

Email: _____

Email: _____



**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Agreements

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill, and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so, requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)	Date
Administrator of Center	Date

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



Parent Enrollment Information and Agreement

Business Hours: Monday – Friday 5:30am – 6:00pm. Children are not to be in care for more than 10 hours daily.

Special Occasions Hours- (Parent Day/ Night Out) open to 9:00p.

Tuition Rates: The tuition rate assessed for your child(ren) at the time of enrollment, including all additional fees, are subject to change in whole or in part by Niko's Playworld with a written two-week notice to parent/guardians.

Children's Records: A copy of your child's immunization record, Physical Examination form and proof of birth must be received before the first day of care. Documentation is required for all children. **A physical with in 30 days of care of beginning care.**

Please notify the Center immediately if any contact information (phone number, address, authorized pick-up, etc.) changes. This information must always remain current.

Holidays and Closures: Niko's Playworld will be closed or will close early in recognition of various Holidays throughout the year. A Holiday schedule will be posted Annually. The center also reserves the right to close 3 additional days throughout the year for staff in-service training days. Notice for these days will be posted one month in advance. **PLEASE PAY ATTENTION TO THE PARENT BOARD AND NOTICES POSTED AT ENTRY FOR UPDATES.**

If Niko's Playworld should close early due to severe weather or other conditions, the center will notify all parent/guardians through the **REMIND APP., FACEBOOK, AND MESSAGE LEFT ON THE CENTER VOICE MAIL**, In the event parent/guardians are unable to be contacted, Niko's Playworld will notify the emergency contacts on file.

Should any conditions prevent the center from opening at the regularly scheduled time, parents will be notified by **REMIND APP, FACEBOOK AND MESSAGE LEFT ON THE CENTER VOICEMAIL** Closures will also be posted on Parents boards on site.

*There will be **No Tuition** credit for any time the center is closed.*

***Vacations:** Each child will receive 2 reservation weeks per calendar year. These weeks are not required to be consecutive. For the 2 full calendar weeks any child is absent, the tuition fee will be discounted **50%** as a reservation fee. Payment for reservation fees will be made in advance of the absence when possible. Niko's Playworld requests a one-week notice in writing of use of a reservation (vacation) week.*

***Sickness/Illness:** Please notify Niko's Playworld of all sickness*

*Niko's Playworld agrees to notify the parent/guardian whenever their child becomes ill and the parent/guardian Must arrange to have the child picked up within **1 hour**, if so, requested by the center. The following is a **partial list** of reasons why your child may be sent home from childcare:*

- ***Temperature reaching 100°***
- ***Diarrhea and/or vomiting more than 2 times in one day***
- ***Unknown rashes, Signs of infection***
- ***Any changes in Childs behavior***

The parent/guardian authorizes Niko's Playworld to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. Should the parent/guardian be unavailable, Niko's Playworld will notify the designated emergency contact to pick up the child.

*The parent/guardian agrees to inform Niko's Playworld within 24 hours or the next business day after his/her child or any member of the immediately household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. **Some examples of communicable diseases include, but are not limited to, chickenpox, Cocksackie virus, influenza, and rubella, hand, foot and mouth disease.***

If your child is ill for more than 2 days, Niko's Playworld requires a written authorization from a licensed medical physician to return to our care.

***Drop-off/Pick-up:** All children must be dropped off prior to 9:00am so we can begin our daily routines. **All arrivals after 9:00am must be arranged prior to dropping your child off at Niko's Playworld.** We must remain in accordance with child to staff ratios and may not be able to accommodate your child if arrangements have not been made prior to 9:00am. Parents are asked not to linger around the classrooms or hallways at drop off and pick up.*

Only authorized persons on your registration form will be allowed to pick up your child from Niko's Playworld. The person authorized for pick up must bring in their valid state issued photo identification.

If for any reason a birth parent may not be allowed to pick up your child, Niko's Playworld must possess a copy of the legal documentation stating so.

Late Pick-up: A late pick-up fee of **\$20.00** will be assessed after **6:03 pm** or/ for **Early dismissal** e.g.: **12:03pm** and every 10 minutes after the center is closed. The rate changes to **\$3.00** per minute after 1 hour of center closing. The child will not be able to return back to Niko's Playworld until the late fee is paid. Repeated tardiness can also result in childcare termination.

