International Kids Zone

Pre-School _____
After care_____
Summer_____
VPk_____

REGISTRATION FORMS

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

Birth Date: _____ Sex: _____ Home Phone #: _____

Enrollment Date: _____ Withdrawal Date: _____ Email Address _____

Address: _____ City: _____ State: _____ Zip Code: _____

Child Lives With: ( ) Both Parents ( ) Guardian ( ) Other: _____
( ) Mother ( ) Father

FAMILY INFORMATION

MOTHER

Is this the birth mother? ( ) or legal guardian? ( )
Is this person allowed to pick up child? _____

Mother's Name: _____
Last

Mother's Name: _____
First

Birth Date _____/_____/_____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____-_____-_____

Driver's License #: _____

Place of Employment: _____

Work #: ( ) _____ Ext._____

Home #: ( ) _____

Cell #: ( ) _____
Email _____

Signatute/Date _____

FATHER

Is this the birth father? ( ) or legal guardian? ( )
Is this person allowed to pick up child? _____

Father's Name: _____
Last

Father's Name: _____
First

Birth Date _____/_____/_____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____-_____-_____

Driver's License #: _____

Place of Employment: _____

Work #: ( ) _____ Ext._____

Home #: ( ) _____

Cell #: ( ) _____
Email _____

EMERGENCY CONTACTS AND PICK-UP LIST

Please list below all other persons authorized by the parent(s) / guardian(s) to pick up the child from the center. If the parent(s) / guardian(s) cannot be reached, the following persons may be contacted in case of illness, injury or emergency. If none, please write "none". It is the parent's / guardian's responsibility to maintain and update this list at all times.

Authorized Person_____ _____ Relationship _____
Last Name First Name

Home # ( ) _____ Work # ( ) _____ Cell # ( ) _____

Authorized Person_____ _____ Relationship _____
Last Name First Name

Home # ( ) _____ Work # ( ) _____ Cell # ( ) _____

Authorized Person_____ _____ Relationship _____
Last Name First Name

Home # ( ) _____ Work # ( ) _____ Cell # ( ) _____

Person's NOT authorized for Pick-Up
Please Note: International Kids Zone must have a copy of the legal custody order in order to detain pick up from a parent.

Unauthorized Person/Relationship to child _____ _____
_____ _____

Emergency Code/Password_____ Provide a unique word to use to verify your identity in an emergency.

*Please Note: All authorized persons must bring the proper identification to remove a child from the center at the time of pick-up to ensure your child's safety.

Name of other siblings attending International Kids Zone:

Last Name	First Name	Birth Date
_____	_____	_____
_____	_____	_____

PREVIOUS CARE

Who was your child's previous primary caregiver before attending International Kids Zone:

( ) Daycare/School ( ) Mother ( ) Grandmother ( ) Other _____

Daycare/School _____ _____
Name of School Reason for leaving other school or change of caregiver?

I hereby certify that I have received, read and agree to comply with all regulations stated in the *International Kids Zone Parent Handbook, Registration Package, Payment Agreement and the "Know Your Child's Daycare" Brochure, and any policies set-forth by International Kids Zone.*

Signature of enrolling parent/guardian:_____ Date:_____

INTERNATIONAL KIDS ZONE

PAYMENT AGREEMENT

REGISTRATION FEE

A Registration fee is due at the time of registration and annually thereafter during the month of June. If your child is enrolled at any other time during the year, the registration fee is still due again in May. All money tendered is non-refundable: including, but not limited to registration fees, tuition payments, curriculum fees, re-enrollment fees, etc.

Pre-school Registration	$175.00 (individual) $200.00 (siblings)
Jr. & Sr. Summer Camp Registration	$ 100.00
Aftercare Registration	$ 50.00

Initial _____

WEEKLY TUITION

Tuition payments are due on **Monday** of each current week. If payment is not received by Monday at the close of business, the account will accrue a **$20.00** late charge (per child) a day. If balance is not paid by Wednesday of the current week, your child will not be allowed to return to school until the balance is paid in full....including late fees.

There will be no exceptions.

Initial _____

We are prepared for your child each day whether or not your child will be attending school the entire week or a portion thereof. There will be no credit applied for school-scheduled holidays, vacations or illness. This policy will be strictly enforced. The cost of operating International Kids Zone is not altered by children's absences. Our staffing and other operational expenses are arranged on fixed enrollment levels, and must be met on a continuing basis.

NO VACATION TIME IS GRANTED.

Initial ____

RE-ENROLLMENT FEE

If your child is expected to be absent, payment must be received in ADVANCE in order to hold his/her place. If he/she does not attend school for a period of time exceeding two weeks, enrollment will be cancelled. A **$200.00** re-enrollment fee will be due upon return, granted the school has not exhausted its licensing capacity.

Initial _____

DISCOUNT

A $5 discount in the weekly tuition fee will be applied to the oldest **full-time** sibling.
A$10.00 discount in the weekly fee will be applied to the oldest full-time sibling.
If the sibling no longer attends the original rate will apply.

