



**Krayola Kids Childcare Center**  
**903 6<sup>th</sup> Ave. Ct. NE**  
**Isanti, MN 55040**  
**(763) 444-8228**

How did you hear about us?

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="radio"/> Referral | <input type="radio"/> Newspaper |
| <input type="radio"/> Website  | <input type="radio"/> Other     |
| <input type="radio"/> Drive By |                                 |

### Enrollment Application

**Childs Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:** M or F

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

**Enrolling Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Second Parent/Guardian's Name:** \_\_\_\_\_

**Address (if Different):** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Child Lives with...Both Parents:** \_\_\_\_\_ **Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_ **Grandparents:** \_\_\_\_\_

**Other (Please Explain):** \_\_\_\_\_

In addition to the parents, who resides in the same household as the child?

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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### Authorization to Pick-up Child

**\* Proper Notification and Identification is required before the child will be released to anyone.**

**Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

Please list anyone who is **NOT ALLOWED** to pick-up your child form Krayola Kids Childcare Center.

(A copy of the court order is required if a parent is not allowed to pick up the child.)

**Name(s):** \_\_\_\_\_

### Authorized Emergency Contacts – Required

We will contact if we are unable to reach either parent and will be authorized to pick-up the child. Please ensure the Authorized Emergency Contacts match those on your Emergency Card.

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

### Attendance

**Circle days to attend** AM Mon Tues Wed Thurs Fri Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

PM Mon Tues Wed Thurs Fri Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

**Meals to attend** Breakfast AM Snack Lunch PM Snack **Note:** Breakfast is from 7-8 a.m. and lunch is 1130-1200

**School-age Out of Session days to attend** Mon Tues Wed Thurs Fri Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

### Secure Camera Access

Do you wish to have camera access to your child's room and common play areas? Yes No

If Yes, what would you like your Username and Password to be? U: \_\_\_\_\_ P: \_\_\_\_\_

\* Please do not hand out this username and password. We hold the right to change username and password if system is abused.

### General Information

How would you describe your child's personality? \_\_\_\_\_

Favorite Book? \_\_\_\_\_ Favorite Toy? \_\_\_\_\_

How does your child like to be comforted? Nuk Blanket Special Toy Other:

Tell us about your child's eating habits: \_\_\_\_\_

Any specific dietary needs for your child? \_\_\_\_\_

What is your child's current napping schedule? AM \_\_\_\_\_ PM \_\_\_\_\_

Does your child have any specific fears that we should be aware of? \_\_\_\_\_

Does your child need help: Dressing Washing Hands Using Bathroom Eating Other:

Is your child potty trained? Yes No What does your child say when they need to use the toilet? \_\_\_\_\_

Is your child in diapers? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your expectations of Krayola Kids Childcare Center? \_\_\_\_\_

Any additional information: \_\_\_\_\_

**Medical Information**

Child's Physician/Clinic: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

Are there any medical problems or needs concerning your child that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

**Release Agreement**

**\*\*Please initial each item and sign below.**

\_\_\_\_\_ I am enrolling for \_\_\_\_\_ days per week at the cost of \_\_\_\_\_ per week.

\_\_\_\_\_ I agree to pay in advance each week's tuition

\_\_\_\_\_ I am aware that I will be charged a late fee for payments received after Monday of current week.

\_\_\_\_\_ I am aware that I will be charged for unauthorized late pickups and early arrivals.

\_\_\_\_\_ I authorize Krayola Kids Childcare Center Staff to initiate emergency care if the need arises (i.e. First Aid, CPR).

\_\_\_\_\_ I authorize Krayola Kids Childcare Center Staff to apply Sun Screen (which I provide) to my child as needed.

\_\_\_\_\_ I authorize Krayola Kids Childcare Center Staff to Insect Repellant (which I provide) to my child as needed.

\_\_\_\_\_ I authorize Krayola Kids Childcare Center Staff to take my child on walks within a four-block radius of the center when weather permits. Also, upon notification and my signature of permission, Krayola Kids is authorized to take my child on planned field trips by Bus or on foot (with parental consent). I also understand that no refunds will be given unless the field trip is canceled by Krayola Kids.

**Parent Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

## Weekly Tuition Agreement

Weekly contracted tuition amount: \$\_\_\_\_\_. This covers the hours scheduled on this contract and/or up to 11 total hours per day for full-time, and up to 5 hours per day for part-time enrollment. This tuition includes breakfast, lunch, and two snacks. Weekly tuition is due on Friday for the following week of care. A \$10 late fee will be charged on Monday afternoon if payment has not been made. As a reminder, if you change your child's schedule it may reflect in a weekly rate change.

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

## Tuition Contract

Tuition is not attendance based and is based on your weekly schedule. Full tuition will be charged for absences and holidays as stated in the Parent Handbook. A two (2) week written notice is required for any changes in scheduling, use of vacation week and/or termination of childcare. If a two-week written notice is not given to the Director or Assistant Director, you will be responsible for the tuition still owed.

**\*\*Tuition is subject to change with a 30 day written notice when the rates are evaluated annually.**

I have read, understand, and will comply with the payment policies as stated in my contract.

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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### OFFICE USE ONLY

Registration Fee Received on \_\_\_\_\_ by \_\_\_\_\_ Check Number: \_\_\_\_\_

Camera Access Setup on \_\_\_\_\_ by \_\_\_\_\_