



## NEW FAMILY ORIENTATION CHECKLIST

<b>Meet Your Teacher(s)</b>	<b>Your Child</b>
Teacher Biography Review	Daily/Weekly Report
Center/Classroom Tour	Daily Schedule
<b>Confident Parent</b>	Developmental History
Parents Handbook	Meals and Snacks
<b>Security:</b> Pick up procedures, Biometric & Camera	Feeding Instructions (Infant Only)
<b>Family Communications</b>	Developmental Assessments/Progress Report
Parents App Engagement	Curriculum
Communication Boards	<b>Operations</b>
Daily/Weekly Report	Registration Form
Weekly Lesson Plan	Parents & Center Contract
Incident Reports	Tuition/Online Payment Policy
Classroom Folder and Organizer	Response and Action Plans To Covid-19
Child's Cubby	Developmental History
Informal Communications	Emergency Preparedness Acknowledgement
<b>Customer Service</b>	Decision to Administer Medication
Welcome Letter	Child's Emergency Medical Authorization
Surveys (Teacher & Center)	Enrollment Waiver
<b>Safety</b>	Outdoor Weather Policy
Emergency Preparedness and Action Plan	Discipline Policy
Our Policy on SIDS, SBS, AHT	Permission to Photograph
<b>Acknowledgement</b>	Closing Policy
	Potty Training Policy
Child's Name:	Child's DoB:
Parent's signature:	Date: Date:
<b>Required Documents:</b>	Director's signature:
<ol style="list-style-type: none"> <li>1. Copy of Birth Certificate</li> <li>2. Physical</li> <li>3. Immunization/Shots Records</li> </ol>	



## ENROLLMENT CONSENT

Is KinderKidz Learning Center right for my child?

Children's Basic Self-Skills.

Does my sit to eat or walks around while eating or drinking? Does my child throw things or tantrum when asked to do something? Does my child take naps?

**KinderKidz focuses on Play Based Learning Activities Not Free Play Activities.**

We encourage children's holistic development through their own curiosity. Using their bodies and minds, children learn through hands-on investigation. The learning environment is tailored to each child and is directed or supported by a teacher. Even though we have Free Play time as part of our classroom schedule, the children must be able to follow the child-appropriate structural time collectively in our group setting.

I, \_\_\_\_\_ have read KinderKidz Learning Center's Parents' handbook, policies, and procedures.

I consent to a two (2) weeks trial period as an adjustment period for my child.

I also understand that service can be terminated early by me or KinderKidz where safety is concerned without obligations.

\_\_\_\_\_  
Parent/guardian Signature

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

\_\_\_\_\_  
Date



**PARENTS and CENTER ANNUAL CONTRACT**

This agreement is made by and between KinderKidz Learning Center and \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_. The following has been agreed upon between the two parties beginning \_\_\_\_\_ and will end December 31<sup>st</sup> of same year:

I have read and agreed to the full content of KinderKidz Learning Center Policies and Operating Procedures Parent’s Handbook. The information for my child’s registration for childcare is current and I will update addresses and contacts accordingly. I understand that disregarding these policies can result in termination from childcare enrollment.

**ANNUAL REGISTRATION**

I agree to the annual registration fee of \$95.00 to be paid on or by the 2nd Monday in December of every year.

**RATE**

I agree to the weekly rate of \$\_\_\_\_\_, to be prepaid every Friday before the start of new service for my child, \_\_\_\_\_ (initial) **DSS Families ONLY:** I agree to pay out of pocket ALL non-swipes regardless of whether my child is present in school or not.

**FULL TIME (6 – 10 hours) or PART TIME (1 – 5 hours)**

**Dropoff Time** \_\_\_\_\_ and **Pickup Time** \_\_\_\_\_ on **Mon, Tue, Wed, Thu, Fri**

\_\_\_\_\_ (initial) I agree that this contract and registration must be renewed by December 31<sup>st</sup> of same year regardless of when it was signed.

\_\_\_\_\_ (initial) I agree that KinderKidz rates are not subject to Government or public rates assistance rates and are subject to change due to the economic state of the country.

\_\_\_\_\_ (initial) I agree to pay 50% to reserve my slot during our yearly two weeks’ vacation.

\_\_\_\_\_ (initial) I agree to pay \$1/min late pick-up charge after my scheduled time.

\_\_\_\_\_ (initial) I agree to pay \$25 late payment fee charged at the close of Monday 6:00pm of new week.

**TERMINATION PROCEDURES**

This contract may be terminated by the parent(s) or KinderKidz. **Two weeks’** notice is required prior to termination. KinderKidz may immediately terminate this contract without any notice if payment is not made on time.

**Two-week** withdrawal notice is as of: \_\_\_\_\_ with last day of \_\_\_\_\_.

**PARENT OBLIGATION**

I am obligated to pay my child’s tuition regardless of whether my child is present in school or not. If my account should be placed with an attorney for collection, I agree to pay, in addition to all other amounts I owe, an attorney’s fee equal to one-third percent (33.3%) of my outstanding balance and other costs associated with collection. If any indebtedness is not paid in full within 30 days from the date of invoice, I agree to pay an interest charge of 1.5% per month (18% per annum).

