

The following contains some of the most frequently asked questions. For a complete copy of our Parent Handbook, please sign in using the below information on our website at [www.KidTowne.net](http://www.KidTowne.net).

1. **No sick children are permitted inside the center.** Children must be symptom free for 24 hours *without medication* before returning to the center. (See sick child policy)
2. Clean, laced (closed toe) indoor shoes and socks must be worn at all times.
3. Meals and snacks are provided if not sent from home. Please, No gum or candy. There is a \$5 charge for the 2<sup>nd</sup> meal.
4. **Final drop off time is 8pm**, when we close at **10pm** and **10pm**, when we close at **12am**.
5. Drop-in children are not required to nap but may if they wish. Full and part time children have regular nap schedules. **All children need to bring a small blanket(Labeled with their name) for naptime.**
6. Late fee is \$1.00/minute per child, per child after close. \*If called to pick up, parents have 45-60 min to pick up (may be subject to late pick up fee)
7. Children may stay no longer than 10 hours per day unless approved by Director.
8. Please send spare clothes, a small blanket for nap and a labeled water bottle for 3 years and older. Send diapers/wipes, clothes, labeled ready to feed bottles/baby food for infants; and clothes, diapers/wipes, and blanket(labeled) for toddlers! **Please Label all meals, Coats, Hats and items from home.** (No toys, electronics, or sippy cups from home please. *They will get lost.*) \$1 charge to use KidTowne diapers. These will be kept in the child's cubby. (Infant Room- fill out Infant Information Sheet)
9. **Tuition is due by 3pm on Friday for the upcoming week!** *Any balance left on the account after 3pm on Friday will be drafted from the account on file.* All families must have a Tuition Express form on file. Any Overages for Full-Time/Part-Time students will be billed standard hourly rate on Monday before 11am.
10. A\$25 Fee will be charged for ALL Returned Credit Card/Check payments. All accounts must be paid before time of service.
11. All families participating in the CMA program must have CMA card ready to swipe and be on the center's list in order to receive CMA credit. CMA Parent Agreement must also be completed with the director. KidTowne does not complete CMA paperwork for lost, misplaced, or stolen CMA cards.
12. **A two weeks notice is required of all full and part time children to stop charges** to accounts. You may request a notice form from the desk. The notice form must be filled out, signed by the parent, turned in and signed by the Director to be honored (These Forms are not put on file for use at a later date and notices cannot be taken over the phone). *Drop-ins are certainly welcome, but Reservations are requested to insure your child's spot!*
13. Food Allergies and Medications: **See Medication Policy** (only rescue meds administered at KidTowne) Food Allergies- Must Complete Child Food Allergy Plan before attending.

Welcome to KidTowne!

To sign in on the parent portal, use:

Username: kidtowne

Password: Madison

Parents Signature: \_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_

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



Describe any special needs or instructions below:


Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

***I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.***

\_\_\_\_\_ / \_\_\_\_\_  
*Signature of parent/guardian                      Date*

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

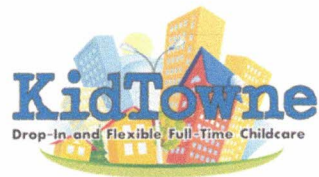
**Form not valid without signature of child's parent/guardian in each space indicated above.**

\_\_\_\_\_  
 This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

*Additional information may be attached.*



## Admission Form: Agreement and Release

On behalf of myself, my spouse, and each child designated on the admission, I enter into this agreement with KidTowne regarding the care of said children.

