



Creative Kidz Nursery  
207 North Meridian  
Newberg, Oregon 97132  
[Info@Creativekidzpreschool.com](mailto:Info@Creativekidzpreschool.com)  
503.487.6934

**Absences:** Payment is due in the instance of an absence due to illness, snow days, school closures 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.  
\_\_\_\_\_

**Bottles, pacifiers, sippy cups, and teething toys:** Must be provided by Parents. Children are not allowed to sleep with blankets, binky clips, teething necklaces, or stuffed animals. No wrapped, or weighted sleep sacks allowed per state guidelines. \_\_\_\_\_

**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 Nursery does not potty train children. (Creative Kidz Preschool & Daycare does) \_\_\_\_\_

**Food restrictions and allergies:** Due to possible allergies in children under the age of two, Creative Kidz Nursery is a nut, fish/ shellfish, strawberry, and egg free center. Please feel free to use alternatives such a sun butter. Foods with egg baked in are fine. \_\_\_\_\_

**Holiday closures:** We are closed on the following days due to holiday: New Year's Eve, New Year's Day, Presidents Day, Memorial Day, 4<sup>th</sup> of July, July 5<sup>th</sup>, Labor Day, Thanksgiving, and the day after Thanksgiving, Christmas Eve, Christmas Day, December 26<sup>th</sup>. **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 contract while in group care. \_\_\_\_\_

**Illness and sick days:** In order 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 symptom free 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 fee (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 automatically billed to account balance. \_\_\_\_\_

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

**Outside playtime:** Please provide your child with sunscreen (6 months +), a hat, shoes, and jacket daily so we can utilize the play area outside. Outside time is between 9 AM and 11 AM if weather permits.

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

**Payments:** Tuition is due on the 1<sup>st</sup> and late by the 3<sup>rd</sup> 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. \_\_\_\_\_

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

**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 it follows our allergy guidelines and is store bought. \_\_\_\_\_

**Termination of enrollment:** Creative Kidz Nursery reserves the right to terminate this contract at any time for any reason. \_\_\_\_\_

**Topical creams and lotions:** We ask that parents provide topical creams and lotions. \_\_\_\_\_

**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. \_\_\_\_\_

**50 hour per week:** You For the wellbeing of each student, we must limit full time care to 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

- The daily rate \$70.00 per day
- The full-time care is a flat rate of \$1400.00 per month for 5 days a week, 7am-6pm.
- **We do not offer half days; you are welcome to pick your child up early. The rate does not change.**

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:

\$100 Registration Fee:  Paid \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash  Card

1<sup>st</sup> 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
2. Attempt to contact you through any of the persons listed on the emergency form you completed
3. 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.
4. The child's parents will pay expenses under 4 above

Parent printed name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