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian or Account payer

\_\_\_\_\_  
Parent’s Full SS #

\_\_\_\_\_  
Date



### 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	Email Address	Work Phone
Home Address			Home/Cell
Mother	Place Employed	Email Address	Work Phone
Home Address			Home/Cell
Person(s) or Agency Having Legal Custody of Child			
Home Address			Home/Cell Phone
Business Address			Business Phone

#### EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency			
Child's Physician:	Address:	Phone:	
<b>Two People To Contact if Parent(s) Cannot Be Reached</b> 1.	Child's Relationship:	Address: 1.	Phone: 1.
	2.	2.	2.
Authorized To Pick Up Child			
Person(s) <b>NOT</b> 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. 032-05-252/11 (06/05)

(over)



**AGREEMENTS**

\_\_\_\_\_(int)1. KinderKidz Learning 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. Temperature of 100.4° F or more will return 24 hours after fever free.

\_\_\_\_\_(int)2. The parent(s)/guardian(s) authorize KinderKidz to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

\_\_\_\_\_(int)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.

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

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

\_\_\_\_\_ Date

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. 032-05-252/11 (06/05)



**PARENT QUESTIONNAIRE FOR INFANTS AND TODDLERS (Birth-36 months)**

Dear Parents,  
Please fill out this questionnaire to help us provide your child with a smooth transition and a successful childcare experience. Thank you!

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**PHYSICAL DEVELOPMENT**

Does your child:

- |                      |                          |                            |
|----------------------|--------------------------|----------------------------|
| ___ sit with support | ___ sit unassisted       | ___ crawl forward/backward |
| ___ stand            | ___ walk with assistance | ___ walk unassisted        |
| ___ run              | ___ go up steps          | ___ go down steps          |

**SLEEPING HABITS**

My child usually naps _____ times per day	from: _____ to _____, from: _____ to _____, from: _____ to _____
My child sleeps at night from _____ p.m. to _____ a.m.	Does your child have any sleep disturbances?
Does your child sleep with any special object?	Does your child sleep in her/his crib at night? Yes _____ No* _____ * If No, please explain.

**EATING HABITS**

Breast-fed	How many ounces?	How long does it take?
BM in bottle-fed?	How many ounces?	How long does it take?
Type of formula now in use:	Eats table food?	Drinks from a bottle?
Holds own bottle?	Uses a pacifier?	Can feed self
Drinks from a cup?	Drinks from a sippy cup?	

**TOILETING**

Child wears:	diapers _____ all day _____ sleeping only _____ underpants _____ all day
Training process:	bowel control (date) _____ bladder control (date) _____
Does your child ask to go to the bathroom?	What phrases/words do you use for urinating?
What phrases/words do you use for bowel movements?	If toilet training is in process, please describe routines/methods you use:

**PLAY & SOCIAL INTERACTION**

Has your child ever attended or been enrolled in:

Childcare center at what age?	family day care home at what age?	babysitter's home at what age?	your home with a babysitter at what age?
parent/child play group at what age?	other settings:		



How does your child adjust to new situations and activities?

Who is your child's current caretaker during the day?

How often does your child need to be held during the day?

How long can your child amuse him/herself?

How does your child communicate? (crying, pointing, phrases, sentences):

Can others understand your child's method of communication?

Is your child afraid of: \_\_\_\_ strangers \_\_\_\_ new situations \_\_\_\_ animals

List any other fears:

Your child's favorite toys and activities:

How does your child react to sharing his/her toys?

How does your child express anger?

How do you and your family spend time together?

**SPECIAL MEDICAL CONSIDERATIONS**

Please list any: Does your child have any distinguishing birthmarks?

**PARENTS' EXPECTATIONS**

What are your goals and expectations for your child at KinderKidz Learning Center?

Do you have any special concerns or questions to which you would like to draw our attention?

How would you like to participate in our program?

\_\_\_\_ share a special skill/interest: \_\_\_\_\_

\_\_\_\_ assist with classroom activities: \_\_\_\_\_

\_\_\_\_ join us for special events: \_\_\_\_\_

\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date



**PARENT QUESTIONNAIRE FOR PRESCHOOL (36 months to 5 years)**

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful childcare experience. Thank you!

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**PHYSICAL DEVELOPMENT**

Please check under the word that best describes your child's ability in the following areas:

	Good	Average	Needs help	Not applicable
Uses scissors				
Uses crayons				
Uses pencils				
Climbs				
Walks				
Runs				
Hops on one foot				

**COMMUNICATION**

Please check under the word that best describes your child's communication:

	Good	Average	Needs help	Not applicable
Uses words to express self				
Speaks clearly				
Vocabulary is age-appropriate				
Understands directions				

**BEHAVIORAL/EMOTIONAL DEVELOPMENT:**

Does your child have any special habits (thumb-sucking, nail-biting)? If yes, please explain.	Can your child occupy herself/himself, and for how long?
Does your child become frustrated easily? If yes, please explain.	How does your child express frustration?
What makes your child angry, and how does she/he express anger?	What method of discipline do you use with your child? How does she/he respond to it?
How does your child react to new situations?	How does your child react when you leave her/him?
What descriptive words you use to generally describe your child?	How do you and your family spend time together?
Please list your child's favorite activities:	Any particular fears?

**SLEEPING HABITS**





My child usually naps _____ times/day from: _____ to _____	My child sleeps at night from _____ p.m. to _____ a.m.
Does your child have any sleep disturbances?	Does your child sleep with any special object?
Does your child sleep in her/his crib at night? Yes _____ No* _____	* If No, please explain.

**EATING HABITS**

Does your child have a good appetite?	What foods does your child like?
What foods does your child dislike?	Does your child feed her/himself?
Any eating problems we should know about?	

