



## **Kids Cottage Information Sheet**

### **Record Information:**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Circle: Male/Female

Who does the child reside with? Mom \_\_\_\_\_ Dad: \_\_\_\_\_ Both: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Guardian Information:**

Guardian 1 Name: \_\_\_\_\_

Guardian 1 Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Guardian 1 Email: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_

Guardian 2 Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Guardian 2 Email: \_\_\_\_\_

### **Medical Information:**

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Previous Injuries: \_\_\_\_\_

Does your child have an... \_\_\_\_\_ IFSP \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ N/A

\*\*Per Office of Childcare Licensing Regulations, we must have a copy of your child's IFSP/IEP

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Plan: \_\_\_\_\_

### **Contact Information:** Must have a minimum of 2 Emergency Contacts.

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

\*Emergency Contact persons will also be authorized to pick up child.

# Kids Cottage LLC – Indemnity Agreement/Parent’s Right to Know

Child’s Name: \_\_\_\_\_

1. **ACKNOWLEDGEMENT OF RISK:** I (the “INDEMNIFIER”) 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 “INDEMNITEES”), 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 **INDEMNIFY 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](http://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

**CHILD INFORMATION CARD**  
**State of Delaware**  
**Department of Education**

<b>Child's Information</b>			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
<b>Parent/Guardian Information (1)</b>		<b>Parent/Guardian Information (2)</b>	
Emergency Contact/Authorized to Pick-up Child		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:	
<b>Additional Emergency Contacts and People Authorized to Pick-up Child</b>			
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 licensee/staff/substitute.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date

<b>Medical Information</b>	
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.*



## Automatic Payment Program

Kids Cottage offers an Automatic Payment Program for safe and easy payments. Your account will be charged every Monday for services such as Full Day Preschool, Drop-In Care, Before and After School Care and Summer Camps. Accounts will be charged on the first of the month for Half Day Preschool, Enrichment and KC Seasonal Classes. If you would like a printout of your statement at any time, please stop by 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.

You may contact Kids Cottage in writing to cancel recurring payments by emailing us directly at [taylor@kidscottage.com](mailto:taylor@kidscottage.com).

I \_\_\_\_\_ authorize Kids Cottage to process the following credit card each Monday or 1<sup>st</sup> of each month for the services provided.

### Credit Card Authorization

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 and Zip Code: \_\_\_\_\_

### Checking Account Authorization

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_    Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_    Account Type:    \_\_\_ Checking    \_\_\_ Savings

Print Name: \_\_\_\_\_    Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_



## ASQ – Ages and Stages Questionnaire

The first five years of life are very important for your children because this time sets the stage for success in school and later in life. During infancy and early childhood, your child will have many experiences and learn many skills. It is important to ensure that each child’s development proceeds well during this period.

As of July 1<sup>st</sup>, 2023, Delaware Office of Childcare Licensing requires that centers have a record of a completed ASQ on file for each child. The ASQ is a developmental screening that helps track your child’s development and helps identify developmental delays as early as possible.

The ASQ can be filled out online with the links listed below. Please keep in mind that there are two parts of the ASQ, but it should not take any longer than the 30 minutes to complete. Both parts are included in the link listed below for your child’s age range. You do not have to use both links. Parents have the option to opt out in completing the ASQ. However, we ask that regardless of if you fill out the ASQ online or you wish to opt out, you fill out the information below to keep on file for licensing purposes.

Link for children ages 0-34 months: [https://www.asqonline.com/family/c84b52/chain\\_start](https://www.asqonline.com/family/c84b52/chain_start)

Link for children ages 34-60 months: [https://www.asqonline.com/family/db127d/chain\\_start](https://www.asqonline.com/family/db127d/chain_start)

\*Please note that the link above for the 34-60 month age group is for families living within the Cape Henlopen School District.

If you live outside of the Cape Henlopen School District, please stop by the front desk for your local district’s link.

\*\*When typing the link in your browser, there is not a space between the words “chain” and “start”, there is an underscore (\_).

### **Please select and sign one of the following below**

I completed the ASQ via the link provided above before turning in my child’s enrollment paperwork.

Child’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

### Ages and Stages Waiver

**I do not** wish to participate in the ASQ-2 and ASQ-3 and understand the purpose of this program.

Child’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_



## Photographic Permission

I, the undersigned, hereby grant Kids Cottage permission to take photographs of my child 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.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

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

Signature and Date: \_\_\_\_\_

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## Special Snack/Food Permission

I, the undersigned, hereby grant Kids Cottage permission to give snack/food for special events, birthdays, etc., to my child.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

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

Signature and Date; \_\_\_\_\_



## Kids Cottage Illness Policy

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. In accordance with the State of Delaware Office of Childcare Licensing, we will not permit a child to attend who has symptoms of illness such as:

- Temperature of 100.4 degrees or higher
- Diarrhea
- Acute vomiting
- Severe cold
- Coughing or sore throat
- 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, or stool
- Runny nose with green, yellow, or brown discharge
- Unusual behavior of the child (lethargic)

Symptoms which indicate any of the following diseases: Chicken Pox, Impetigo, Lice, Scabies, Strep Throat, or Hand Foot and Mouth will also not be permitted in the center.

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

If your child is sent home from school with symptoms of a contagious illness, they must be seen by a doctor in office, and are required to have a doctor's note to return. The doctor's note must include a letter head, date of when the child was seen in office, date they are cleared to return to school, and a signature from medical personnel. If your child is being treated with antibiotics, they must be on the antibiotics for **at least 24 hours** prior to returning to school.

If your child is sent home from school with cold like symptoms, including a fever of 100.4 or higher; or symptoms of a stomach bug, including but not limited to multiple rounds of vomiting and diarrhea, **they are not permitted to return to the center the following day**. Your child is allowed to return after all symptoms have subsided and are fever free for 24 hours without medication, unless they have a doctor's note clearing them to return.

As a courtesy, please contact Kids Cottage at **302-644-7690** if your child is diagnosed with a contagious illness.

By signing below, you acknowledge that you have read and understand the Illness Policy stated above. If you wish, we will provide a copy of the signed Illness Policy. This signed document will be kept in your child's file.

Child's Name: \_\_\_\_\_

Parent's Signature and Date: \_\_\_\_\_