SCHOOL CLOSED

In case of severe weather or natural disaster (hurricane, tornado, flood, etc.), International Kids Zone may follow Palm Beach County Public School's decision as to closing of the school. Not all situations will apply. The same will apply in the case of protest, riots, or other circumstances out of our control. If it becomes necessary to close the center due to any of the above mentioned events, school tuition must be paid in full, even if the center is closed.

LATE PICK-UP

Initial _____

The center is scheduled to close at 6:00 p.m. We ask parents/guardians to cooperate by picking up your children before 6:00 p.m. If an emergency situation arises and a parent/guardian should be delayed, a staff member will be required to stay and provide care for your child. A late fee of $15.00, per child for the first 5 minutes and an additional $10.00 for every 5 minutes there-after.

If the school does not receive a call or message from a parent/guardian regarding when we should expect the parent's late arrival, and International kids Zone is unable to contact a parent/guardian or authorized person by phone, local authorities may be contacted for children left at the center for more than 30 minutes past our scheduled closing time (6:00 p.m.)

ENROLLMENT WITHDRAWL

Initial _____

We require a 2-week written notice prior to withdrawing a child from International Kids Zone. Your child's records will not be released until tuition balance (if any) is paid in full.
Parents with ELC certificate will be required to pay full tuition.

COLLECTIONS

Initial _____

In the event of non-compliance to the payment agreement signed upon enrollment, the account will be turned over to an agency or attorney for collections. The parent/guardian agrees to pay the balance due, as well as ALL late fees, interest, collection fees and court cost associated with recovery of outstanding balances.

Initial _____

I have read and agree to comply with all of the policies outlined in the **International Kids Zone Payment Agreement and any policies set-forth by International Kids Zone**. A signed copy by the enrolling parent/guardian will be kept in the child's file at all times.

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE FORM

I, _____, hereby give permission for my child to use all play equipment and participate in all activities at International Kids Zone.

In the event of an extreme medical situation, as deemed necessary by the Director or acting Directors, 911 and/or paramedics will be notified IMMEDIATELY in order to obtain prompt medical attention for your child. Efforts will be made to notify parents/guardians immediately as well.

Children who are injured or are in an extreme medical situation, must be transported to a hospital, when necessary, by paramedics. International Kids Zone personnel may not transport injured children. All transportation cost is solely the parent's responsibility.

Parents/Guardians are responsible for all medical expenses and cost resulting from any accidents, injuries or damages that your child may suffer which are in any way related to the use of our facility and/or equipment.

International Kids Zone will not be responsible for mishaps arising as a result of false information provided at the time of enrollment.

Medical authorization is granted for: _____

Print your child's full name

Please List all Medical Conditions:

1._____

2._____

3._____

Please List all Medical/Food Allergies:

1._____

2._____

3._____

I give permission to International Kids Zone Staff and/or Directors to administer First Aid/ CPR treatment to my child if necessary.

Special Instructions:_____
Areas of Concern:_____
Alternate Nutrition Plan or Special Dietary Requirements:_____
_____

I have read, understood and agree to abide by the policies appearing above. I understand that my child's enrollment, attendance and participation at International Kids Zone is voluntary. I agree that I, nor my child, will bring claims against International Kids Zone, its agents, employees, officers and/or directors.

Parent/Guardian's Signature_____ Date:_____

EXTREME EMERGENCY FORM

This form is used ONLY in the event of an extreme Emergency!

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

Insurance Company Name: _____

Insurance Carrier Primary Holder: _____

Child/Family/Guardian Family Policy Number: _____

Primary Health Insurance Group Policy Number: _____

Child's Pediatrician/Physician OR Health Resources who may be called in case of an emergency when parent/guardian cannot be reached.

Name: _____ Phone #: ( ) _____

Address: _____

Hospital Preference: _____

Upon immediate need for medical attention for your child, the undersigned hereby grants consent to an x-ray examination, anesthetics, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor upon the advice of a physician and or surgeon licensed under the provision of the Medical Practice Act.

The undersigned Parent or Legal Guardian further requires International Kids Zone to have the above named child released into the custody of its representative, should hospital care no longer be required and a parent/guardian cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Child Care Food Program

International Kids Zone participates in the Child Care Food Program. We serve three meals daily: breakfast (if your child is dropped off prior to 9:00 am), lunch and afternoon snack to children attending International Kids Zone. If I choose not to have my child eat from the Food Program, as per Palm Beach County Health Department rules and regulations, I understand that I am responsible for my child's daily nutrition, and I agree to provide meals to meet my child's nutritional and dietary needs. Due to International Kids Zone's limited food license, I understand that IKZ is unable to and will not heat or warm up any food/liquid products sent in from home. Food Program meals may not be removed from IKZ premises. Food items that are sent in for your child MUST BE healthy and nutritious. IKZ reserves the right to refuse to permit your child to consume any unhealthy or non-nutritious food items.

All meals served meet the meal pattern established by the U.S. Department of Agriculture. Menus are posted weekly for your review. The Child Care Food Program is inspected and regulated by the State of Florida Health Department.

Attached you will find an application that must be filled out with necessary information so that we may receive reimbursement for meals served to your child.