**TOILETING**

Is your child fully trained?	Does your child ask to go to the bathroom?
Does your child need help going to the bathroom?	If toilet training is in process, please describe routines/methods you use:

**SELF HELP SKILLS**

Does your child: _____ dress _____ undress _____ button _____ zipper _____ tie shoes
What responsibilities does your child have around the house?
Does your child accept responsibilities willingly (putting away toys after play, completing household chores, homework, etc)? If no, please elaborate:

**SPECIAL MEDICAL CONSIDERATIONS**

Please list any:

Does your child have any distinguishing birthmarks?

**PARENTS' EXPECTATIONS**

What are your goals and expectations for your child at KinderKidz learning Center?

Do you have any special concerns or questions to which you would like to draw our attention?

Share a special skill/interest:	Assist with classroom activities:
How would you like to participate in our program?	Join us for special events:

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date



---

Name of Child

## Emergency Preparedness Plan

### Evacuation Process

When the decision is made to evacuate the Center facility, the Director will make the announcement in the most expeditious way possible that all persons are to evacuate to their assigned assembly area and await further instruction. The building is to be evacuated completely. The Director will notify appropriate personnel and communicate what type of emergency is present.

In the event of an actual fire, the Director will be responsible to notify 9-1-1 of the emergencies from a cell phone outside the building once the evacuation is complete. Center staff will evacuate their children as follows:

#### Infants

The Infant Nursery Supervisor shall put infants in an evacuation crib and move to the designated evacuation assembly area. Upon arriving at the designated evacuation assembly area, all infants must be physically accounted for against the sign-in log and the results reported to the Director immediately. The Infant Nursery Supervisor is responsible to bring all attendance sheets, child rosters, and information sheets. For inclement weather, if possible, take appropriate supplies to protect the infants.

#### Toddlers and Preschool

The Toddler Group Leader and Preschool Group Leader shall be responsible to gather their respective classes in a group and supervise an orderly evacuation to the designated assembly area. The Group Leader is also responsible to bring all attendance sheets, child rosters, and information sheets. Upon arriving at the designated evacuation assembly area, all children must be physically accounted for against the sign-in log and the results reported to the Director immediately.

For inclement weather, if possible, take appropriate supplies to protect the children. Center Aides and other available personnel will assist the staff with the evacuation and then proceed to perform their assigned duties.

\*\*\*Note: Under no circumstances are staffs to stop for any of their own or children's personal belongings, including, jackets, shoes, purses, etc.

#### Procedures For Conducting a Fire Drill

1. Inform the staff in advance. The Center Director informs the staff that there will be a fire drill later in the day/week.
2. Familiarize the children with the fire drill. Teachers talk to the children in their classroom about the bell/alarm, rules, and procedures for vacating the building.
3. Evacuate the building. The Director will sound the alarm and the Center will be evacuated.
  - A. Evacuating Infants and Toddlers: The designated member of the management team goes to the infant/toddler area.
  - B. Children in the Infant Nursery are placed in an evacuation crib and the crib is wheeled outside by the Infant Nursery Supervisor to the designated area.
  - C. Toddlers (walkers) proceed immediately with their Group Leader to the outside-designated area.
  - D. Group Leaders will count their children and take attendance sheets, emergency information and cell phones with them.
  - E. The Center Director or designee checks bathrooms, closets, and "hiding places" for "lost children" and for possible sources of smoke or fire during a real alarm.
  - F. The Center Director retrieves the official daily sign-in sheet and cell phone.
4. Time the drill. The Center Director times how long it took to vacate the building.



5. Verify accurate recount of all persons. The Center Director or designee checks with each group to verify an accurate recount of all persons.
  6. Return to the building. The Center Director or designee gives approval to reenter the building. The Center Director or designee helps with infants and toddlers.
  7. Document the completed fire drill. The Center Director completes written documentation that contains the specifics of the drills: date, time and location of fire and the length of time required to vacate building.
- Fire drill will be practiced at least once in a month, at different times of the day. All children should have the experience of a practice fire drill to be better prepared for a real emergency.

**Additional assignments of staff:**

1. Evacuation Supervisor – Director
  2. First Aid – Floater/Aide
  3. Communications – Infant Nursery Supervisor
  4. Play space operations – Preschool Group Leader
  5. Pick-Up Assignments – Toddler Group Leader
1. Evacuation Supervisor: Director Alternate: Floater/Aide
    - A. Make sure all children are accounted for.
    - B. Determine the safest location for continued operations until children can be picked up and the safest path for all staff and children to get there.
    - C. Activate the parent/guardian pick-up point assignment. This should be the best location away from the play space areas and first aid station.
    - D. Activate the communications assignment and provide specific phrases for the caller and information about the parent/guardian pick-up point – when possible, be the one to make contact with those families whose children are injured as a result of the event.
  1. Key Materials: Cell phone, official daily sign-in sheets
  2. First Aid Assignment: Preschool Aide Administer First Aid as necessary Key materials: Complete First Aid Kit, flashlights, batteries, cell phone, and radio contained in a bright, labeled bag.
  3. Communications Assignment: (Each Group Leader will contact their own class parents. Communication Coordinator, Infant Nursery Supervisor, to give out wording and information to be relayed.)
    - A. Check with Evacuation Supervisor about exact info to give to families when calling (emphasis should be placed on the child's condition and the pick-up location).
    - B. Discuss with the Evacuation Supervisor, the exact wording to offer families whose children have been injured in some way by the event.
    - C. Relay information to group leaders of each class
    - D. Confirm all parents/emergency back-up contacts have been actually spoken to.
    - E. Report back to Evacuation Supervisor with updates, needs, and problems during his/her rounds.
  4. Play Space Assignment: Determine where to set up different groups of children
    - A. If possible, define areas.
    - B. Determine the nearest and safest bathroom and arrange for supervision.
    - C. Report back to the Evacuation Supervisor with updates, needs, and problems during his/her rounds.Key materials: Prepared Emergency Evacuation Kit (see Emergency Kits and Supplies, Attachment C) including some play materials.



