



Enrollment Form
Creative Kidz Preschool & Daycare
710 Foothills Drive Suite B
Newberg, Oregon 97132
Info@Creativekidzpreschool.com
503.537.9500

Absences: Payment is due in the instance of an absence due to illness, snow days, school closures due to holidays, personal reasons, or vacation time. Due to staffing concerns and ratios, we are unable to switch, or credit missed days. _____

Arrival: If you have not arrived with your child by 10:00 AM Creative Kidz will not accept your child for the day. It can be disruptive, and we may have sent extra staff home by this time.

Breast milk/ formula: Breast Milk must be clearly labeled and dated. If your child drinks formula, you must provide it accordingly. We ask that all bottles are **pre-made** daily: we will send the soiled bottles home at the end of each day. _____

Diapering: Please provide your child with diapers, wipes, and extra clothing. Parents will be updated via Brightwheel when child is low on diapers. Creative Kidz does not potty train children under the age of 2. _____

Food restrictions and allergies:

Children 12 weeks-23 months old are nut, fish/ shellfish, strawberry, and egg free.

Children 24 months – 5 years of age are nut free.

Please feel free to use alternatives such as chickpea or sun butter. Foods with egg baked in are acceptable. _____

Holiday closures: We are closed on the following days due to holiday: New Year's Eve, New Year's Day, Presidents Day, Memorial Day, 4th of July, July 5th, Labor Day, Thanksgiving, and the day after Thanksgiving, Christmas Eve, Christmas Day, December 26th.

There are no tuition refunds or make up days due to holiday or weather-related closures.

Illness: Creative Kidz is not responsible for any illness your child may contact while in group care. _____

Illness and sick days: To control communicable illness in children and our staff, sick kids with fevers, diarrhea, severe colds, or any other contagious illness, may not be brought to group care. **They will be sent home** if they show signs of illness. To follow the state guidelines **ALL children** must be free of fever for 24 hours prior to returning to group care. Children who become ill with any of these symptoms will be sent home. _____

Immunizations: We will obtain a copy of your child's most recent immunizations. If we cannot locate them through the state portal, we will require you provide copies. _____

Known allergies: If your child has a known allergy, you MUST provide an EpiPen. _____

Late pick up Fees (after hours): Parents picking up children after 6:00 PM will be charged a late fee of \$1.00 per minute, per child with no cap. Late fees are payable in cash to the closing teacher upon pick up. Unpaid late pick up fees will be billed to the child's account balance. _____

Misplaced items: Creative Kidz is not responsible for misplaced, lost, or stolen items. We ask that all valuables stay at home. _____

Park and playtime: Please provide your child with sunscreen, hat, shoes, and jacket daily so we can utilize the outside area. We have a rope with handles on it to secure the children safety when walking to the park. Teachers must have parent contact information and a phone with them in case of an emergency. _____

- If you do not want sunscreen applied to your child, please initial here. _____

Payments: Tuition is due on the 1st and late by the 3rd of each month. A 10% late fee will be automatically billed to accounts with late payments. _____

Refunds: All tuition, registration fees, deposits, 6-month payments, or unused scheduled days are nonrefundable. _____

Registration fee: There is an annual registration fee of \$100.00 payable at the time of sign up. \$100.00 for 1 child or \$175.00 for 2 kids. (Each year in February there will be an annual registration fee of \$100.00) The annual registration fee is nonrefundable. _____

Returned checks: A \$25.00 fee will be charged for any returned check; separate bank fees may apply. _____

Snacks and meals: Creative Kidz offer snacks. Parents are responsible for providing breakfast and lunch for their child daily. Please see a manager with questions. _____

Snacks for the class: Please refrain from bringing home made foods to share with the class. If you would like to bring snacks for a special event, please make sure your snack is nut free and store bought. _____

Termination of enrollment: Creative Kidz reserves the right to terminate this contract at any time for any reason. _____

Topical creams and lotions: We ask that all parents provide their child with any lotions, diaper creams, or ointments. _____

Weather related closures: Creative Kidz follows the Newberg School District on weather delays and weather-related closures. (Please watch your local news and check your Brightwheel app for the latest news.) Please call the Newberg School Closure Hot Line 503-554-5001 for closure information. In the event Public Schools are closed, Creative Kidz may close due to weather and safety concerns-- **at our own discretion.** _____

Withdrawal policy: A 30-day notice of intent to withdrawal from Creative Kidz Program is required. You are responsible for 30 days tuition from the notice date. Creative Kidz works with a local Collection Agency and The Small Claims Court system—Please be advised. _____

10 hour per day/ 50 hour per week: For the well-being of each student, we must limit full time care to 10 hours per day/ 50 hours per week. See a manager with questions. _____

I (print full name): _____ have reviewed The Parent handbook and agree to all terms.

Parent Signature: _____ **Date:** _____

PRICING

Preschool Program (AM only) **Age 3+**

Basic Rate: 2 days a week \$273.00 per month
 3 days a week \$330.00 per month
 5 days a week \$430.00 per month

Full Day Options

Brightwheel Application: There will be a \$5.00 per month application fee added to all tuition. _____

Children 24-35 Months of age:

Full Time Rate: 5 days per week \$1055.00 per month
Individual Day Rate: \$53.00 per day

Children 36+ Months of age:

Full Time Rate: 5 days per week \$924.00 per month
Individual Day Rate: \$43.00 per day

PLEASE SELECT A SCHEDULE

Creative Kidz offers childcare from 7:00 AM- 6:00 PM

Days: _____ (Example: MWF or M-F)

Hours: _____ For scheduling purposes, your child must be picked up at your scheduled time, must not exceed 10 hours per day, or 50 hours per week.

Receive a 10% discount on all tuition paid in increments of 6 months or more.

Receive a 10% sibling discount on the lower rate tuition.

For Office Use Only:

\$75 Registration Fee: Paid \$ _____ Check # _____ Cash Card

1st Months Tuition: Paid \$ _____ Check # _____ Cash Card

Employee Initial: _____ Date: _____

Personal Information

Child's Full Name: _____ Gender: Male Female

Nickname: _____ Starting Date: _____ DOB: _____

Mother's Name: _____ Father's Name: _____

Mother's Email: _____ Father's Email: _____

Mother's Phone: _____ Father's Phone: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Insurance Company: _____

Address: _____ City: _____ Zip: _____

Health: (Please Circle)

Acid Re-flux

Colic

Constipation

Coughing

Diaper Rash

Eczema

Frequent Colds

Diarrhea

Frequent Ear Infections

Frequent Sore Throat

Spitting up

Urinary Problems

EMERGENCY CONTACT FORM

Child's full name _____

Mother's phone _____ Father's phone _____

Date of Birth _____ Address _____

Mother's Name _____ Father's Name _____

Employed At _____ Employed At _____

Business Phone _____ Business Phone _____

Insurance Company _____ Last Tetanus Shot _____

Medications taken daily _____

Allergies _____

Name of friends and family who can pick up the child in an emergency:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Hospital Preference _____

I hereby grant permission for the director of supervisory staff person to take whatever step may be necessary to obtain emergency medical care if warranted.

These steps may include:

1. Attempt to contact parent or guardian
1. Attempt to contact child's physician
1. Attempt to contact you through any of the persons listed on the emergency form you completed
2. If we cannot contact you or your child's physician, we will do any or all the following. A) call another physician or paramedic, B) call an ambulance, C) have child taken to an emergency hospital in the company of a staff member.
3. The child's parents will pay expenses under 4 above

Parent's printed name _____

Parent's signature _____