

**Discovery Kids Learning Center, Inc.
Checklist for Parents for New Enrollment**

_____ Completed and Signed Enrollment Form

_____ All Completed Packet Forms

_____ IEF (Income Eligibility Form) “Food Program”

_____ Immunization Records (Due within 30 Days of Enrollment)

_____ Physical Exam Record (Due within 30 Days of Enrollment)

_____ Change of Clothing

_____ Water Bottle

_____ Diapers (Toddler – Adequate Supply, Estimate 6/day)

_____ Special Nap Items (Must Be Able to Fit Nicely Inside a 6 Qt. Tub)

_____ Any Special Needs or Concerns Regarding Your Child

_____ Enrollment/Supply Fee - \$75.00 Per Child

_____ Tuition Fee

Child Enrollment Form

Choose and check one Center Below

Discovery Kids Learning Center Inc.
Fruita Location
286 N. Cherry, Fruita, CO 81521
(970) 858-8027, Fax (970) 858-1849
fruitakids@gmail.com

Discovery Kids Learning Center II, Inc.
Grand Junction Location
715 North 7th St. Grand Junction, CO 81501
(970) 245-0797, Fax (970) 245-0643
grandjunctionkids@gmail.com

Today's Date: _____ Start Date: _____

Child's Info

Child's Name (First and Last) _____

Nickname _____

Male/ Female _____

Address _____

City _____

State _____ Zip Code _____

Date of Birth _____ Age _____

Elementary School (if any) _____

Center Use Only

IEF: A B C

Procure: New Existing

Mother's Info

Father's Info

First and Last Name _____

First and Last Name _____

Check, if same address

Check, if same address

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Cell Phone Number _____ Cell Phone Carrier _____

Cell Phone Number _____ Cell Phone Carrier _____

Email Address _____ Work Phone _____

Email Address _____ Work Phone _____

Employer and Address _____

Employer and Address _____

Social Security # _____ Driver's License # _____

Social Security # _____ Driver's License # _____

Cell phone carrier

Sprint Verizon T Mobile AT&T Other _____

Emergency and Authorized Pick Up Info

Emergency Contact 1

Cell Phone Number

Emergency Contact 2

Cell Phone Number

Address

Address

Hospital of Choice, Address & Phone Number

Medical Insurance Provider

Physician/Medical Home, Address & Phone Number

Allergies, Medications, or Special Diet Needs

Dentist's Name, Address & Phone Number

Pick Up- In addition to Parents & Emergency Contacts

Name, Address & Phone Number

Name, Address & Phone Number

No Pick Up! - If Applicable

Name & Phone Number

Name & Phone Number

Schedule Info

My child will attend Discovery Kids Learning Center, Inc. the following days and hours: (Parents Complete)

Monday: _____

Hours: _____

Tuesday: _____

Hours: _____

Wednesday: _____

Hours: _____

Thursday: _____

Hours: _____

Friday: _____

Hours: _____

Please check one:

Child Care Assistance Program

Self-Pay Desired pay schedule:

also known as: CCCAP
All Parental Fees will be collected
Monthly on the 1st

Monthly if monthly, 1st 15th

Bi-Weekly if bi-weekly, next pay day _____

Weekly

Center Use Only
P

Schedule Coding: A B C D E F G H I J K

Bi: N

Please complete our Tuition Express Automated Payment Processing form with a checking or savings account. Any final balances on your account, as of your child's final day in our program, will be withdrawn in full via Tuition Express. CCCAP households typically require up to 3 weeks for final auditing to be completed.

I agree to be responsible for all fees incurred at Discovery Kids Learning Center, Inc., including all attorney fees and collection fees necessary in collecting any outstanding balances. I have thoroughly read and agree to abide by the policies and procedures outlined in the Family Handbook.

 Family Handbook Updated Jan 2024.pdf



Signature of Parent or Responsible Party: _____ **Date:** _____

Signature of Parent or Responsible Party: _____ **Date:** _____

Statement of Authorization

I, _____, hereby give permission for Discovery Kids Learning Center to call a Doctor for medical or surgical care for my child, _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me before any action is taken. However, if it is not possible to locate me/us, I agree to make Discovery Kids Learning Center my true and lawful attorney, for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency and Family Physician, on my child.