**5. Pick-Up Assignment:** Establish an area away from the primary play area and first aid areas to control access.

A. Collect all the sign-in sheets to monitor family pick-ups. B. Select a staff member to collect children and bring them to the pick-up point.

C. Report back to the Evacuation Supervisor with updates, needs, and problems during his/her rounds.

Key materials: Sign-in sheets; marker/pens and paper; highly visible cap.

**EMERGENCY NUMBERS**

**KinderKidz Learning Center**

<b>Manassas, VA</b>	<b>Hampton, VA</b>
Main: 703-368-8252	Main: 757-902-1903
Venus Thornes, Administrator's Cell: 703-407-7526	Venus Thornes, Administrator's Cell: 703-407-7526
Ambulance 911	Ambulance 911
Fire Department 911	Fire Department 911
Police Department 911	Police Department 911
Poison Control Health Dept. 1-800 222 1222	Poison Control Health Dept. 1-757 722 1131
Local Health Department Manassas City 703 792-7327	Local Health Department Hampton City 757-727-1172
Building Inspector City of Manassas 703 257 8458	Building Inspector City of Hampton 757 728 2444
Dept. of Social Services 703-361-8277	Dept. of Social Services 757-727-1800
Child Protective Services 1-800-552-7096	Child Protective Services 1 800-552-7096
State Licensor Co. Dept. of Human Services 540-347-6345	State Licensor Co. Dept. of Human Services 757-247-8020

\_\_\_\_\_  
 Parent Signature Date

**\*\*Please Note: This plan is a basic need to know plan. For more detailed plan, please see Director\*\***



## Child's Emergency Medical Authorization

Name of Child	Birth date
Name of Parent(s) or Guardian	Telephone/ Cell #
Home Address	
Place of Mother's Employment	Telephone/ Cell #
Address	
Place of Father's Employment	Telephone/ Cell #
Address	

**The Parent(s)/guardian authorizes: KinderKidz Learning Center** to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses: **Initial:** \_\_\_\_\_

2. Medical treatment costs are covered by:

a. Private Insurance (name & policy number) \_\_\_\_\_

b. Medicaid Coverage No. \_\_\_\_\_

c. Other medical insurance:

Name of Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

d. No insurance \_\_\_\_\_

Child's physician or clinic attended \_\_\_\_\_

This is an agreement with:

Child's parent(s) or guardian \_\_\_\_\_ and KinderKidz Learning Center.

Parent(s)/Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be kept by KinderKidz Learning Center and is to be taken to the doctor or treatment facility in case of emergency.



## KinderKidz Decision on the Administration of Medication

### **This form is for information purposes**

We have made the following decision regarding the administration of medication: A MAT certified staff WILL administer prescription medication.

#### 1. The Administration of Medication

- We WILL administer prescription and non-prescription medication by all routes covered in the MAT course (oral, topical, eye, ear, patches, and inhaled, medications and epinephrine via an auto-injector device).
- We WILL administer medication in accordance with VDSS child day program regulations pertaining to the administration of medication in our program. Only those staffs who has completed the appropriate training or has appropriate licensure and is listed as a medication administrator at KinderKidz Learning Center will be permitted to administer medication, with the exception of over-the-counter topical ointments, sunscreen, and topically applied insect repellent.

#### 2. Authorized Staff to Administer Medication

I understand that any individual listed in this section as a medication administrator is approved to administer medication using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

We DO NOT Administer medication rectally, vaginally, by injection or by another route not listed above, I will follow the procedures outlined for children with special health care needs.

I understand that to be approved to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent, KinderKidz Learning Center staff must have valid:

- Medication Administration Training (MAT) certificate
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license
- First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license

We will ONLY administer medication when the medication labels, inserts, instructions, and all related materials are written in the language indicated on the MAT certificate.

#### **Medication Administrator(s)**

KinderKidz staff listed as medication administrators will have first aid and CPR certificates that covers the ages of the children in care and are at least 18 years of age.

Documentation of age-appropriate first aid and CPR certificates will be kept on site and are available upon request.



1.

ADD to list                       CHANGE information                       REMOVE from list

Administrator's Name: \_\_\_\_\_ MAT certificate expiration date: \_\_\_\_\_

First Aid and CPR certificates exp. date: \_\_\_\_\_; Daily Health Observation exp. date: \_\_\_\_\_

2.

ADD to list                       CHANGE information                       REMOVE from list

Administrator's Name: \_\_\_\_\_ MAT certificate expiration date: \_\_\_\_\_

First Aid and CPR certificates exp. date: \_\_\_\_\_; Daily Health Observation exp. date: \_\_\_\_\_

3.

ADD to list                       CHANGE information                       REMOVE from list

Administrator's Name: \_\_\_\_\_ MAT certificate expiration date: \_\_\_\_\_

First Aid and CPR certificates exp. date: \_\_\_\_\_; Daily Health Observation exp. date: \_\_\_\_\_

**Forms and Documentation Related to Medication Administration**

KinderKidz Learning Center will accept permission and instructions to administer medication on the VDSS form Written Medication Consent Form.

Medication consent forms for long-term medication must be renewed every six months. How will you review written medication consents and instruction to verify they are current and have not expired?

Our integrated ProCare Software calendar gives reminder about the children shots records updates, our touch screen check in Biometric system and a note from the Director.

KinderKidz Learning Center uses VDSS form Log of Medication Administration.

