



Dear Parent or Guardian,

Welcome aboard! We're elated that you've chosen Kids N Us for your childcare needs.

The contents of this packet contain all forms necessary to complete your child's enrollment. Please thoroughly complete all forms and return them prior to your child's first day of school. For the well-being and safety of your child and others in our care, all forms must be completed before your child can attend our program.

Before attending, you will also be required to complete our First Day Orientation. Our goal for the orientation is to clear up any questions you might have before your first day. During this time, you will also be provided with credentials to access our building and we'll complete your registration for our check in/check out system.

We are excited to announce that we will now be taking credit, debit, and DC-FSA card transactions at a 3% processing fee! Please remember, if you are providing your bank account information instead, please attach a voided check or banking letter.

If you have any questions about the enrollment process, please do not hesitate to contact our Enrollment Specialist. For any tuition/billing related questions our dedicated Billing Specialist is here to help. You can contact our Billing Specialist Monday - Friday 7:30am - 4:00pm at (425) 835-0900 or via email at billing@kidsnus.net.

Please allow at least three business day between completing your registration paperwork and your child's first day.

Thank you for choosing Kids N Us for your child. We consider it a privilege to have your family enrolled with us.

Warm Regards,
The Kids N Us Family

*Childcare spots are reserved and held only with a non-refundable paid registration fee and 2 weeks tuition. Taking a tour and receiving this packet does not guarantee a space for your child. Enrollment changes on a daily basis.

WE ARE FAMILY

*PP Part Day
Registration 25-26
School Year*

PAYMENT AGREEMENT - PART DAY SCHEDULE
CHILD INFORMATION

| | | |
|---------------------------------|------------|-------------------------------|
| LAST NAME | FIRST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| ADDRESS LINE 1 | | ADDRESS LINE 2 (APT./CONDO #) |
| CITY | STATE | ZIP CODE |
| CHILD'S START DATE (MM/DD/YYYY) | | |

PARENT/GUARDIAN INFORMATION

| | | | |
|---|--|-----------------------------------|--------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | D.O.B. |
| RELATIONSHIP TO CHILD | LAST 4 OF SOCIAL SECURITY NUMBER (Required) XXX-XX- | DRIVERS LICENSE NUMBER (REQUIRED) | |
| CELL PHONE | WORK PHONE | EMAIL ADDRESS | |
| ADDRESS LINE 1 <input type="checkbox"/> SAME AS CHILD | | ADDRESS LINE 2 (APT./CONDO #) | |
| CITY | STATE | ZIP CODE | |

| | | | |
|---|-----------------------------------|-----------------------------------|--------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | D.O.B. |
| RELATIONSHIP TO CHILD | SOCIAL SECURITY NUMBER XXX-XX- | DRIVERS LICENSE NUMBER (REQUIRED) | |
| CELL PHONE | WORK PHONE | EMAIL ADDRESS | |
| ADDRESS LINE 1 <input type="checkbox"/> SAME AS CHILD | | ADDRESS LINE 2 (APT./CONDO #) | |
| CITY | STATE | ZIP CODE | |

CHILD'S SCHEDULE

Tuition fees reflect charges for the contracted days & times provided. In addition, any care used beyond this scheduled time will be billed automatically. Due to advanced scheduling, trading days and/or hours cannot be permitted. Advance notice (30 days) is required to change your schedule. Tuition and billing is based on the schedule you have provided and the space you are reserving - NOT what is actually used. Tuition fees will not be pro-rated, discounted, credited or refunded in any way due to absenteeism for any reason.

PART DAY PROGRAM HOURS ARE 9:00am to 3:00pm - Monday through Friday Only

**Any care provided outside of the Part Day hours will be billed at our hourly rate of \$30 per hour.*

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|--------|---------|-----------|----------|--------|
| | ☒ | ☒ | ☒ | ☒ | ☒ |

COST BREAKDOWN OF SERVICES:

| | |
|--|----|
| MONTHLY CHILD CARE COST | \$ |
| SEMI-MONTHLY = MONTHLY COST DIVIDED BY 2 | \$ |
| WEEKLY = MONTHLY COST DIVIDED BY 4.33 | \$ |
| 3% Processing Fee (Debit/Credit Transactions Only) | \$ |

PAYMENT INFORMATION (ALL TUITION IS DUE & PAYABLE IN ADVANCE OF SERVICES)

Kids N Us collects all tuition payments through Tuition Express automatic and debit/credit payments. This is done by ACH Debit from either a checking or savings account. (Please allow up to 3 days from your payment due date for payments to clear your bank). There is a 3% processing fee for all debit/credit transactions.