- 1. Facility Use:** Subject to this Agreement, KidTowne will provide care for my child on a flexible time basis. This includes use of the facilities and participation in activities and meals. KidTowne does not take field trips or provide transportation.
- 2. Future Visits:** This Agreement, the Registration form, and the Release will be kept on file and continue to constitute binding obligations for any future visits my child may make. However, this does not obligate KidTowne to continue to provide services, and KidTowne reserves the right to refuse admission to any child for any reason without liability.
- 3. Payment:** Payment for services is due at the time of each check-in in cash or credit card in the amount calculate by the formula generated from check-in to check-out by the rates posted at the time of the visit, and for the posted amount for other services, such as meals and retail items. No refunds or exchanges.
- 4. Meals:** If a child is present at meal time, he will be served a meal. If a meal is not sent with your child, and your child is provided with a meal, your bill will be charged accordingly. One meal and two snacks are included each day. Meals are nutritionally balanced, menus are posted, and the meals meet the recommend daily dietary allowances. A second meal served will be billed at \$5.
- 5. Health Policies:** I will provide medical records for my child(ren) under the age of 5, or not yet in kindergarten, which must be dates and signed by the child's physician and updated as required by the State of Alabama until the child is enrolled in school. My child is in excellent health and physical condition and has no medical, psychological, physical, or mental condition which has not been disclosed to KidTowne on the attached registration forms. In the event that my child becomes sick with a contagious illness after visiting KidTowne, and the visit to KidTowne occurred during the gestation period of such illness, I agree to notify KidTowne as soon as possible to enable KidTowne, in its discretion, to notify the child who may have been exposed. If my child becomes ill while at KidTowne, my child will be isolated from the group on a cot until the child is released into the parents' care.
- 6. Medical Procedures/Discretion and Authorization:** It is possible that my child could become injured while at KidTowne. In such event, I authorize KidTowne to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand that KidTowne shall not be required to strictly follow those guidelines when, in KidTowne's judgment, certain circumstances may require otherwise. In the event that emergency medical attention is necessary for my child(ren), KidTowne is authorized by me to act as an agent for me to give my permission for the child(ren) to be attended by a physician in such circumstances as deemed necessary. This includes transportation by ambulance. Records will be sent with the child. I agree that KidTowne may take action which it considers prudent to protect the safety of my child(ren) and other children visiting KidTowne. I further agree to indemnify, defend, and hold KidTowne (and its officers, directors, agents, and employees) harmless from and against all actions, claims, or liability, including attorney fees and court costs, directly or indirectly caused by my child(ren) or resulting from any inaccuracy or omission made by me in completing the registration forms.
- 7. State of Alabama Licensing Requirements:** The Alabama Department of Human Resources Child Care Licensing shall have the right to enter and inspect the premises unannounced, and have access to children's records, as well the authority to contact staff, parents, and relatives of children in care, or other witnesses. The administrator of KidTowne and its employees are required to report their suspicions of child abuse and neglect to the local public children's service agency.
- 8. Additional Requirements:** I agree to pay all costs and attorney fees arising out of my action relating to the agreement, registration forms, and release for collection purposed or otherwise.

### RELEASE

I, on behalf of myself, my spouse, and each child designated on the admission form agreement, waive and release all rights, causes of action an claims against KidTowne for any and all loss of damage to property or injuries suffered by my child during the time of child is visiting, including the possible negligence of KidTowne, but excluding gross negligence and intentional property misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release, I engage KidTowne to provide temporary child care for my Child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of KidTowne and the Release, including, but not limited to, future risks, complications, and costs. By signing this Release, I have not relied on any promises or statements made by KidTowne other than those contained in the written information supplied to me by KidTowne here and in the Parent Handbook (website). I understand that this Release will be kept on file and will continue in effect for this and any future visits.

I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING. I HAVE ALSO RECEIVED AND READ A COPY OF THE PARENT HANDBOOK VIA THE WEBSITE.

\_\_\_\_\_

DATE SIGNATURE OF PARENT/LEGAL GUARDIAN

I ALLOW KIDTOWNE TO PUBLISH MY CHILD(REN)'S PHOTOGRAPHIC IMAGE FOR ADVERTISING PURPOSES AND ANY OTHER PURPOSE KIDTOWNE DEEMS APPROPRIATE.

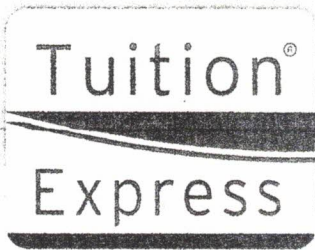
\_\_\_\_\_

YES NO

\_\_\_\_\_

DATE SIGNATURE OF PARENT/LEGAL GUARDIAN

(email: REQUIRED)



We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**

**SECTION A (Credit Card)**

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date
CVV Code (    )	

**SECTION B (Bank Account)**

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

**For Official Use Only**

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <u>Attach Voided Check Here</u> \$		
Deposit slips not accepted _____ Dollars		
123456789	1800338	0226
Routing Number	Account Number	Check Number

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## Child Food Allergy Plan

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Steps to be taken to avoid foods listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Plan: (in the event of an allergic reaction; including the names, doses, and methods of prompt administration of any medicines)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\* If medication is needed, this form must be accompanied by a Medication Form (page 85)

\*No medication or medical procedure shall be administered without being ordered by the child's health professional. Blanket authorization forms are prohibited! The authorization form shall include time(s) and date(s) to be administered, dosage, storage instructions (refrigerated or unrefrigerated), and specific directions for administering the medication/medical procedure, such as given by mouth, apply to skin, inhale etc. An authorization for shall be valid for no more than seven (7) days unless accompanied by a written physician's statement.

