

A dark purple silhouette of a castle with two towers on the left and right sides, and a central section with a crenelated top. The text is centered within this silhouette.

Kid's Castle
CHILD CARE & PRESCHOOL

ENROLLMENT FORMS

SHELLY BURTIS
30025 NE 172ND ST
DUVALL, WASHINGTON 98019
(425) 788-8877
(206) 396-7707

Parent Information

Date Enrolled: _____

Date Withdrawal: _____

Name of Child: _____ M or F Birth date: _____

Name of Mother: _____ SS#: _____

Address: _____

Home Phone: _____ Other Phone: _____

Employer & Address: _____

Work Phone: _____ Other Phone: _____

Mother's e-mail address: _____

Name of Father: _____ SS#: _____

Address: _____

Home Phone: _____ Other Phone: _____

Employer & Address: _____

Work Phone: _____ Other Phone: _____

Father's e-mail address: _____

Emergency & Pickup Authorization:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Unauthorized Pickup

Name: _____ Phone: _____ Relationship: _____

Child Information: _____
Name

What food does your child especially like? _____

What food does your child dislike? _____

What favorite toys, games, activities, blanket, ect? _____

Does your child take a nap? **Yes No** Times and duration of naps: _____

Is your child toilet trained? **Yes No** What words are used for toilet? _____

How does your child express anger? _____

Does your child have special fears? Yes No (Explain) _____

When your child is upset, what works to comfort him/her? _____

How do you discipline your child? _____

Is there any special needs or disabilities your child has? _____

Any special circumstances at home I should know about? _____

Permission Authorization

Child's Name: _____

Cherry Valley Kid's Kastle has my permission to:

Take child on walk's outside of the licensed YES NO
space, and within the boundaries of
Cherry Valley Kid's Kastle Property.

Take photographs and video of my child YES NO

Use photo's of child in CVKK publications YES NO

Give my phone number to other parents YES NO

Cherry Valley Kid's Kastle has my permission to administer:

Sun Screen YES NO

Hand Sanitizer YES NO

Diaper Rash Cream YES NO

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Transportation is granted on condition that Cherry Valley Kid's Kastle complies with the provision of the Washington Administrative Code 170-296A-6475 transportation below.

WAC 170-296A-6475 Transportation

When transporting children the licensee, staff and volunteers must:

- (1) Follow RCW 46.61.687 and other applicable law regarding child restraints and car seats;
- (2) Carry in the vehicle all items required under WAC 170-296A-5450 and a current copy of each child's complete enrollment form;
- (3) Maintain the vehicle in safe operating condition;
- (4) Have a valid driver's license;
- (5) Have a current insurance policy that covers the driver, the vehicle, and all occupants;
- (6) Take attendance each time children are getting in or getting out of the vehicle;
- (7) Never leave children unattended in the vehicle; and
- (8) Maintain required staff-to-child ratio and capacity.

Consent to Medical Care and Treatment of a Minor Child

I hereby give permission that my child, _____ may be given emergency treatment to include, but not be restricted to First Aid and CPR by a qualified staff member at Kid's Kastle. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health and I cannot be contacted. I hereby waive my right to informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment if necessary.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Child's Name: _____ Birth date: _____

Allergies: (include drug reactions) _____

Chronic illness: _____

Regular Medications: _____

Date of last physical exam: _____

Immunization History: _____

Child's Physician & Phone #: _____

Child's Dentist & Phone #: _____

Health Insurance: _____ Phone: _____

Group number: _____

Employer: _____

Mother's work phone: _____ Father's work phone: _____

Preferred Hospital: _____ Phone: _____

Preferred Hospital Address: _____

Other important information: _____

Cherry Valley Kid's Kastle Contract Agreement

I hereby agree to all of the terms and conditions of this contract for services with Cherry Valley Kid's Kastle. All payments for childcare services are to be made on the agreed upon day/date at the specified rate set forth below. If all payments for services, which are due, are not made on or before the date set forth below, the undersigned parent agrees to pay a late fee of \$35. If Cherry Valley Kid's Kastle or Michelle Burtis is required to undertake any collection action against the parent, the parent agrees to pay all costs and attorney's fees associated with the collection of and payments or late charges due. The parent also agrees that the venue for any such collection action shall exclusively be in King County District Court and hereby waives any right to have a collection action filed in any other venue.

This contract applies to the care of: _____

Payment rate is \$_____per_____ for care in the hours of_____

and for the days of: _____

Payments are due on the first day of the month, unless otherwise noted here: _____

Late pick up & early arrival fees will be charged at \$20.00 for the first 10 minutes, and then \$2.00 per minute there after & due immediately.

A registration fee of \$_____ per child is required to begin childcare.

A deposit of \$_____ for last month of care, is required to begin childcare.

Special agreement: _____

This agreement also follows Cherry Valley Kid's Kastle Policies and Procedures handout.

There are no refunds on registration fees, deposits or daycare payments, unless 30 days notice is given for termination by the parent/guardian.

First payment and deposit are due on or before the first day my child begins care.

Amount received: _____ Date: _____

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Provider's Signature _____ Date: _____