Signature of Parent or Responsible Party: _____ **Date:** _____

Permission Releases

Movie Permission Slip

I give permission for my child(ren) _____ to watch 'G' Rated movies in the center and on field trips. If a rating above 'G' is to be watched by my child(ren), I will be notified prior to this occurrence and a permission slip will need to be signed at that time.

Parent Signature _____ Date _____

Transportation Release

I _____, give Discovery Kids Learning Center permission to transport my child(ren) _____ from Discovery Kids Learning Center to and from my child's school, and for nature walks and field trips within walking distance which will be posted on my child's parent communication board. For field trips requiring transportation, I acknowledge that I must sign a separate authorization release. I understand that my child(ren) will be required to always wear the required restraints while in Discovery Kids Learning Center vehicles.

Parent's Signature _____ Date _____

Sunscreen, Bug Repellant, Diaper Cream, Lotion and Lip Balm

I, _____, give permission for the staff at Discovery Kids Learning Center to apply sunscreen, bug repellent, diaper cream, lotion and/or lip balm on my child(ren) _____, as long as there is no broken skin or rash present. I understand that my child(ren) must be 4 years old to be able to apply the sunscreen by him or herself (with direct teacher supervision).

Special instructions: _____

Parent's Signature _____ Date _____

Photo/video release form

I give permission to Discovery Kids Learning Center to video, tape, record or photograph my child(ren) for instructing teachers, child care and child care advocates, professional development and specific concerns of child care.

Parent's Signature _____ Date _____

Photo publication and Website release form

I hereby authorize Discovery Kids Learning Center to publish the photographs taken of my child(ren), for use in the Discovery Kids Learning Center printed publications and website. I further agree that my participation in any publication and website produced by Discovery Kids Learning Center confers upon me no rights of ownership whatsoever. I release Discovery Kids Learning Center, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ Date: _____

Child's Name: _____

Welcome to Discovery Kids Learning Center! Please take a few minutes to provide us with some information about your family and your little one :) We look forward to partnering with you!

1. Tell us a little bit about your family!
 - a. Does your child have any siblings? How old are they?
 - b. Do you have any pets at home?
 - c. Do you have any extended family in the area?
2. What does mealtime look like at home? Is your child a picky eater? Do they use silverware? Do they drink from a sippy cup or an open cup?
3. What does bedtime look like at home? Does your child sleep in a crib? What helps your child get to sleep at night?
4. Does your child still nap? If so, what time and for how long? Does your child sleep in a pull-up?
5. Is your child still in diapers, working on potty training or fully potty trained?

Child's Name: _____

6. Are there any accommodations we will need to make in the classroom for your child? (hearing, vision, medical, physical, learning, etc.)

7. Do you believe your child behaves like children his/her age? Do you have any concerns about his or her behavior?

8. Has your child been in child care before? Please describe any other care settings your child has been in (home with parents, in home center, cared for by family, other center, etc.)

9. What are some of your child's favorite toys, foods, activities, etc? Please feel free to tell us anything else you'd like us to know about your child!

Thank you for helping us get to know your family!

We are excited to offer the safety, convenience and ease of Tuition Express[®] – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of



procure
SOFTWARE[®]

Parent: Please complete

Child's Name: Birthdate:

Allergies: None Describe:

Type of Reaction:

Diet: Breast Fed Formula: Age Appropriate

Special Diet:

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

Sleep: Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number:

Parent or Legal Guardian Signature Date: Authorization expires 365 days after this date

Health Care Provider: Please complete after parent section has been completed

Date of Last Exam: Recent Weight: HCT: B/P Lead Level:

Physical Exam: Normal Abnormal (see explanation of significant health concerns:)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays

Vision Hearing Hospitalizations Severe Allergies Other (dental, nutrition, behavior, etc.)

Explain above concerns (if necessary, include instructions to childcare providers):

Current Medications/Special Diet: None Describe:

(Separate medication authorization form required for medications given in Child Care)

Fever reducer or pain reliever (mark only one product: max. 3 consecutive days without additional medical authorization) Acetaminophen (Tylenol) may be given for pain or fever over 102° every 4 hours as needed:

Dose See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin, Advil) may be given for pain or fever over 102° every 6 hours as needed:

Dose See attached Dosage Schedule from our office

Immunizations: Up-to-date See attached immunization record Administered today:

Signature:

Next Well Visit: Per AAP Guidelines* or Age:

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) Date

Office Stamp: Name, Address, Phone #