CHOOSE PAYMENT FREQUENCY:

| | | |
|--|---|--|
| <input type="checkbox"/> 1st of Each Month | <input type="checkbox"/> 1st and 15th of Each Month | <input type="checkbox"/> Monday of Each Week |
|--|---|--|

| | | |
|-------------------------------|--------------------|----------|
| I AGREE THAT MY PAYMENT OF \$ | IS DUE IN FULL BY: | INITIAL: |
|-------------------------------|--------------------|----------|



Child's Name: _____ Date: _____

PAYMENT AGREEMENT - PART DAY SCHEDULE

ENROLLMENT TERMS & CONDITIONS

| | |
|--|----------------|
| <p>I agree that full payment as set forth above is due on time as agreed regardless of hours and days attended, and not to exceed the times and days specified, unless scheduled and approved in advance. No credits are given for sick days, holidays, unexpected closures, mandated closures directed by the Heath Jurisdiction, or closures due to inclement weather. I understand that any additional care prior to 9am or after 3pm will be subject to the drop in rates and will be billed the following day.</p> | <p>INITIAL</p> |
| <p>ADDITIONAL INFORMATION AND LATE FEES:</p> <p>I agree there will be a charge of \$5.00 per minute for each child being left in care past closing time. I agree there will be a \$30.00 late fee assessed to my account for payment not made in full and on time as agreed and outlined above. Accounts that are not paid in full by the end of the month care was provided are subject to collection including all fees and collection costs incurred in such collection activity. I agree there will be a charge of \$30.00 plus any applicable late fees for any Tuition Express charges returned by your financial institution for any reason. Additional fees can be charged to your account for the following: Diapering Supply Fees, Summer School Age Day Camp, Early Dismissal, Non-School Day, Late Payment Fees, Field Trip Fees, Field Trip Sack Lunch, Drop-In Care, Registration Fees, and/or After Hours Charges. Tuition rates are subject to change at the sole discretion of Kids N Us with a minimum of 30 days notice to families.</p> | <p>INITIAL</p> |
| <p>TERMINATING THIS AGREEMENT:</p> <p>The undersigned parent or guardian may terminate this agreement at any time providing a 30 day written notice is given; this also includes making any changes to your scheduled days or hours (your "Agreed School Schedule"). If you do not provide 30 days notice you will still be responsible for payment during the 30 day notice period. Kids N Us does not refund tuition for any reason. If for any reason your account has a credit you may use the credit towards future services. Kids N Us reserves the right to refuse service and/or terminate this agreement at any time with or without notice at it's sole discretion.</p> | <p>INITIAL</p> |

The undersigned Parent/Guardian(s) hereby states the following information is correct and agrees to the terms and conditions of the following agreement and all policies set forth in the Kids N Us Family Handbook.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

OFFICE USE ONLY
AGREEMENT EFFECTIVE DATE:

Date: _____

REGISTRATION INFORMATION**CHILD INFORMATION**

| | | | |
|----------------------------|------------|-------------------------|----------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | NICKNAME |
| DATE OF BIRTH (MM/DD/YYYY) | | LANGUAGE SPOKEN AT HOME | |

PARENT/GUARDIAN INFORMATION

| | | |
|-------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| RELATIONSHIP TO STUDENT | EMPLOYER | WORK PHONE |
| CELL PHONE | EMAIL ADDRESS | |

MARITAL STATUS :

 Married
 Divorced
 Single
 Domestic Partner
 Other: _____

| | | |
|-------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| RELATIONSHIP TO STUDENT | EMPLOYER | WORK PHONE |
| CELL PHONE | EMAIL ADDRESS | |

MARITAL STATUS :

 Married
 Divorced
 Single
 Domestic Partner
 Other: _____

 Do you have a parenting plan or restraining order pertaining to your child? YES NO
IF YES, YOU MUST PROVIDE KIDS N US WITH CURRENT COPIES.

| | | |
|---------------|------------|-----------------|
| DOCUMENT TYPE | ISSUE DATE | EXPIRATION DATE |
|---------------|------------|-----------------|

AUTHORIZED EMERGENCY CONTACT & PICK-UP PERSONS:

In the space provided below please list persons who are authorized to pick up your child and/or be contacted in the case of an emergency. Please note that your child will only be released to the individuals that you have listed. All authorized persons must be at least 18 years of age and at the time of pick up must show a government-issued photo ID. (Please list in order of priority)

| | |
|-----------------------|--------------|
| LAST NAME | FIRST NAME |
| RELATIONSHIP TO CHILD | PHONE NUMBER |

PLEASE CHECK ALL THAT APPLY:

