy a: HMO or PPO (Please circle)

Permission to Secure Treatment

The undersigned, as parent/legal guardian of the child registered on this form, hereby authorizes Kids Care Plus and its delegated staff to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, staff will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that Kids Care Plus and its designated staff are not legally or financially liable for any claim arising from any such consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to Kids Care Plus in connection with any authorized daily activity or event.

Name of Parent or Legal Guardian's (print) Signature of Parent or Legal Guardian's Date

Cell Phone Use:

I, the parent of the student named below, hereby authorize my child to use a cell phone at school.

I acknowledge that Kids Care Plus, its employees and assigns shall not be responsible for use, damage, the loss and/or theft of any cell phone or other personal electronic device which my child brings to or possesses at Kids Care Plus.

I understand that use of the cell phone will be allowed only during designated hours and in designated places.

Use of the cell phone or electronic device in an unauthorized place and/or manner will result in:

- 1. First Infraction: Student shall receive a warning.
- 2. Second Infraction: The device shall be confiscated for the day and be held in the office. It shall be returned to the student at the end of the school day once his or her parent is contacted.
- 3. Third Infraction: This privilage will be revoked

Student Name Student's Signature Cell Phone (Optional)

Name of Parent or Legal Guardian's (print) Signature of Parent or Legal Guardian's Date