All medication administered to a child during program hours will be documented on a child-specific medication log. This is not limited to the application of over-the-counter topical ointments, sunscreen, and topically applied insect repellent during program hours which will be attached to the child's corresponding medication consent form.

All observable side effects will be documented on the child's medication log. Parents will be notified on any observed side effects by the end of the day. Parent notification will be immediate if the side effects are severe. If necessary, emergency medical services will be called.

Parents will be notified of all "as needed" medication given to their child and told what symptoms were observed that required the administration of medication.



We will document whenever medication is not given as scheduled. The date, time, and reason for this will be documented. Parents will be notified as soon as possible. If the failure to give medication as scheduled is a medication error, we will follow all policies and procedures related to medication errors.

All medication consents and medication logs will be kept in the follow location (manner): Child's file and Medication logbook.

### **Handling Storage and Disposal of Medication**

All medication will be properly labeled with the child's first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with VDSS regulations before it will be accepted from the parent or parent representative.

All medication will be kept in its original labeled container.

Medication will be kept in a locked place using a safe locking method that prevents access by children. Stored in the medicine cabinet label First Aid.

Note any medications, such as EpiPen®, will be stored in a locked box of the same medicine cabinet located in lobby.

Medication requiring refrigeration will be stored in a food refrigerator in a leak proof container separated from food and inaccessible to children.

Any refrigerator used to store medication will be kept at a temperature below 40°F.

All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the Federal Drug Enforcement Agency. These medications will be:

- Stored in a locked area with limited access
- Counted when receiving a prescription bottle from a parent or guardian
- Counted each day if more than one person has access to the area where they are stored
- Counted before given back to the parent for disposal

All controlled substances stored with other stored medicines but kept in a separate container with Director's or Assistant Director's access.

We will check for expired medications: Weekly and Monthly (monthly if given as needed).

All leftover or expired medication will be given back to the child's parent for disposal. Medication not picked up by the parent within 5 Days will be flushed down the toilet or disposed of in a garbage container that is not accessible to children.





**Medication Errors**

If a medication error occurs at KinderKidz Learning Center, we will notify the child’s parent immediately. We will maintain confidentiality of all children involved and do the following:

- We will encourage the child’s parent to contact the child’s health care provider when the error occurs.
- I will complete the VDSS form Medication Error Report Form to report all medication errors that occur at KinderKidz Learning Center. If more than one child is involved in the error, we will complete a Medication Error Report Form for each child involved.

**Confidentiality Statement**

Information about any child in our program is confidential and will not be given to anyone except VDSS designees or other person authorized by law unless the child’s parent gives written permission.

Information about any child in my program will be given to the local department of social services if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

**ADA Statement for KinderKidz Learning Center**

We will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in our program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, we will assess the ability of our program to meet the needs of the child. If we can meet the needs of the child without making a fundamental alternation to our program, we will not exclude the child from my program.

**Section 12: Provider Statement**

We understand that it is our responsibility to follow KinderKidz Learning Center’s DECISION REGARDING MEDICATION plan and all health and infection control regulations applicable to child day programs. We will verify and document the credentials for all new staff certified to administer medication before the staff can administer medication to any child in the child day program.

Our PROGRAM’S DECISION REGARDING MEDICATION plan will be made available to parents at enrollment, whenever changes are made and upon request.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.

Director’s Signature:	Date:
Parent or Guardian’s Signature:	Date:



**ENROLLMENT WAIVER FORM**

I, \_\_\_\_\_ (“Parent/Guardian”), have hereby agreed to enroll my child into KinderKidz Learning Center, LLC. I do understand that my child will be engaged in age-appropriate activities at the center included small and large motor skills which is not limited to offsite activities and field trips. I also understand that all offsite activities will need my permission written on a permission form for my approval. Given this, I consent to his/her involvement.

In exchange for the participation of my child in the activities at the Center, I agree to the following:

1. To observe and obey all posted rules and warnings, and further to follow any oral instructions or directions given by the employees, representatives, or agents of the Center.
2. I recognize that there are certain inherent risks associated with the activities at the center. I agree to instruct my child in an age-appropriate fashion to follow all rules at the Center.
3. I acknowledge that my child is assuming the inherent risk of injury for certain activities which are conducted at the Center.
4. In consideration of your enrollment at the Center and access to the child care programs and facilities of the Center, the parent/Guardian hereby agrees to release, absolve, indemnify and hold harmless the Center, its staff, employees, volunteers, supervisors, instructors and any other representative, together with their agents, representatives or assigns (collectively the “Released Parties”) from any and all claims, liabilities or lawsuits for any bodily injury suffered by him/her, including death, or for any other consequential or incidental damages caused in any manner whatsoever where any such claim, liability or lawsuit is not attributable to the ordinary negligence or absence of ordinary care of the Released Parties.
5. The Parent/Guardian expressly waives any claims arising from the above that may be brought at any time by the Parent/Guardian, his/her family estate heirs or assigns, and assumes all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in program events or instructional classes.

I HAVE CAREFULLY READ THIS GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS FOR AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THIS DOCUMENT AND THAT I AM WAIVING MY RIGHTS TO MAKE CLAIMS AGAINST THE RELEASED PARTIES. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, ON BEHALF OF MY CHILD, AND KINDERKIDZ LEARNING CENTER AND SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

\_\_\_\_\_  
Parent (Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Name (print please)

\_\_\_\_\_  
Age




---

Name of Child

## Outdoor Weather Policy

At KinderKidz Learning Center, the safety of our children and staff are our highest priority. After a careful review and consideration of Childcare Weather Watch and Public Health, the children will be permitted to go outside between temperatures of **40 degrees** and **80 degrees**.