 AUTHORIZED PICKUP
 EMERGENCY CONTACT

CHILD'S NAME: _____ DATE: _____

REGISTRATION INFORMATION

Emergency Contact #2

| | |
|---|--------------|
| LAST NAME | FIRST NAME |
| RELATIONSHIP TO CHILD | PHONE NUMBER |
| PLEASE CHECK ALL THAT APPLY: <input type="checkbox"/> AUTHORIZED PICKUP <input type="checkbox"/> EMERGENCY CONTACT | |

Emergency Contact #3

| | |
|---|--------------|
| LAST NAME | FIRST NAME |
| RELATIONSHIP TO CHILD | PHONE NUMBER |
| PLEASE CHECK ALL THAT APPLY: <input type="checkbox"/> AUTHORIZED PICKUP <input type="checkbox"/> EMERGENCY CONTACT | |

ADDITIONAL CHILD INFORMATION

| | | |
|--|------------------------------|-----------------------------|
| Has your child been enrolled in any type of childcare or preschool before? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, where? Tell us more about that experience (positive/negative?): | | |
| What are your child's interests and favorite activities? | | |
| What are your child's dislikes or fears? | | |
| How does your child express anger, sadness or react to frustration? What is done at home to help them? | | |
| Does your child normally take a nap? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is there anything else you would like to share with us about your child? | | |

I verify that the information I have provided is correct.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

| | | |
|---|--------------|-------|
| HEALTH INFORMATION | | DATE: |
| CHILD NAME | | |
| PARENT/GUARDIAN NAME | | |
| PARENT/GUARDIAN NAME | | |
| CHILD'S PHYSICIAN (REQUIRED) | PHONE NUMBER | |
| DATE OF LAST MEDICAL EXAM (MM/DD/YYYY) (REQUIRED) | | |
| CHILD'S DENTIST (REQUIRED) | PHONE NUMBER | |
| DATE OF LAST DENTAL EXAM (MM/DD/YYYY) (REQUIRED) | | |

FOOD & ENVIRONMENTAL ALLERGIES/ SPECIAL CARE NEEDS/ ACCOMODATIONS/ MEDICAL CONDITIONS:

| | | | | | |
|-----------------------------------|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|
| Allergies (environmental or food) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Behavior Disorder or Behavior Concerns | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Special Diet | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Chronic Illness | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Medical Condition | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Milk Allergy or Intolerance | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Developmental Delay or Concerns | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Other: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

IF YOU HAVE SELECTED YES TO ANY OF THE SELECTIONS ABOVE, YOU WILL NEED TO COMPLETE A SPECIAL HEALTH CARE FLUID MILK ALLERGY or SUBSTITUTION:

| | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| Does your child have an allergy or intolerance that prohibits them from having cow's milk? If yes, please initial below. | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---|---------|
| <p>Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program</p> <p>In the case of children who cannot consume fluid milk due to medical or other special dietary needs, other than a disability, non-dairy beverages may be served in place of fluid milk. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk, as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR 210.10(m)(3).</p> <p>Only certain products meet the USDA regulations and are approved substitutions (check with the office for the most up to date product list). You will need to complete a <u>Parent/Guardian Request for Fluid Milk Substitution form</u> and you will need to provide one of the approved products.</p> <p>If your child has been diagnosed with a medical disability that prevents them from consuming cow's milk or one of the soy milks listed additional documentation will be needed from your physician in order to substitute the milk and/or soy milk. - (see the Parent/Guardian Request for Fluid Milk Substitution form) A disability is defined as "a child evaluated in accordance with the Individuals with Disabilities Education Act (IDEA) as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services." Only a licensed physician, either a M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathy) can make a disability diagnosis.</p> | INITIAL |
|---|---------|

| | | | |
|----------------------------|------|----------------------------|------|
| Parent/ Guardian Signature | Date | Parent/ Guardian Signature | Date |
|----------------------------|------|----------------------------|------|

| | | |
|---------------------------|---------------|-------|
| HEALTH INFORMATION | CHILD'S NAME: | DATE: |
|---------------------------|---------------|-------|

POTTY TRAINING

| | | |
|--|---------------------------------|--------------------------------|
| Is your child potty trained? If NO, please initial below. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

In order for potty training to be successful there must be consistency between school and home. We ask that potty training start at home and then be followed up at school.

