

# Kidz Klub Camp, Inc

License Number 50-51-1809781

Registration for 2018-2019 school year

## Checklist

\_\_\_ Application completed and returned to aftercare

\_\_\_ \$100.00 non-refundable registration fee paid

(Please make check/money order to: Kidz Klub Camp)

\_\_\_ email information sheet returned to aftercare

Application can be left in the front office for aftercare. Please contact Rich and/or Bronna Peterson for any additional information.

561-714-9838

Or email @

[bpeterson@stclarecatholicschool.org](mailto:bpeterson@stclarecatholicschool.org)



**State of Florida**  
**Department of Children and Families**  
**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:**      Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last                                      First                                      Middle                                      Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care:    M      T      W      Th      F      Sa      Su

**Family Information:**                      Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_                      Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_                                      Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_                                      Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_                      Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_

Custody:    Mother \_\_\_\_\_      Father \_\_\_\_\_      Both \_\_\_\_\_      Other \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

\_\_\_\_\_  
Name                                      Address                                      Work#                                      Home#

\_\_\_\_\_  
Name                                      Address                                      Work#                                      Home#

\_\_\_\_\_  
Name                                      Address                                      Work#                                      Home#

**Emergency Medical Release**

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to Kidz Klub Camp, Inc. I hereby request that in the event that I, or the people I designate for an emergency, cannot be reached in a timely manner, that an official representative of Kidz Klub Camp, Inc. will seek first aid or emergency medical care for my child including transporting them to the nearest emergency facility available. I further give my consent to any emergency facility and physician to administer necessary medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment. I also understand that any medical expenses of the above designated child are the sole responsibility of the parents/guardian.

Physician \_\_\_\_\_ Insurance Company \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

**Discipline Policy:** Conscious Discipline at Kidz Klub Camp, Inc. it is our belief that the goal of discipline is to help the child identify their feelings and gain inner self-control so they become aware of what is acceptable behavior. Developmentally appropriate guidance and promotes positive social skills, fosters mutual respect, strengthens self esteem and supports a safe environment. CORPORAL PUNISHMENT is NEVER permitted at Kidz Klub Camp, Inc. If a child displays an unprovoked act of aggression, kicking, punching, hitting, etc toward another child or staff member we will immediately contact the parent/legal guardian of the child and they will be ask to come pick up the child from the premises immediately. A meeting between the staff/owner will be set up with the parent and

**Photo release:** I \_\_\_ do/ \_\_\_ do not give permission for my child to be photographed at Kidz Klub Camp, Inc. I understand these pictures may be displayed at certain school wide events, decorations, advertising/website and promotional reasons.

**Sunscreen:** I \_\_\_ do/ \_\_\_ do not give Kidz Klub Camp, Inc. permission to apply sunscreen on my child if necessary.

**DCF 175-24, "KNOW YOUR CHILD CARE FACILITY":** I acknowledge receipt of the DCF brochure.

**Legal Custody:** \_\_\_\_\_ both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ legal guardian

Copy of custody papers must be on file at Kidz Klub Camp, Inc.

**ABOUT MY CHILD**

Name and age(s) of sibling (s): \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any emotional or behavior issues:

\_\_\_\_\_

Please list any additional information about your child that you think would be helpful to our staff. (playing, eating, fears, likes, dislikes) \_\_\_\_\_

**Kidz Klub Camp, Inc. Parent Agreement/Contract**

1. I hereby agree to comply with the rules, regulations and policies of Kidz Klub Camp, Inc. as indicated in the Parent Guide/Handbook. I agree that Kidz Klub Camp, Inc. has the right to terminate my child at any time during his/her enrollment.
2. I understand that I must provide a physical exam and immunization record before child's start date. Your child's physician will provide the proper forms required by the State of Florida.
3. I agree to pay a non-refundable registration fee of \$100.00. I understand that a re-registration fee is due every year thereafter.
4. I agree to pay a monthly tuition (aftercare) fee of \$ \_\_\_\_\_ to be paid on the days listed here (August 10, October 1, November 1, December 1, January 1, February 1, March 1, April 1 and May 1) If payment is not received within 3 days, I understand that a late fee of \$10.00 will be paid every day after. I also understand that if the full balance is not received within 3 days, my child will not be able to attend aftercare. I understand that my account will be considered not satisfied and will be sent to collections along with an additional (1 month) withdrawal fee from the program added to the balance due.
5. I agree that if I pick up my child after 6pm for aftercare and 5:30 for camp days, a late fee of \$15.00 is calculated for any part of the first 5 minutes (1-5 minutes late) and an additional \$1.00 per minute for any part thereafter. Repeated failure to pick up your child on time can result in enrollment termination.
6. I agree that no credit or makeup days will be granted for absences, illnesses, vacation, emergencies/weather related emergencies or holiday closings. Full tuition is always due "no exceptions" will be made.

7. I agree to notify in writing (form on our website) Kidz Klub Camp, Inc. with a 30 day notice in advance, if I choose to withdraw my child for any reason and pay for the remaining months difference.
8. I agree not to bring my child to aftercare/school camp day if she/he is showing any signs of illness. I understand that if my child is showing signs of illness, I must have set
9. arrangements for a quick pick up. I agree to keep my child out of aftercare/school camp day no less than 24 hours after and also provide Kidz Klub Camp, Inc a doctor's note (if asked by the owner/Director) authorizing the child to return to school free of illness.
10. I understand Kidz Klub Camp, Inc. has a NO MEDICATION ADMINISTERED POLICY. Kidz Klub does not administer any medication/treatments. Parents may make arrangements to have someone administer necessary medication during Kidz Klub Camp, inc operational hours.
11. I understand that Kidz Klub Camp, Inc has a strict mandatory t-shirt policy during camp days and summer camp and must be followed every day. This is for your child's safety. If a child does not have a Kidz Klub Camp t-shirt they will not be allowed to stay at camp and will not be refunded.
12. I understand Kidz Klub Camp, Inc. discipline policy outlined in the the parent guide/handbook/manual.
13. I understand Kidz Klub Camp, Inc. has the right to change policies, prices and procedures with proper notice.
14. I agree to pay all the costs and expenses incurred by the center, including court costs and reasonable attorney fees, if it becomes necessary to take action and enforce this agreement.
15. Parent Handbook: I agree to all the above mentioned policies as well as those set forth in Kidz Klub Camp Inc. Parents Handbook/Guide and I have also received a copy of "The Flu", A guide for parents.
16. Signed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Administrator Signature

\_\_\_\_\_  
Date

Parent Initials \_\_\_\_\_

# Kidz Klub Camp, Inc

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## St Clare After School Program

St Clare After School Program operates on all school days, including all early release days.

Non-refundable Registration fees: \$100.00 per family (this reserves a spot)

Limited spots available

### Monthly Rates for After School Care

Aug/Sept	\$240.00	December	\$240	March	\$240
October	\$240.00	January	\$240	April	\$240
November	\$240.00	February	\$240	May/June	\$240

Second child tuition is \$200.00 per month (as listed above)

### Payment Information

Please make checks payable to: Kidz Klub Camp, Inc.

Payment may be submitted at Aftercare room, or left at the school office.

Any Payment submitted after the 3<sup>rd</sup> day of the month will incur a \$10.00 late fee per day until balance is paid.

### Information

Please visit our website for summer camp, school holiday camp days

[www.kidzklubsummercamp.com](http://www.kidzklubsummercamp.com)

Rich and Bronna Peterson

[kidzklubfl@bellsouth.net](mailto:kidzklubfl@bellsouth.net)

561-714-9838