



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

**Subsidized
25-26 School Year*

WE ARE FAMILY

PAYMENT AGREEMENT - SUBSIDIZED
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 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.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARRIVAL TIME					
DEPARTURE TIME					

CO-PAYMENT SCHEDULE (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 EFT 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.

<input type="checkbox"/>	1st of Each Month	<input type="checkbox"/>	1st and 15th of Each Month
I AGREE THAT MY PAYMENT OF \$		IS DUE IN FULL BY:	INITIAL:
3% Processing Fee (Debit/Credit Transactions Only) - \$			

If for any reason the subsidized agency does not cover the cost of any childcare that is used, I understand that my account will be billed and I will be responsible for the full payment of Kids N Us Private Pay Daily Drop In Tuition Rate of \$100.00 for each day that care is used. Drop In care is NOT guaranteed. Your space at this time is not reserved and may be offered to potential clients, please see page 2. Kids N Us does NOT accept backdated authorizations. If you are re-authorized, the subsidized agency will be billed beginning the date that the new updated authorization is received at Kids N Us. Drop-In Fees paid for unauthorized care are Non-Refundable.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date



CHILD'S NAME: _____ DATE: _____

PAYMENT AGREEMENT - SUBSIDIZED

ENROLLMENT TERMS & CONDITIONS

<p><u>ACKNOWLEDGMENT OF OVERTIME:</u> As outlined in the Childcare Subsidies guidebook DCYF covers a maximum of 10 hours of care per day. In the event that additional care is necessary, for any reason, you will be required to contact DCYF to get pre- approval before the additional care will be allowed. In the event that your child attends over the DCYF 10 hour authorization and it is not pre-approved you will be charged in accordance with Kids N Us Tuition Rate schedule. Overtime Fees will be processed every Monday or on your regular payment date (whichever comes first).</p>	<p>INITIAL</p>
<p><u>REAUTHORIZATION:</u> As outlined in the Child Care Subsidies guidebook it is your responsibility to ensure that you complete the re-application packet that DCYF will send to you approximately five weeks before your current childcare authorization expires. Should you fail to get reauthorized for childcare services during this time period Kids N Us will terminate subsidized childcare services. Kids N Us does not backdate childcare. If you would like to continue attending, you may enroll as a private pay client. Your space at this time is not reserved and may be offered to potential clients, see page 1. When privately paying all tuition is payable in advance of services and once paid, is not refundable for any reason.</p>	<p>INITIAL</p>
<p>By enrolling in care you are reserving a space for your child. As a subsidized client it is expected that you attend all scheduled days, based on the schedule you provided on the previous page. If you do not attend on a regular basis per the schedule you provided your childcare spot may be terminated and/or given away.</p>	<p>INITIAL</p>
<p>If an absence or schedule change is necessary, you are expected to call Kids N Us immediately and notify the office of the absence or any expected changes or enter it using the Tadpoles app.</p>	<p>INITIAL</p>
<p>Subsidized payments allow for approved activities only, such as work, training and education, or other family support activities, therefore any additional care not approved will be your financial responsibility, according to the Kids N Us private pay tuition rate schedule.</p>	<p>INITIAL</p>
<p>Childcare is provided only as specified in your SOCIAL SERVICE NOTICE or SOCIAL SERVICES AUTHORIZATION.</p>	<p>INITIAL</p>
<p>Additional fees will be charged to your account for the following: Debit/Credit Transactions 3% Processing Fee, 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.</p>	<p>INITIAL</p>
<p>No discounts or credits apply to subsidized clients including but not limited to the following: Sick days, Vacation days, Holidays, Inclement Weather Closures, Mandated Closures by the local Health Jurisdiction, or Unexpected Closures.</p>	<p>INITIAL</p>
<p>By enrolling in care you are required to sign your children in and out each day using either the electronic check in station or the daily sign in/out sheet per licensing requirements.</p>	<p>INITIAL</p>
<p>If your childcare needs change you must notify Kids N Us within 5 days as well as reporting this change to DCYF. If you need to terminate care, you must adhere to the Kids N Us 30 Day Notice Policy.</p>	<p>INITIAL</p>
<p><u>ADDITIONAL INFORMATION AND LATE FEES:</u> I understand that there will be an OVERTIME charge of \$30.00 per hour for any child left in care past the agreed Schedule/Service Information outlined above. I agree that there will be a charge of \$5.00 per minute for each child being left in care past closing time. I agree that 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 that 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. 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><u>TERMINATING THIS AGREEMENT:</u> The undersigned parent or guardian may terminate this agreement at any time providing a 30 day written notice is given; this includes any change in scheduled days or hours. If you do not provide 30 days notice and end care abruptly, with no notice, you will still be responsible for payment during the 30 day notice period. I agree that full payment as set forth in this agreement is due on time as agreed regardless of hours and days attended, and not to exceed the times and days specified, unless scheduled in advance. No credits are given for Sick days, Vacation days, Holidays, Inclement Weather Closures, Mandated Closures by the local Health Jurisdiction, or Unexpected Closures. Kids N Us reserves the right to refuse service and/or terminate this agreement at any time with or without notice at its 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:

AUTHORIZATION DATES:

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 <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

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: 40px;" type="text"/>
--	--

SCHOOL AGE ONLY - INFORMATION & TRANSPORTATION CONSENT

Does your child attend public school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---------------------------------------	---------------------------------	--------------------------------

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 <input style="width: 100%; height: 40px;" type="text"/>
--	--

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 <input style="width: 100%; height: 40px;" type="text"/>
--	--

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 <input style="width: 100%; height: 40px;" type="text"/>
---	--

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 (<i>environmental or food</i>)	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 childcare 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 childcare.

YES, I will provide medically verified updated immunization records for my child.	INITIAL
---	---------

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