\* All medication must be sent to the center in its original container. All prescription medication must have a pharmacy label with the child's name and directions for administering the drug and must not be beyond the expiration date.

\* A measuring device (if required) must be supplied.

Parent Name (Printed) \_\_\_\_\_

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

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

**CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) FY: \_\_\_\_\_**

<b>Part 1. Enrolled Children: list names of all enrolled children</b>				
<b>Names of all enrolled children:</b> Use additional pages if necessary (First and Last)	<b>BIRTH DATE</b> MM/DD/YYYY	<b>CHECK IF IN</b> <b>HEAD/EVEN</b> <b>START</b>	<b>CHECK IF</b> <b>FOSTER</b> <b>CHILD</b>	<b>CHECK IF</b> <b>HOMELESS</b> <b>CHILD</b>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received SNAP (food stamps) or TANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3. Total Household Gross Income —You must tell us how much and how often**

<b>A. Name – First and Last</b> (List <b>only</b> household members not listed in Part 1)	<b>B. Gross Income and how often it was received</b>				
	<i>For example \$200/week or \$150/twice a month</i>				
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)** - An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.** (See Privacy Act Statement below)

*I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number:    -   - \_\_\_\_\_  I do not have a Social Security Number

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Part 5. Participant’s ethnic and racial identities (optional)**

<b>Mark one ethnic identity:</b>	<b>Mark one or more racial identities:</b>	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

**Don’t fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household size: \_\_\_\_\_ Total Annual Income: \_\_\_\_\_ SNAP/TANF Household: \_\_\_\_\_

Determination for: Free Meals \_\_\_\_\_ Reduced-Price Meals \_\_\_\_\_ Paid Meals \_\_\_\_\_ # Foster free \_\_\_\_\_ # Head/Even Start Free \_\_\_\_\_  
 # Homeless Free \_\_\_\_\_

Determining Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD CARE FOOD PROGRAM**  
**(Household Letter for Non-Pricing Programs in Child Care Centers)**

To: **The Household Member**

From: **The Official Representative of the Sponsor** \_\_\_\_\_

**(Name of Center or Organization)** \_\_\_\_\_

Please help us to comply with the requirements of the USDA Child and Adult Care Food Program (CACFP). The information requested on this Income Eligibility Form (IEF) is necessary in order for us to receive reimbursement for meals served to participants in our center. The form will be placed in our files and will be treated as confidential information.

**INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM**

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**PART 1 - ENROLLED CHILDREN:** Print names of all children in household who are enrolled in the center. List the date of birth for each child. If a child is enrolled in Head Start or Even Start, is a foster child or the legal responsibility of the Welfare Agency or a court, or the child is homeless, indicate by marking the appropriate box.

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**PART 2 – IF ANY MEMBER OF THE HOUSEHOLDS RECEIVES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP; formerly known as FOOD STAMPS) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):**

1. List the name of the person receiving benefits.
2. List that person's current SNAP or TANF case number.

**3. Sign the form in PART 4. An adult household member must sign. SKIP PART 3**

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**PART 3 – HOUSEHOLD INCOME**

1. List the names of all household members not listed in part one. Include yourself, children not enrolled in the center, your spouse, grandparents, and other related and unrelated people in your household. Use a separate sheet of paper if you need more space.
2. Write the amount of income each person now receives on the same line as their name, how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from. Income is all money before taxes or anything else is taken out. If any amount last month was more or less than usual, write that person's usual monthly income. If any of the household members receive no income, check the box in the last column.
3. Complete PART 4.

The participant in the day care facility may qualify for free or reduced priced meals if your household income falls within the limits on this chart. The amounts shown below are for **FREE and REDUCED-PRICE MEALS**.

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**PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART**

1. An adult household member must sign the form.
2. The form must have the last four digits of the social security number of the adult who signs **if part 3 was completed**. If the adult does not have a social security number, select the box indicating this. If all children in a family are foster children, a social security number is not required.

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**PART 5 – ETHNIC AND RACIAL IDENTITY:** This information is requested solely for the purpose of determining compliance with Federal civil rights laws and will not affect your approval. If you do not mark this, a visual identification will be made and recorded.

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**Confidentiality:** The information on the application is used only to determine eligibility for free or reduced-price meals and to verify eligibility.

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The information reported on this form is valid for one year. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

**Non-discrimination Statement:**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

USDA is an equal opportunity provider and employer