If a child is not picked up 60 minutes after closing time and a parent/guardian or emergency contact cannot be reached, in accordance with state childcare licensing regulations, Niko's Playworld may release child(ren) to the custody of child protective services or other local authorities.

Registration: A **non-refundable annual registration** A fee of \$110.00 is due at the time of enrollment and payable each year from the month that childcare began. If your child has withdrawn from the program for more than 30 days and subsequently re-enrolls, a new registration fee is due at that time.

Proration: Weekly tuition will only be prorated for the first week of attendance. **Tuition fees are not subject to proration for illness, holidays, family emergencies, or emergency closure of the center.**

Payments: All payments are due the Monday in advance of services rendered. If any payments are not received by the time of pick-up on Monday, your account will be subject to a **\$25.00 late fee.**

Payment Options: Families have the option of paying tuition online to Pro Care, or money orders, cashier checks, and cash, credit/debit. Accounts containing non-sufficient funds (NSF) will be charged a fee of **\$75.00 per transaction.** Repeated late payments can result in termination.

Termination by Center: If a child demonstrates persistent, uncontrollable behavior, we regret that the child will be immediately released from care. Accounts in arrears may result in immediate termination of service. In the event Niko's Playworld terminates a child or family, we will provide the parent/guardian a written one-week notice. Niko's Playworld reserves the right to terminate any child or family for any of the following reasons, but not solely limited to:

- Failure to abide by Niko's Playworld Policies and Procedures
- Non-payment of fees
- Center's inability to meet the child's needs
- Lack of parental cooperation and communication

Termination by Parent/Guardian: For ordinary termination of care, a parent/guardian must submit a written two-week notice of termination. If a parent/guardian withdraws their child without proper notification, charges will continue to accrue for two weeks unless you have proof of military orders provided to Niko's Playworld.

*. Failure to comply may result in court fees, Wage Garnishment.

Non- Competition: Employees are prohibited from initiating or accepting employment arrangements (e.g., "nanny") with Niko's Playworld Families while employed by the center and for a period of twelve (12) months after their employment by the center ends. In doing so you (parents) will be required to pay Niko's Playworld a **\$1000.00 finder's fee.**

Media Consent: Niko's Playworld has permission to take photographs and/or record an electronic image of children for educational, advertising and safety purposes. Class photographers are taken twice yearly by outside companies. These photos are made available to parents and purchased through the center. Niko's Playworld has informed all parents/guardians that the center is viewable on the Internet only with a special access code. Parents/guardians release Niko's Playworld and its staff from any and all liability, which may or could arise from the taking, recording, publication, distribution or other use of these images.

According to the fee schedule:

Classroom: _____

1. My fee will be \$ _____ weekly for Part time(initial) _____ or Full time(initial) _____ I will bring my child/children in at _____ am/pm and pick up my child/children at _____ am/pm.
2. My payment is **Due Weekly**
3. Tuition payments are due each Monday whether my child is present or absent from care.
4. I will pay an additional \$25.00 per week for payments not made in advance.
5. I will pay any additional fees stated above for late pick-up and/or **\$3.00 per minute for any time my child spends in care beyond 10 hours per day.**
6. I will render a two-week written notice of termination prior to removing my child from care.
7. I agree to **pay the two-week termination fee** if I am unable to give a two-week written notice of termination.
8. If there is a need to modify my agreement in any way, I will notify the Director or Administrator immediately and sign a new agreement.
9. The terms of this agreement, including the fees, are subject to change in whole or in part by Niko's Playworld with two weeks' notice, except that Niko's Playworld may terminate this agreement at any time.

I/we agree to the information and agreement as outlined above on pages 1-4 I am aware that changes to the information and agreement provided may change with a two-week written notice from Niko's Playworld.

Child Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Parent Guardian Print Name

Center Director/Witness _____

Addendum March 2020



Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. However, we do want to protect a child from an unusually high exposure to germs all at once.

In a childcare setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.
