During this time, we encourage our parents to **Clothe** children to maintain a comfortable body temperature (**warmer months - lightweight cotton, colder months - wear layers of clothing**). **Beverages** help the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high-sugar content beverages and soda pop. **Sunscreen** may be used year around. Use a sunscreen labeled as SPF-15 or higher. Read and follow all label instructions for the sunscreen product. Look for sunscreen with UVB and UVA ray protection. **Shaded** play areas protect children from the sun.

<p><b>Wind-Chill</b></p> <ul style="list-style-type: none"> <li>• 30° is <b>chilly</b> and generally uncomfortable</li> <li>• 15° to 30° is <b>cold</b></li> <li>• 0° to 15° is <b>very cold</b></li> <li>• -20° to 0° is <b>bitter cold</b> with significant <b>risk of frostbite</b></li> <li>• -20° to -60° is <b>extreme cold</b> and <b>frostbite</b> is likely</li> <li>• -60° is <b>frigid</b> and exposed <b>skin will freeze</b> in 1 minute</li> </ul>	<p><b>Heat Index</b></p> <ul style="list-style-type: none"> <li>• 80° or below is considered <b>comfortable</b></li> <li>• 90° beginning to feel <b>uncomfortable</b></li> <li>• 100° <b>uncomfortable</b> and may be <b>hazardous</b></li> <li>• 110° considered <b>dangerous</b></li> </ul>
--	---

All temperatures are in degrees Fahrenheit

---

Parent Signature

---

Date



## Discipline and Behavior Management Policy

KinderKidz philosophy is teaching through discipline. We achieve this through love and consistency. We stress two main patterns of behavior: Respect for others and Respect for Property. The children are explained the rules of the center frequently, so they are all familiar with the guidelines.

When a child is having a difficult time following direction or treating others or property with respect, Positive Reinforcement, Active Listening, Forestalling, Redirection and Calm down Time will be applied, and behavior will be logged. Parents are notified of their child's behavior. Should reoccurring behavior continues, conference will be scheduled with parents to develop a joint plan and available resources to address the specific behavior which constitute an imminent danger or aggression. If the third times the child's behavior endangers the safety of the children, adults or property damaged, two weeks probation will be issued to correct, 2 days suspension and termination will be issued.

If there is an indication or suspicion of special needs, we will inform parent to contact their pediatrician and IDEA (b ages 3+ or c ages under 2) for early intervention support.

If the child has a disability or is in the process or has been identified under IDEA and does not pose physical or medical risk to others, KLC will follow state special education rules and regulations governing suspension or expulsion. However, if the child is removed from our program due to behavioral issues, we will notify licensing including actions taken and the specific reasons for the removal of program alteration or an imminent danger to the child or others.

Children are never punished for lapses in toilet training or for accidents (spilled milk, for example). In the case of the latter, the child helps the teacher clean up, if possible, not for punishment, but to help teach responsibility.

Under NO CIRCUMSTANCES will there be any spanking, physical abuse, verbal abuse, name calling, or isolation used. Neither food nor sleep will ever be withheld from children as a means of punishment.

Children are served nutritious foods on a regular basis, provided opportunities for active play and quiet play, and given individual attention. We have found that many problems can be avoided through this proactive approach.

### Expectations Of The Children

**Safety:** Do not hurt yourself, hurt others or destroy properties

**Indoors:** No Running, No Climbing, No Throwing objects or toys, No name calling, No inappropriate touch, language or signs & Keep Hands and feet to self.

**Outdoors:** No Climbing on fence, Throwing sand or mulch.

---

Parent's Signature

Child's Name

Date



## Permission to Photograph

On various occasions, your child may be photographed or videotaped while attending KinderKidz Learning Center or may use these photographs, videos, or newsletters in program planning and/or public relations. This is used to focus on building KLC's community and instill trust among our parents by involving you in your child's classroom day-to-day activities.

They may also be used in various types of advertising or public television, newspapers, magazines, and our Facebook page, electronic or digital communication.

KinderKidz Learning Center request the absolute right and your permission to copyright and/or publish or use photographic portraits, videos or pictures of your child or reproduction thereof in color or otherwise, made through any media for art, advertising, trade electronic or digital communication or any other lawful purpose whatsoever. These pictures, videos or newsletters may be used in conjunction with his/her own or fictitious name.

\_\_\_\_\_ Yes, I do grant permission

\_\_\_\_\_ No, I do not grant full permission

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)



---

Child's Name

## **Closing Policy**

### **KinderKidz Learning Center Closings**

During operations, there are planned times that the Center will be closed (such as holidays), and times when the Center may be forced to close because the situation poses a threat to the health, safety or well-being of the children or staff of KinderKidz Learning Center.