The application will be placed in our files and treated as confidential information. Please completely fill out the attached application, sign, date, and return to the school office.

ALL CHILDREN ENROLLED ARE PRE-QUALIFIED
REGARDLESS OF HOUSEHOLD INCOME

It is of utmost importance that **ALL CHILDREN ATTENDING** International Kids Zone have their application on file.

We greatly appreciate your cooperation!

Parent Signature:_____ **Date:**_____

Director Signature:_____ **Date:**_____

MEDICATION

International Kids Zone will administer medication as long as the medication has a prescription label from the doctor. Also, you must fill out our medicine administer form before we can administer medicine to your child.

ILLNESS

Parents are required to inform the school of all illnesses or injuries the child may have sustained prior to arriving at the center. If your child has a communicable disease, please notify us at once.

Full tuition will be charged and due regardless if your child is sick and unable to attend. A parent or guardian will be contacted immediately for pickup if your child's illness warrants, in IKZ's sole discretion. An authorized pick

A Doctor's note clearing the child from being contagious is required in order to accept him/her back to school. If a child becomes ill or is suspected of having a communicable disease, he /she will be isolated and parents contacted to make arrangements to pick up the child immediately. For the benefit of our staff and other children your child must remain home for a period of 24 hours after being symptom free or with the written permission of a Doctor.

Ill children will be excluded from the program if:

-The child's disease is highly communicable and other children may be exposed
-The child does not feel well enough to participate in the program
-The child has a temperature of 100 degrees F.
-The child has large loose stools or diarrhea
-The child has a heavy cough, apparent rash, or other visible signs of sickness
-Sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion

Diarrhea: runny, watery, bloody stools, or loose stools
Vomiting: Note: please do not bring your child if they have vomited in the night
Breathing trouble, sore throat, swollen glands, loss of voice, hacking or continuous coughing
Runny nose (other than clear), draining eyes or ears
Frequent scratching of body or scalp, lice, rash, or any other spots that resemble childhood diseases, including ringworm
Child is irritable, continuously crying, or requires more attention than we can provide without hurting the health, safety or well-being of the other children in our care

PHOTOGRAPH AUTHORIZATION

____ I grant permission for International Kids Zone to photograph my child. Photos will be displayed in the classroom, in portfolios etc. I understand that such photographs may be used for promotional materials including brochures, newsletters, website and/or Facebook. No last name or specific identifying information will be included in any of the promotional material.

____I do not grant permission for International Kids Zone to photograph my child for use in promotional material, brochures, newsletters etc.

_____ _____

Child's Name Parent/Guardian Signature Date

MEDIA AUTHORIZATION

____I authorize my child for the use of media at International Kids Zone. I understand that media includes, but not limited to age appropriate internet and computer software usage (with the teacher supervision), music, and occasional age appropriate movies. I understand that these activities are limited, and if used will not exceed 60 minutes on any given day.

____I do not authorize my child for Media Usage. I understand my child will be directed to other activities that may include; but not limited to, art, reading, etc.

_____ _____

Child's Name Parent/Guardian Signature Date

TRANSPORTATION & FIELD TRIP PERMISSION

I hereby request that my child _____be permitted to participate in field trips to the park, library or any other beneficial educational activity and to be transported on one or more of the International Kids Zone vehicles. If my child is enrolled in IKZ aftercare program, I also give permission for my child(ren) to be picked up from their local school and transported on IKZ vehicles to IKZ. I understand that I will be notified before hand of any activity that would involve taking my child from the preschool. Children will be secured in safety belts as appropriate for their age. I shall not hold the school or any teacher or staff member responsible in case of an accident or injury.

_____ _____

Child's Name Parent/Guardian Signature Date

PARENT HANDBOOK

I have received a copy of the IKZ Parent Handbook. I agree to read it thoroughly and to abide by its terms and policies.

RECEIPT OF CHILD CARE FACILITY BROCHURE
I have received a copy of the Child Care Facility Brochure Statement (Chapter 402:3125 FS)

RECEIPT OF INFLUENZA VIRUS & THE FLU BROCHURE
I have received a copy of the brochure: Influenza Virus, The Flu; A Guide to Parents.

RECEIPT OF TUITION RATE SHEET
I have received a copy of IKZ's current tuition rate sheet, effective August 13, 2018-19.

Expulsion Policy
I have received a copy of the Child Care Expulsion Policy.

HOURS OF OPERATION
Monday thru Friday
7:00 A.M to 6:00 P.M

HOLIDAYS
We observe the following holidays:
New Year's Day
Martin Luther King Day
President's Day
Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Eve Holiday
Christmas Holiday
New Year's Eve Holiday

Non-Discrimination Policy

It is the policy of International Kids Zone that no person shall be subjected to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled, or Vietnam Era Veteran status, American with Disabilities Act or the presence of any physical, mental, or sensory disabilities. This policy applies to every aspect of International Kids Zone programs, practices, policies, and activities, including client services and employment practices. IKZ complies with the requirements of the Americans with Disabilities Act.

Parents Name: _____

Parents Signature: _____ Date _____