

Super Kidz Club

Rates and Payment Policies:

The payment fee shall be \$_____per day or \$_____per week.

Care shall be provided normally from ____a.m. to ____ p.m. on these days

(Circle all that apply) Monday Tuesday Wednesday Thursday Friday

Additional Fees

A **\$25** late fee will be applied to any payments not made by the agreed open dates, (i.e. every Friday, first and third Friday, weekly, bi-weekly, etc.)

Payment will be made on: _____ and _____

Also we require you provide one snack and supplies per month to feed the number of children in the program your child is enrolled in. Usually that number is 24 however we may ask you to provide enough for more when necessary. The supply list will be put out the week before it's due to let you know what supplies are needed. If you do not provide snack and/or supplies you will be charged \$10 extra for that month. This will be required to separately from your tuition.

Bedding

It is a licensing requirement that each child has their own sheet for nap-time, it is also an SKC policy that each child has their own blanket. (a child sized sleeping bag is ok, we prefer no pillows but will allow them if necessary) Beginning Feb 21, 2012 there will be a \$3 charge for each day your child is missing his/her bedding. This fee will be due by Friday of that week. Depending on the season all bedding will be sent home weekly or bi-weekly.

TO BE ENROLLED IN:

My child will be attending:

1. Infant Program_____
2. Preschool Program_____
3. School-Age Program_____
4. Combination Preschool/School-Age_____

(This option only applies to Kindergarten children)

KINDERGARTEN CHILDREN:

For purposes of continuity of care, Kindergarten children may be placed in the Preschool Program, the School-Age Program or a combination of both programs. Parents whose children are placed in the Preschool/School-Age combo group need to initial here_____.

Late Fees, Over-time Rates and Refunds:

- For the purpose of this agreement, tuition is late as of 6 p.m. Monday evening. A fee of \$25 will be applied to your account and will need to be included with the payment.
- For the purpose of this agreement, over-time will commence at 6:01 p.m. with a charge of \$20.00. For every minute after there will be an additional \$2 charge. Payment is due at the time of pick-up. A one-time courtesy may be given in the case of an emergency.
- Refunds will not be given.
- There will be at least 30 days' advanced notice given prior to any changes.

Rates Regarding Holiday's, Vacation and Other Absences.

- The following are paid Holiday's when the Holiday falls on a day of regular scheduled care: New Year's Day, President's Day, Martin Luther King Jr., Veteran's Day, Memorial Day, Fourth of July, Fourth of July, Labor Day (we are usually closed the Thur. and Fri. before Labor Day, these days will be billed at half your daily rate), Thanksgiving Day and the day after, Christmas Day. Your full daily rate will be charged for these days.
- We allow 15 days a year for sick/vacation days. These days do not have to be used in the event of an absence, you may pay full rate on days your child is ill and use the vacation days for a summer vacation, etc. if you chose. A year for Super Kidz Club is September to September. These days will be billed at half of your daily tuition rate. Otherwise you are responsible for your full week's tuition whether you attend or not. If you chose to leave and return you will have be required to pay a new registration fee at ½ of what you originally paid for registration.

Other Charges

- Registration for the school year is \$75 for one child, \$100 for the family.
- Registration for the summer is as follows:

Infant Program \$50

Pre-School Program \$125

School-Age Program \$225

This fee will cover the cost of field trips and shows.

SUPER KIDZ CLUB

Development and Routine

We want to provide your child with the best possible care. Please help us get to know your child by filling out this questionnaire. Thank you!

Child's Name _____ Date of Birth _____
Facility _____ Room _____

Daily Routines

SLEEPING

Please describe your child's usual bedtime routine (including what time and where he/she usually sleeps, _____)

How do you know that your child is sleepy or tired? _____

Does your child have difficulty falling asleep? _____ If yes, what is helpful? _____

How many hours of uninterrupted sleep does your child get each night? _____

How many times per day does your child sleep? _____ How many hours on average? _____

Does your child sleep with a special blanket, pacifier, stuffed animal or song? _____

Do you have any concerns about your child's sleep habits? _____ If yes, please explain _____

EATING

Does your child generally enjoy eating? _____ Do you consider your child a good eater? _____

What are some of your child's favorite foods? _____

Is your child on any special diet? _____

If your child has any food allergies, please list here: _____

*If your child has any food allergies please ensure a Feeding and Nutrition Care Plan is established and on file.

Are there any other foods you not want us to offer your child? _____

Are there any foods from your home/culture you would like us to offer your child? _____

Do you breast feed your child? Yes NO If yes how often? _____

What does your child eat with? hands fork spoon Does your child eat independently? Yes No

What does your child use to drink? bottle (type of nipple) tippy cup regular cup

Do you have any concerns about your child's eating habits? _____ If yes, please explain _____

TOILETING

Does your child wear diapers? _____ If yes, what kind? Disposable Cloth Pull ups for naps? _____

If no, does your child use the toilet regularly? _____ Please explain _____

Families use a variety of words to describe bathroom activities. Please indicate the words your family uses for:

Urine _____ Bowel movement _____ Genital area _____

Do you have any questions or concerns about your child's toileting habits? _____ If yes, please explain _____

Play

Does your child have a favorite toy, object or song? _____

Does your child enjoy playing with others? _____ Does your child enjoy playing alone? _____

What activities does your child enjoy? _____

Super Kidz Club

Provider-Parent/Guardian Child Care Agreement for the Provision of Child Care

The following agreement is made between:

I, _____
Mother/Legal Guardian Home Phone Mobile Phone

Home Address

Employer's Name and Address Work Phone

AND/OR

I, _____
Father/Legal Guardian Home Phone Mobile Number

Home Address

Employer's Name and Address Work Phone

AND

Child Care Provider

Address

For the care of:

Child's Name Date of birth

Super Kidz Club

Termination

This contract may be terminated at any time by either: parent, parents or legal guardians by giving two weeks advanced notice of the ending date. Complete payment through the time the child will be with us is due on the date of this notification. The provider may terminate the contract at any time without giving any notice.

Reasons for termination include non-payment for services, and behavior problems that can- not be resolved. Abuse of any kind on staff will result in termination. For non-payment a \$25 fee is added the first day the payment is not received on the agreed upon date. If the balance is not cleared by the end of the week services will be terminated.

Signatures

By signing this contract, parents(s)/guardian(s) agree to follow the content of the written document. Two weeks' notice is required for any changes. Social Security numbers will be used for billing purposes only.

Provider Signature

Date

Mother/Guardian's Signature

Date

SSI#

Father/Guardian's Signature

Date

SSI#