### **Holidays**

The Center shall be closed on all weekends and Federal Holidays - there will be no fee reduction for Federal Holidays. The Federal Holiday schedule is as follows:

**New Year's Day**

**Martin Luther King Day**

**President's Day**

**Memorial Day**

**Juneteenth**

**Independence Day**

**Labor Day**

**Veteran's Day**

**Thanksgiving**

**Day After Thanksgiving**

**Christmas Day**

**Note:** Whenever a holiday falls on a Sunday, the following Monday will be observed as a holiday; whenever a holiday falls on a Saturday, the preceding Friday will be observed as a holiday. In addition to the above Federal Holidays, KinderKidz Learning Center will close at **12PM** on the following days:

The day before Thanksgiving, Christmas Eve, and New Year's Eve

### **Unplanned Closure of KinderKidz Learning Center**

When, in certain circumstances, KinderKidz Learning Center is unable to provide facilities within licensing guidelines, it will be necessary to close the center. For example, according to licensing, the center cannot remain open if there is a loss of running water or phone service. The situation will be assessed and if the service cannot be restored, it is grounds for immediate closure of the center. In the event of a loss of power, the Center may remain open until it is determined that a safe and comfortable environment for the children can no longer be maintained (too low or too high temperature, darkness). When events necessitate an unplanned closure, if possible, parents will be notified as soon as the event occurs via the parents' e-mail distribution list. Parents will be updated by e-mail once the situation has been assessed. As soon as the determination has been made to close the Center, parents will be notified of the closing time via the parents' email distribution list



and all contact phone numbers. As soon as a closing time has been determined, Center closing policies and fees will be in effect.

### **Disaster Evacuation**

In the event of an earthquake, fire, facility flooding, or hazardous spill, the children will be taken to an evacuation location (current evacuation location is posted at KinderKidz Learning Center). Signs will be posted at KinderKidz Learning Center directing parents to the evacuation location. Parents should proceed immediately to the evacuation location to pick up their child. The Director and Assistant Director will be responsible for staying with the children. Emergency response team representatives will be requested to be at the evacuation location to assist with the relocation. Parents will be notified as quickly as possible, via the parents' e-mail distribution list and all contact phone numbers after the children have been safely relocated. If parents cannot be reached, those persons designated on the child's Emergency Information Sheet will be notified immediately.

### **Inclement Weather Policies**

We make every effort to remain open during inclement weather. Our goal is to make sound decisions based on the safety of families and staff, while still meeting families' needs for childcare (when regular school is closed) to accommodate those parents who must report to work no matter the weather.

However, hazardous road conditions may prevent our staff members from getting to the Center or arriving on time. If the roads are navigable, we will do our best to open for childcare even on snow days; please **call the Center to make sure staff members have arrived before you leave home.**

**If either the **Federal Government or the County Government** closes due to inclement weather, we will also close entirely for the day, and cannot open for childcare. Check on [www.opm.gov](http://www.opm.gov) and FEMA app for alerts and closing status updates.**

---

Parent (Guardian) Signature

Date



## Toilet (Potty) Training Policy

Potty training is a developmental step in a child's independence to function on their own. KinderKidz is excited to be a part of your child developmental process. Our Early Preschool classroom is fully equipped for children between the ages of **2<sup>nd</sup> and 3<sup>rd</sup> birthday**. We require that the child shows signs of readiness. However, positive reinforcements and consistency must be continued at home in a relaxed manner.

### Proper Clothing

During potty training, your child must be dressed in "User friendly" clothing as much as possible. The best items are shorts and pants with elastic waist. Clothes easy to pull down in a timely manner without help of the adult.

**Please: No** tight clothing. **No** shirts that snag in the crotch, **No** pants with snaps & zippers. **No** overalls or bib type clothing. **No** belts, **No** one piece outfits

### Soiled Clothing

We do not rinse out or wash soiled clothing so any clothing that becomes soiled during the day will need to go home that afternoon. Your child's teacher will place them in a plastic bag and will put them on your child's cubby.

### Required Supplies

The following items are to be brought to KinderKidz every Monday and replaced as needed. Soiled clothes will be returned in a plastic bag at the end of the day. Two (3) changes of clothing including socks (an extra pair of shoes if available) A bag of pullups.

### Potty Learning Schedule

For the first week, the child will be scheduled to use the Potty at consistent times of the day whether the child indicates the need to use the Potty or not.

Upon arrival at the center  
Before and after breakfast  
Before and after lunch  
Before and after nap  
Before and after going outside  
Just before going home

### Potty Training Readiness Checklist

#### Verbal Stages of Potty-Training Readiness

1. Basic verbal skills – the child is able to speak in three-to-four-word sentences. 2. The child tells you when he or she has wet his/her diaper (recognizes he or she is wet). 3. The child tells you when he or she is wetting his/her diaper (recognizes the sensation of wetting a diaper). 4. The child tells you that he or she needs to go to the bathroom (can control self and go to use the toilet).

#### Physical and Psychological Signs of Potty-Training Readiness





1. Child stays dry for a long time – able to hold their urines or bowel movements. 2. Has bowel movements at regular times. The child chooses when to have a bowel movement. 3. Adult can recognize when the child is having a bowel movement. 4. The child can undress and pull up their own clothing/pants. 5. Child initiates using the toilet and asks to wear underwear. This is also a sign of wanting to be independent, which is very important. 6. Emotionally ready and open to learning. 7. Can follow three to four step instructions. This is critical to learning to pee, wipe, flush, and wash hands.

### **Preschool Classroom**

Unless there is a special need packet, all 3 years old must be potty trained before being enrolled in the Preschool classroom. If your child is of preschool age and not potty trained, they may stay in Early Preschool classroom until they are ready and if there is space available in that classroom. The child will be permitted to move into the Preschool Classroom once potty training is complete and if there is an available spot in that classroom.

If your child comes to school with underwear on and has 2 accidents in a short period of time, a diaper or Pull –Up will be put on your child and we can try again another day when he or she shows signs of being ready for Preschool.

### **Pre-K Classroom**

Unless there is a special need packet, Children in all Pre-K classes are expected to be able to completely potty independently with hygienic skills. Pre-K is our final stage of our school readiness program before the children go to school. We are not equipped with potty training functions or supplies. If a child has three or more accidents within a three-week timeframe, a probationary warning will be issued. If another accident occurs during the probationary period, the child will be required to stay home until securely potty trained.

