



Dear Kids N Us Families,

Welcome back! We are very happy to have both you and your child with us for the upcoming 2025-2026 school year.

Please thoroughly complete the following forms and return them no later than Monday, July 28, 2025, to secure your child's space for the 2025-2026 School Year.

After we have received your completed Fall Re-Registration Forms, your account will be charged the annual Registration Fee of \$175 per student on September 1st, 2025.

You will receive a copy of your Payment Agreement and our Family Handbook by secure email once your space is reserved. If you would like a hard copy of the Family Handbook, we are happy to provide you one. Please let the front desk know if you would like one.

We are excited to announce that we will now be taking credit, debit, and DC-FSA card transactions at a 3% processing fee! If you are interested in this payment option, please see the last page of this packet and fill out your card information. Please remember, if you are changing your banking information, please attach a voided check or banking letter.

Please see the front desk if your child has an allergy, intolerance, dietary preference, or special care plan to update all necessary forms needed. Doctor signatures may be required, so please contact your health care provider to ensure you can complete your re-registration paperwork by the required time frame.

If we do not receive your child's Re-Registration Packet on or before Monday, August 4th, 2025, your child's space within our program is not guaranteed. Beginning August 4th, unreserved childcare spaces become available to families on the waitlist and new families seeking care.

If your family does not plan on registering for the 25-26 school year, please stop by the front desk to fill out an Enrollment Change Request Form with your withdrawal date.

If you have any questions, we are happy to speak with you! Please feel free to contact us directly at the school.

Sincerely,

The Kids N Us Family

*Private Pay
25-26 School Year*

WE ARE FAMILY

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
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I AGREE THAT MY PAYMENT OF \$	IS DUE IN FULL BY:	INITIAL:
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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>	INITIAL
<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>	INITIAL
<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>	INITIAL

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: _____

ANNUAL INFORMATION UPDATE : PLEASE FILL OUT COMPLETELY

CHILD INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	NICKNAME
DATE OF BIRTH (MM/DD/YYYY)		LANGUAGE SPOKEN AT HOME	
CHILD'S PHYSICIAN & PHONE NUMBER		DATE OF LAST PHYSICIAN VISIT (MM/DD/YYYY)(Required)	
CHILD'S DENTIST & PHONE NUMBER		DATE OF LAST VISIT (MM/DD/YYYY)(Required)	

PARENT/GUARDIAN INFORMATION

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
CELL PHONE	EMPLOYER	WORK PHONE
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
CELL PHONE	EMPLOYER	WORK PHONE

Do you have a parenting plan or restraining order pertaining to your child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, YOU MUST PROVIDE KIDS N US WITH A CURRENT COPY.		
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 <input type="checkbox"/> AUTHORIZED PICKUP <input type="checkbox"/> EMERGENCY CONTACT	
LAST NAME	FIRST NAME
RELATIONSHIP TO CHILD	PHONE NUMBER
PLEASE CHECK ALL THAT APPLY <input type="checkbox"/> AUTHORIZED PICKUP <input type="checkbox"/> EMERGENCY CONTACT	
LAST NAME	FIRST NAME
RELATIONSHIP TO CHILD	PHONE NUMBER
PLEASE CHECK ALL THAT APPLY <input type="checkbox"/> AUTHORIZED PICKUP <input type="checkbox"/> EMERGENCY CONTACT	

CHILD'S NAME:

DATE:

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

NO

POTTY TRAINING

Is your child potty trained? If NO, please initial below.

YES

NO

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

SCHOOL AGE ONLY - INFORMATION & TRANSPORTATION CONSENT

Does your child attend public school?

YES

NO

Name of School:

Grade

Who will be providing transportation?

Parent/Guardian Public School Kids N Us 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 by phone, email or updating your Tadpoles App.

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 in advance, providing the dates and times.

INITIAL

CHILD'S NAME:

DATE:

TRANSPORTATION & MEDICAL CONSENT

Kids N Us may transport my child in the event of a natural disaster and/or emergency closure by local state, country, 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

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 selected YES, to any of the selections above, a separate Special Care Plan is needed. If a Special Care Plan is already on file you will need to review it and re-sign it for the new school year. If this is a new condition you will need to complete a new Special Care Plan. Plans must be updated annually.

MEDICALLY VERIFIED IMMUNIZATION RECORDS

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**. 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, I will provide medically verified updated immunization records for my child.	INITIAL
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I verify that the information provided on the Kids N Us Annual Update is correct.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, tuition and fee payments to be made from either your bank account or credit/debit/FSA card. Credit/debit/FSA card payments subject to 3% processing fee.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit/debit/FSA card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____	City _____	State _____	Zip _____
Account Number _____	Expiration Date _____	CVV _____	
Cardholder Signature _____	Date _____		

SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____	City _____	State _____	Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____	Account Number (see sample below) _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature _____	Date _____		

For Official Use Only

Date Received
Employee Signature



A service of