Kids N Us will begin potty training when the following criteria is met:

1. The child is physically and emotionally ready to begin (this will be determined by you and your child's teacher)
2. With the parents **permission & support**
3. The parent supplies the following items: **Pull-ups or underwear, extra clothing, wipes and gloves** (the use of diapers will not be allowed for potty training)

The full potty training policy and procedure can be found in our Family Handbook. Please initial below that you have read and acknowledge the criteria and the requirements of the supplies needed.

| | |
|--|---|
| YES , my child has met the criteria and I agree to supply the items necessary along with communicate and support my child's teachers with the potty training process. | INITIAL <input style="width: 100%; height: 100%;" type="text"/> |
|--|---|

MEDICALLY VERIFIED IMMUNIZATION RECORDS

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into Kids N Us on or before the first day of attendance. Kids N Us can print these from the Washington State Immunization Information System with permission. If your child's records are not available in the IIS, you will need to provide them. This means immunization records turned in to Kids N Us must be from a health care provider, printed from the state immunization database, or you must attach paperwork from a health care provider with your handwritten Certificate of Immunization Status (CIS) form that shows your child's records are accurate. **Your child cannot attend Kids N Us until you provide these records.**

Here are some examples of medically verified immunization records:

- A completed Certificate of Immunization Status (CIS) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide Kids N Us with a completed Certificate of Exemption, which includes a signature from a medical provider. Parents or guardians must provide updated immunization records each year their child is in child care.

| | |
|---|---|
| YES , Kids N Us may access my child's records on the Washington Immunization Information System. | INITIAL <input style="width: 100%; height: 100%;" type="text"/> |
|---|---|

I verify that the information I have provided is correct.

| | | | |
|----------------------------|------|----------------------------|------|
| Parent/ Guardian Signature | Date | Parent/ Guardian Signature | Date |
|----------------------------|------|----------------------------|------|

CONSENTS, ACKNOWLEDGEMENTS & TERMS

CHILD'S NAME: _____ DATE: _____

VIDEO SURVEILLANCE POLICY

| | |
|--|----------------|
| To ensure the safety and security of all children, staffs, parents, and visitors, as well as the security of our childcare facility, Kids N Us is equipped with a 24-hour video & audio surveillance system. Security cameras are installed in both classrooms and outdoor play areas, the only exception being restrooms. The cameras are used in order to help promote the safety and security of people and property. In the event that it is necessary, recordings will be made available to State and local authorities. Recordings will not be made available to parents or guardians. | INITIAL |
|--|----------------|

PHOTO & WEBSITE RELEASE

| | | |
|--|--|---------------------------------------|
| Kids N Us has permission to photograph my child during school and on school field trips. I understand my child's picture may appear in local news publication, school newsletters, marketing materials, social media and on our website. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|--|---------------------------------------|

EARLY ACHIEVERS ACKNOWLEDGEMENT

| | |
|---|----------------|
| I acknowledge that Kids N Us participates in the Early Achievers Program through Washington State. Early Achievers is Washington's quality recognition and improvement system for childcare programs. | INITIAL |
|---|----------------|

PARENT ACKNOWLEDGMENT OF INFORMATION

| I WAS SHOWN WHERE THE FOLLOWING INFORMATION CAN BE FOUND: | INITIAL EACH LINE |
|---|-------------------|
| WAC - Minimum Licensing Requirements | |
| Health Care Plan | |
| Disaster Response Handbook | |
| Pesticide & Pet Policy | |
| Family Handbook | |

TRANSPORTATION & MEDICAL CONSENT

| | |
|--|----------------|
| Kids N Us may transport my child in the event of a natural disaster and/or emergency closure by state, county, or city officials to the location specified in the Disaster Response Handbook. | INITIAL |
| I hereby give my permission that my child may be given emergency medical treatment to include FIRST AID and CPR by a qualified staff member of KIDS N US or appropriate medical personnel. I also give my permission for my child to be transported by an aid car, ambulance, KIDS N US vehicle to the nearest medical treatment center or hospital if necessary. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. | INITIAL |

SCHOOL AGE ONLY - INFORMATION & TRANSPORTATION CONSENT

| | | |
|--|--|---------------------------------------|
| Does your child attend public school? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, where? | Grade? | |
| Who will be providing transportation? <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Public School <input type="checkbox"/> Kids N Us <input type="checkbox"/> Other: _____ | | |
| It is our intent to transport children to and from school on schedule. In order to remain on schedule, our bus cannot wait at schools for late children. Please instruct your child to be on time to meet the bus. In the event your child is not at the specified meeting place on time, the bus will leave without them. The elementary school will be instructed to call you to pick up - Kids N Us will not return to pick up late children. | INITIAL | |
| In order to help keep us on time, if Kids N Us is scheduled to be transporting your child to and/or from school and your child does not need transportation on a normally scheduled day - you will need to notify us IN ADVANCE. | INITIAL | |
| Kids N Us has my permission to transport my child on scheduled field trips, and to and from schools. I understand that a notice for field trips will be posted, providing the dates and times. | INITIAL | |

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date