### **Health and Safety**

If your child is ill and has diarrhea, they should be kept home until they have been episode-free for 24 hours (see Parent Handbook).

### **Potty Training Policy Agreement**

I have read the Potty-Training Policy in its entirety, and I agree to abide by the policy set forth.  
Child's

Name: \_\_\_\_\_ DoB: \_\_\_\_\_ DoE: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **PREVENTION OF SHAKEN BABY SYNDROME/ ABUSIVE HEAD TRAUMA & SAFE SLEEP POLICY**

At KinderKidz Learning Center, it is important to provide infants with a safe place to grow and learn. This policy is established to prevent, recognize, respond to and report shaken baby syndrome and abusive head trauma (SBS/AHT), as well as implement safe sleep practices.

### **Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT)**

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death.

### **Procedure**

#### **Recognizing SBS/AHT:**

- Children will be observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake, loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruising, poor feeding or sucking, no smiling or vocalization, inability of eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

#### **Responding to SBS/AHT:**

- If SBS/ABT is suspected, staff will:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR.

#### **Reporting SBH/AHT:**

- Instances of suspected maltreatment of a child are reported to Child Protective Services by calling Hampton city at 757-727-1800 or Manassas City at 703-361-8277 or by calling the toll-free number of the Child Abuse and Neglect hotline at 1-800-552-7096.

#### **Prevention strategies to cope with a crying, fussing, or distraught child:**

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, the director will:

- Allow staff who feel they may lose control to have a short break away from the children.



- Provide support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

### **Prohibited Behaviors**

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture
- dropping off sleeping or sick children

### **SAFE SLEEP**

Safe sleeping practices and prevention strategies for sudden infant death syndrome:

- Each infant will be provided with an individual crib.
- Consumer Product Safety Commission (CPSC) safety-approved cribs will only be used for infants.
- Infants will be placed flat on their backs to sleep unless otherwise ordered by a written statement signed by the child's physician.
- A firm surface, such as a mattress will be used for infant sleeping. The mattress will fit snugly to the crib and will be covered with a fitted sheet.
- Soft bedding, such as pillows, quilts, and comforters will not be used in the infant's sleeping area.
- Crib sides will always be up with the fastenings secured when occupied.
- An infant who falls asleep in a play space other than their crib, will be moved promptly to their designated sleeping space.
- Crib bumper pads will not be used.

### **Supervision of sleeping infants:**

- Sleeping infants will always be placed in cribs within sight and sound supervision of the staff member.
- The staff member will visibly check on sleeping infants at least once every 15 minutes if the infant is sleeping in a separate area.
- Infants will spend limited time confined in a crib, play pen, high chair or other confining piece of equipment.

### **TRAINING**

- The staff member will be certified shaken baby syndrome/abusive head trauma and safe sleep policies and practices.

### **APPLICATION PLAN FOR Staff AND PARENTS:**

This policy applies to children up to five years of age and their families and KLC's staff members.

### **Communication**

Staff

- Within 30 days of adopting this policy, KinderKidz Learning Center shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.



- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- KinderKidz Learning Center shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

**Parents/Guardians**

- Within 30 days of adopting this policy, KinderKidz Learning Center shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- KinderKidz Learning Center shall keep the SBS/AHT parent acknowledgement form in the child's file.

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

This policy was reviewed and approved by: \_\_\_\_\_

(Director)

**Parent or Guardian Acknowledgement Form**

I, the parent/guardian of \_\_\_\_\_

(Child's Name)

acknowledge that I have read and received a copy of KinderKidz Learning Center's Shaken Baby Syndrome/Abusive Head Trauma Policy.

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

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Holiday Schedules

The Center shall be closed on all weekends and Federal Holidays - there will be no fee reduction for Federal Holidays. The Federal Holiday schedule is as follows:

1	<b>New Year's Day</b>	7	<b>Labor Day</b>
2	<b>Martin Luther King Day</b>	8	<b>Veteran's Day</b>
3	<b>President's Day</b>	9	<b>Thanksgiving</b>
4	<b>Memorial Day</b>	10	<b>Day After Thanksgiving</b>
5	<b>Juneteenth</b>	11	<b>Christmas Day</b>
6	<b>Independence Day</b>		

**Note:** Whenever a holiday falls on a Sunday, the following Monday will be observed as a holiday; whenever a holiday falls on a Saturday, the preceding Friday will be observed as a holiday. In addition to the above Federal Holidays, KinderKidz Learning Center will close at **12PM** on the following days: The day before Thanksgiving, Christmas Eve, and New Year's Eve.

\*\*\*\*\***Please keep this page for your record**\*\*\*\*\*



**myprocare**<sup>®</sup>

Dear parent/guardian,

KinderKidz Learning Center is pleased to offer **MyProcare**, a safe, secure, and free online portal for easily pay tuition.

**Log in today!**

1. Go to [MyProcare.com](http://MyProcare.com).
2. Enter your email address (the email you have on file with KinderKidz Learning Center) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
  - a. View your child's schedule, timecard, immunizations and more.
  - b. Use the **Pay** button to make a payment with your card.

**Parent Engagement Application**

1. Check your email for an invitation to our Parent Engagement easy-to-use App. Download on your phone and enjoy Milestones, Photos and Videos, Newsletters, Daily Activities, Messaging, Observations, Accident Reports and more.

Enjoy!

Thank you!

KinderKidz Learning Center, MyProcare and Parent Engagement

\*\*\*\*\***Please keep this page for your record**\*\*\*\*\*