



Kids Cottage Information Sheet

Record Information

Parent/Guardian Name(s) _____

Who does the child reside with? Both ____ Mother ____ Father ____ Other ____

Address: _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

Child 1 Name: _____ Birthdate: _____ Male or Female? _____

Child 2 Name: _____ Birthdate: _____ Male or Female? _____

Child 3 Name: _____ Birthdate: _____ Male or Female? _____

Child 4 Name: _____ Birthdate: _____ Male or Female? _____

Medical Information

Child's Physician: _____ Phone Number: _____

Allergies: _____

Medical Conditions: _____

Insurance Provider: _____ Policy Number: _____ Plan: _____

Contact Information

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Persons authorized to pick up child:

1. _____

2. _____

Kids Cottage LLC – Indemnity Agreement

Child’s Name: _____

1. **ACKNOWLEDGEMENT OF RISK:** I (the “IMDEMNIFIER”) understand and acknowledge the risks and dangers associated with my child’s participation in the programs and services offered by Kids Cottage LLC (hereinafter referred to as the “PROGRAMS”). These risks include, but are not limited to, the following: the dangers of falling off playground equipment, collision with other children, aggression by other children, choking, and other dangers associated with the facility, active play, and/or the equipment or materials at the facility.
2. **INDEMNIFICATION:** I agree to HOLD HARMLESS, RELEASE, DEFEND, AND INDEMNIFY Kids Cottage LLC and it’s owners, affiliates, employees, successors, assigns and agents (hereinafter referred to as the “IMDEMNITEES”), for any liability, claim, suit, expense, or loss arising from my child’s participation in the PROGRAMS, including those claims based on any INDEMNITEES alleged or actual negligence. I acknowledge and agree that I am freely and expressly assuming any and all risks of property damage, personal injury, or death resulting from my child’s participation in the PROGRAMS.
3. **SEVERABILITY:** If any parts of this Agreement shall be held unenforceable for any reason, the remainder of the Agreement shall continue in full force and effect. If any part of this Agreement is deemed invalid or unenforceable by any court of competent jurisdiction, and if limiting such provision would make the provision valid, then such provision shall be deemed to be construed as so limited.
4. **BINDING EFFECT:** The covenants and conditions contained in this Agreement shall apply to and bind the INDEMNIFIER and the INDEMNITEES and their heirs, legal representatives, successors and permitted assigns.
5. **GOVERNING LAW:** This Agreement shall be governed by and construed in accordance with the laws of the State of Delaware.
6. **WAIVER:** The failure of either the INDEMNITEES or the INDEMNIFIER to enforce any provisions of this Agreement shall not be deemed a waiver or limitation of that party’s right to subsequently enforce ad compel strict compliance with every provision of this Agreement.

Kids Cottage Medical Waiver:

AUTHORIZATION TO ADMINISTER MEDICAL CARE: I authorize any owner or employee of Kids Cottage LLC to administer first aid or CPR to my child if, in the opinion of the owner and employee, medical care is needed for the child. Further, I authorize any owner or employee of Kids Cottage to call for such medical care for my child or to transport my child to the appropriate clinic or hospital if, in the opinion of the owner or employee, professional medical care is needed for the child. My child will be accompanied by a designated employee according to this center’s policy. Contacts will be made to the parent/guardian or authorized persons. Information from my child’s records at the center will be used to obtain necessary medical information. I agree to pay all costs associated with such medical care and related transportation for my child and **IMDEMNIFY and HOLD HARMLESS** the INDEMNITEES from any costs incurred therein.

Kids Cottage Immunization Waiver:

Kids Cottage LLC requires that children who are placed in our facility have an up-to-date copy of their immunizations on file within 30 days of enrollment. If your child’s records are up-to-date and are free of communicable diseases, please sign below. If they have any known allergies, let the office staff know immediately.

Kids Cottage Media Waiver:

Children may engage in supervised educational computer play during preschool and drop in. On occasion, children may watch G rated movies. I give my permission to allow my child to partake in this program.

Parent’s Right to Know Notice:

Under the Delaware Code, you are entitled to inspect, at any time, the active record and complaint files of any licensed childcare facility. To review a childcare facility record, go to kids.delaware.gov OR contact:

Office of Childcare Licensing
1825 Faulkland Road
Wilmington, DE
(302) 892-5800

Office of Childcare Licensing
821 Silver Lake Boulevard, Suite 102
Dover, DE 19904
(302) 739-5487

Unpaid Balances:

Kids Cottage has the right to apply a 35% late fee if services are not paid in a timely manner and account is turned over to collections.

I acknowledge that I received notice of a Parent’s Right to Know as part of the application packet of materials from **KIDS COTTAGE.

Please sign to confirm that you have read and agree to all the above terms and conditions.

Signature of Parent/Guardian

Date

EMAIL ADDRESS: _____

Correspondence regarding Special Events at Kids Cottage news

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		Parent/Guardian Information (2) Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
Additional Emergency Contacts and People Authorized to Pick-up Child			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

Emergency Medical Care

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

 Signature of parent/guardian

 Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.