For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful handwashing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the accompanying chart, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return

CONTINUED INFECTION CONTROL POLICY

The symptoms include:

-  **fever** greater than 101°F.
-  **severe** coughing - child gets red or blue in the face
-  **high-pitched** croupy or whooping sounds after coughing
-  **difficult** or rapid breathing - especially in infants
-  **yellowish** skin or eyes
-  **pinkeye** - tears, redness of eyelid lining, followed by swelling and discharge of pus
-  **unusual** spots or rashes
-  **sore** throat or trouble swallowing
-  **infected** skin patches
-  **crusty**, bright yellow, dry, or gummy areas of skin - possibly accompanied by fever
-  **unusually** dark, tea colored urine - especially with a fever
-  **grey** or white stool
-  **headache** and stiff neck
-  **vomiting**
-  **severe** itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.

Parent Agreement for the Infection Control Policy

Child's Name: _____

Teacher: _____

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at Niko's Playworld Center.

The infection control policies and procedures have been presented and explained to

Parent/Guardian Print _____

Signature: _____

Director Signature _____



Medical Updates

Child Name: _____

Virginia State Licensing Department requires documentation medical records updates. I, _____, hereby agree that any medical updates of my child's records will be immediately given to Niko's Playworld.

Addendum March 2020

_____	_____	_____
Print Name	Parent Signature	Date
_____	_____	_____
Print Name	Parent Signature	Date
_____	_____	_____
Witness Signature		Date



Blanket Permission

I give permission to Niko's Playworld to use a blanket on my child
_____ provided by me during nap time.

I **do not** give permission to Niko's Playworld to use a blanket on my child
_____ during nap time. I will provide an infant sleep sack for use
during nap time.

Print Name Parent Signature Date

Addendum March 2020

Print Name Parent Signature Date

Witness Signature Date

AUTHORIZATION FOR TEXT MESSAGING

By signing this form, I authorize Niko's Playworld to send text messages to my cell phone through the REMIND APP. To convey information regarding the center. I understand that standard text messaging rates may apply depending on my cell phone provider. I also understand that I may revoke this permission at any time. I agree that in the event my contact/cell phone number changes that I will inform Niko's Playworld of my updated phone number.

Childs Name: _____
Classroom: _____

- I accept and DO want to receive text messages.

- I decline and DO NOT want to receive text messages at this time.

Addendum March 2020

Cell phone # (_____) _____

This authorization form will remain in effect until revoked in writing by me or Niko's Playworld.

Parent Signature: _____

Date: _____

Administration Signature: _____

Date: _____

Privacy Disclaimer: Text messaging is provided as a service to parents to give important information in a timely manner. Your information will not be shared or distributed in any way.



STAFF HIRED BY PARENTS

We strongly discourage our employees from making independent childcare arrangements with families at the center. However, in the event that you enter into an agreement with a Niko's Playworld employee to babysit for your family outside of the employee's normal work hours and/or outside of the school hours, it must be done away from the center and with the full knowledge and understanding that the sitter enters into such an agreement as a private citizen and not as a Niko's Playworld employee. We cannot be responsible for our employees away from the center, outside their working hours, and will not be liable for their acts or omissions when not on our property including transportation of children. You may be required to sign an acknowledgement and waiver to this effect.

Parents are prohibited from initiating or accepting employment arrangements with Niko's Playworld staff members for a period of twelve (12) months after their employment by the center. If you hire a staff member to work for you during this time frame and or if that employee resigns their position with us in order to accept your employment offer, you will be required to pay Niko's Playworld a \$1,000 finder's fee. Failure to pay such fee will result in legal action including court cost and late fee.

Parent Signature:

Date:

Director:

Date:



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on childcare website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on childcare's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

 (Parent or Guardian signature)

 (Date)

Infant Feeding Schedule

Milk / Formula

Name of Child: _____

Date to Begin: _____

Type of Milk: _____

Frequency/(Every) ___ 1 Hour ___ 2 Hours ___ 3 Hours ___ 4 Hours ___ Feed as Needed

Ounces per Feeding: _____



ndum March 2020

Solids

Type of Solid (jar, cereal etc.) _____

Frequency/(Every) ___ 1 Hour ___ 2 Hours ___ 3 Hours ___ 4 Hours ___ Feed as Needed

Amount per Feeding _____

Parent Signature: _____

Teacher Signature: _____

Date: _____