Kids Cottage Automatic Payment Program

Kids Cottage offers an Automatic Payment Program for safe and easy payments. Your account will be charged on the first of each month for Half Day Preschool tuition and every Monday if your account has a balance for other services provided such as Full Day Preschool, Drop In Childcare, Enrichment, KC Seasonal Classes, Summer Camps, etc. If you would like a printout of your statement at any time, please see the main office.

No more late fees, remembering when payments are due, or paying at the time of service, just fill out one of the payment options below and return to the front office.

Credit Card Authorization

I _____ authorize Kids Cottage to process the following credit card each Monday Weekly / Monthly for the services provided.

Name on Card: _____

Card Type (Please Circle One) VISA MC AMEX DISCOVER

Card Number: _____

Expiration Date: _____ CVV (security code): _____

Billing Address of Card Holder: _____

State & Zip Code _____

*You may contact Kids Cottage in Writing to Cancel Recurring Payments by emailing us directly at: taylor@kidscottage.com

Checking Account Authorization

Name on Account: _____

Routing Transit Number: _____

Account Number: _____

Bank Name: _____

Type: _____ Checking (Please attach a voided check) _____ Savings

Signature: _____ Date: _____



Kids Cottage Illness Policy

Illness: In accordance with the State of Delaware code, we will not permit a child who has symptom of illness such as:

- Diarrhea
- Acute vomiting
- Severe cold
- Coughing or sore throat
- Temperature of 100 degrees or higher for 4 months and younger or 101 for 4 months and older.
- Yellow skin (jaundiced)
- Red eyes with discharge (pink eye)
- Infected lesions
- Difficult or rapid breathing
- Severe itching
- Skin rashes
- Swollen joints
- Visibly enlarged lymph nodes
- Stiff neck
- Blood or pus from ears, urine, stool
- Runny nose with green, yellow or brown discharge
- Unusual behavior for the child

Symptoms which indicate any of the following diseases: chicken pox, impetigo, lice, scabies, or strep throat will also not be permitted in center.

Other health exclusions include any "Reportable Communicable Diseases" listed by the State of Delaware, Division of Public Health.

It is not uncommon for a child to catch many illnesses during their early years as it is their first time exposed to many germs. Please call the center and keep your child home if they have any of the above symptoms.

Children must be on antibiotics for at least **24 hours** prior to returning to school. If you child has a contagious illness during the school year they will need a doctor's note that states they are no longer contagious and may return to school. As a courtesy, please contact Kids Cottage at **302-644-7690** if your child will be absent due to any illness.



Photographic Permission

I, the undersigned, hereby grant Kids Cottage permission to make photographs of my son/daughter who attend various educational activities or events at Kids Cottage, and to reproduce the photographs in print/web-based educational, informational, and promotional materials which Kids Cottage produces and makes available for the facility and/or community.

Son/Daughter's Name: _____

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

No, I would prefer not to grant permission for the above mentioned Photographic Permission.

Signature: _____ Date: _____



Special Snack/Food

I, the undersigned, hereby grant Kid's Cottage permission to give snack/food for special events, birthdays, etc., to my son/daughter.

Son/Daughter's Name: _____

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

No, I would prefer not to grant permission for the above mentioned
Special Snack/Food Permission.

Signature: _____ Date: _____



GETTING TO KNOW YOUR CHILD

The purpose of this questionnaire is to assist your child's teacher to understand and better know your child and to accomplish the most beneficial and enjoyable learning experience. We understand that you are an expert when it comes to your child and we appreciate and respect any and all information that you can provide us in making your child's transition into our program as smooth as possible. Any information you share with us will be kept confidential. Thank you for your help in making this year a great year for your child!

My child's name is: _____ Nickname: _____

Who will normally drop off your child? _____ Pick up? _____

What is your estimated time of arrival? _____ Departure? _____

Has your child had previous daycare placement? _____ Where? _____

What is the primary language spoken in your home? _____ Secondary? _____

Any physical disabilities? _____

Any known allergies? _____

Please list any other medical problems : _____

What is your child's feeding schedule/routine? _____

What is your child's nap schedule/routine? (ex: rocking, singing, bottle, etc. and times)

What is his/her favorite foods? _____

My child's interests are : _____

Does he/she have experience playing with other children? _____

By nature my child is : (example: energetic, sociable, happy, ect.)

What are your child's favorite activities at home? (example: books, music, etc.)

Does your child have warning signs that occur prior to him/her getting upset?

What are the best ways to calm or comfort your child when he/she is upset?

Have there been any recent changes in your child's life? _____

Sensory Challenges

(Please circle one)

SOUNDS : I usually - Avoid Seek no concern

Comments: (Examples: assembly, loud noises, etc.) _____

TOUCH : I usually - Avoid Seek no concern

Comments: (examples: likes the feel of silky blanket, doesn't like certain textures, etc.) _____

VISUAL : I usually - Avoid Seek no concern

Comments: (examples: likes to flip book pages, glare bothers my eyes, etc.) _____

Please add any other important information we should know about your child:
