

Initials of tour staff _____

Classroom Toured _____

Please print

Kid's Haven Registration Form

*Please complete all the following information below

Tour date: _____ Today's date: _____ Enrollment Date: _____

Child's Name: _____

Date of Birth: _____ Child's Age: _____ Gender: Boy / Girl Potty Trained: Yes / No

Address: _____ City, State & Zip: _____

Home Phone: _____

Child lives with: _____

Guardian 1's Name: _____

Address: _____ City, State & Zip: _____

Employed by: _____ City: _____

Work Phone: _____ Cell Phone: _____

Cell Phone Provider (needed to be enrolled in our text messaging notifications): _____

E-Mail Address (needed for ProCare): _____

Guardian 2's Name: _____

Address: _____ City, State & Zip: _____

Employed by: _____ City: _____

Work Phone: _____ Cell Phone: _____

Cell Phone Provider (needed to be enrolled in our text messaging notifications): _____

E-Mail Address (needed for ProCare): _____

Please circle your families schedule at Kid's Haven: Full-time Part-time Drop-in
*If part-time please circle the days your child will be attending: Mon, Tues, Wed, Thurs, Fri, or Varies

Special Information

Please take the time to tell us any special information about this child.
Please include any allergies, individual diets, cultural differences, and special needs your child may have.
Please also list any special instructions on how to contact the parent in the event of an emergency.

Does your child have an IEP (Individualized Educational Plan) or IFSP (Individual Family Service Plan)?

Yes / No

If you answered yes, by state law we will need a copy.

Parental Authorization

Please list below at least TWO people you authorize to pick up your child in addition to parents.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contacts

In the event of an emergency and the parent cannot be reached.
Please list **FOUR** people we can contact. **ALL** information must be filled in completely!

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Medical Permission

In the event of an emergency, I give my permission for Kid's Haven staff to call 911 to have my child transported to the nearest medical facility. I give my permission for Kid's Haven to display any medical Individual Care Plan in the classrooms.
Please fill in the following. All information must be filled in completely.

Hospital family uses: _____ Address of Hospital: _____

Doctor family uses: _____ Address of Clinic: _____

Phone number of Clinic: _____ Fax number of Clinic: _____

Dental Source: _____ Phone number of Dental Source: _____

Dental Source Address: _____

Poison Control

In the event of an accidental poison ingestion, I understand that Kid's Haven staff will contact Poison Control. I give permission to Kid's Haven to do what is directed by the authorities at Poison Control or a Physician.

Health Consultant

I give permission for Kid's Haven Health Consultant to have access to my child's file while visiting Kid's Haven.

Non-Prescription Products

I give Kid's Haven permission to administer the following products when brought in by the parent. Sunscreen, Tylenol, or Aspirin free pain reliever, Diaper wipes, Gas drops, Lotions, Creams, Vaseline, and Diaper Cream.

Kid's Haven Handbook

I have received a copy of the Kid's Haven Parent Handbook and understand the policies and procedures. I also grant my permission to the staff of Kid's Haven to take whatever measures are necessary for the care and protection of my child while under the supervision of the center.

Parent Signature: _____ Date: _____

How did you hear about Kid's Haven? _____

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____

Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Haemophilus influenzae type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Vaccine		
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.
Minnesota Department of Health - Immunization Program (2019)

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I understand that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date)

by _____
(name of parent or guardian)

Notary Stamp
STATE OF MINNESOTA, COUNTY OF _____

Notary Signature: _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

KID'S HAVEN CHILD CARE & PRESCHOOL
Health Care Summary
Must be completed by health care source

Attention— We can fax this form to your clinic. To do so you must fill out the top part of this form and return it to Kid's Haven. The clinic may need to mail it directly to your home.

Please return by: _____

Please fax back or mail to:

Kid's Haven 763-682-9552 * 302 12th Avenue South – Buffalo, MN 55313

Or mail to child's home

Physician's Name: _____

Clinic Fax Number: _____

Name of Child: _____ DOB: _____ Age: _____

Address: _____ Telephone: _____

Parent/Guardian's Name: _____

Child's Teacher at Kid's Haven: _____

I give my permission for my child's doctor to release this information to Kid's Haven.

Parent Signature

Date of last physical exam: _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including medications)? _____

Is a modified diet necessary? _____

Is any condition present that could result in an emergency? _____

What is the status of the child's...

Vision _____

Hearing _____

Speech _____

Please list below any important health problems. Indicate if you or someone else is following the child for the problem.

Also, please check which problems require special attention at the center.

<u>Important health problems</u>	<u>Followed by you</u>	<u>Followed by other med source (Name)</u>	<u>Requires special attention at center</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program _____

Signature of Health Source _____ Phone _____

Date: _____ Address: _____

Kid's Haven Child Care & Preschool

Children's Acetaminophen & Ibuprofen Dosage Chart

Child's Physician: _____ Clinic Fax Number: _____

Child's Name: _____ Birth date: _____ Age: _____

Parent's Name (s): _____

Address: _____ Phone Number: _____

Acetaminophen (Tylenol or another brand)

Give every 4 to 6 hours as needed (Also available in suppositories: use the same number of mg.)

***Do not give more than 5 doses in 24 hours.**

Weight in pounds (lbs.)	Elixir 1teaspoon=160mg/5ml	Chewable 1 tablet=80mg	Jr. Strength 1 caplet= 160mg	Reg. Strength 1 tablet = 325mg
6-11 lbs.	$\frac{1}{4}$ teaspoon	-----	-----	-----
12-17 lbs.	$\frac{1}{2}$ teaspoon	-----	-----	-----
18-23 lbs.	$\frac{3}{4}$ teaspoon	-----	-----	-----
24-35 lbs.	1 teaspoon	2 tablets	-----	-----
36-47 lbs	1 $\frac{1}{2}$ teaspoons	3 tablets	-----	-----
48-59 lbs.	2 teaspoons	4 tablets	2 caplets	1 tablet
60-71 lbs.	2 $\frac{1}{2}$ teaspoons	5 tablets	2 $\frac{1}{2}$ caplets	1 tablet
72-95 lbs.	3 teaspoons	6 tablets	3 caplets	1 $\frac{1}{2}$ tablet
96+ lbs	-----	-----	4 caplets	2 tablets

Ibuprofen (Advil, Motrin, or another brand)

Give every 6 to 8 hours as needed; always with food. Other strengths available by prescription.

***Do not give more than 4 doses in 24 hours.**

Weight in pounds (lbs.)	Dose	Liquid 1 teaspoon = 100mg/5ml	Chewable Tablet 1 tablet = 100mg	Tablets 1 tablet = 200mg
11-21 lbs.	50 mg	$\frac{1}{2}$ teaspoon	$\frac{1}{2}$ tablet	-----
22-32 lbs.	100 mg	1 teaspoon	1 tablet	-----
33-43 lbs.	150 mg	1 $\frac{1}{2}$ teaspoons	1 $\frac{1}{2}$ tablets	-----
44-54 lbs.	200 mg	2 teaspoons	2 tablets	1 tablet
55-65 lbs	250 mg	2 $\frac{1}{2}$ teaspoons	2 $\frac{1}{2}$ tablets	-----
66-87 lbs.	300 mg	3 teaspoons	3 tablets	1 $\frac{1}{2}$ tablets
88+ lbs.	400 mg	4 teaspoons	4 tablets	2 tablets

Kid's Haven has my permission to give the above named child Acetaminophen &/or Ibuprofen as directed on the dosage chart above.

Signature or stamp of physician or clinic and date

Please fax back to 763-682-9552

DAILY SCHEDULE FOR YOUR INFANT

Please tell us a little about your child.

Child's Name: _____

Nicknames: _____

Age: _____ Birth date: _____

Please Check One:

Formula Breast Milk

Both / Formula Backup if on Breast milk

Child's Regular Eating Schedule: _____ ounces every _____ hrs.

How do you get your child to sleep? _____

How do you comfort your child? _____

Would you like your child to have a sleep sac at naptime, parent provides? Sleep Sac

Please list any other comments that you feel would be helpful to us...

Parent Signature: _____ Date: _____



HEALTH CONSULTANTS FOR CHILD CARE INC.

Child's Name _____

Date of Birth _____

Infant Dietary Instruction Form

All foods must be tried at home for 3-5 days to observe for allergic reactions.

Please initial and date next to each food to be given at the center.

For combination foods, be sure to sign off on all ingredients.

	initials	date
PROTEINS:		
Beef	_____	_____
Cheese	_____	_____
Chicken	_____	_____
Cottage Ch.	_____	_____
Ham	_____	_____
Turkey	_____	_____
Tofu	_____	_____
Yogurt	_____	_____
FRUITS:		
Apple	_____	_____
Apricot	_____	_____
Banana	_____	_____
Blueberry	_____	_____
Coconut (not raw)	_____	_____
Kiwi	_____	_____
Mango	_____	_____
Peaches	_____	_____
Pears	_____	_____
Plums	_____	_____
Prunes	_____	_____
Raspberry	_____	_____
Strawberry	_____	_____

	initials	date
VEGETABLES:		
Avocado	_____	_____
Beans	_____	_____
Broccoli	_____	_____
Carrots	_____	_____
Corn	_____	_____
Garbanzo	_____	_____
Green Beans	_____	_____
Kale	_____	_____
Lentil	_____	_____
Parsnips	_____	_____
Peas	_____	_____
Potato	_____	_____
Pumpkin	_____	_____
Spinach	_____	_____
Squash	_____	_____
Sweet Potatoes	_____	_____
Zucchini	_____	_____
GRAINS:		
Barley	_____	_____
Oatmeal	_____	_____
Quinoa	_____	_____
Rice	_____	_____

Please check all that apply:

Breast Milk _____ Formula _____ Whole Milk (inc. organic or lactose free) _____ Soy Milk _____

I have tried the above foods and give permission for them to be given to my child.
I understand that this list is not inclusive, therefore I give permission for any foods/combinations of foods brought in from home to be given as well.

parent/guardian signature

Date

parent/guardian signature

Date

Kid's Haven Menu

Breakfast is served with 100% Juice; Fruit for Infants. Snack and Lunch are served with Skim milk; Whole Milk for Infants and Toddlers under 24 months

Whole Grain Cereal is served: Cheerios, Kix, Life, Frosted Mini Wheat, Honey Bunches of Oats Chex, Wheaties, Berry Kix, Total, Quaker Oatmeal Squares

Sandwiches are served with whole wheat bread
Menu is subject to change/ Food that contains dairy *

Week One				
Monday	Tuesday	Wednesday	Thursday	Friday
Main Dish: Chicken Alfredo *	Main Dish: Ham & Cheese Sandwich *	Main Dish: Chicken pasta salad/w cheese *	Main Dish: Tomato/Hamburger hot dish	Main Dish: Tater Tot Hotdish w/mixed veggies *
Vegetable: Corn	Vegetable: Mixed Vegetables	Vegetable: Green Beans	Vegetable: Carrots	Vegetable: Bread w/butter
Fruit: Pears	Fruit: Peaches	Fruit: Tropical Fruit/Pears	Fruit: Crushed Pineapple	Fruit: Applesauce
PM Snack				
Triscuts w/cheese *	Goldfish *	Veggie straws	Mandarin oranges	Apple Slices

Week Two				
Monday	Tuesday	Wednesday	Thursday	Friday
Main Dish: Beef Stew *	Main Dish: Chicken Salad Sandwiches	Main Dish: Meat balls/w gravy *	Main Dish: Taco Mac & Cheese w/hamburger*	Main Dish: Spaghetti Hotdish
Vegetable: Bread w/butter	Vegetable: Baked Beans	Vegetable: Mashed potatoes *	Vegetable: Green Beans	Vegetable: Corn
Fruit: Pears	Fruit: Mixed Fruit	Fruit: Applesauce	Fruit: Peaches	Fruit: Crushed Pineapple
PM Snack				
Wheat Thins	Ritz/cheese *	Goldfish *	Bananas	Veggie Straws

Week Three				
Monday	Tuesday	Wednesday	Thursday	Friday
Main Dish: Au gratin Potatoes w/Ham *	Main Dish: Chili w/Beans & Hamburger	Main Dish: Ham Salad Sandwich *	Main Dish: Chicken Hotdish *	Main Dish: Turkey Sandwich & Cheese *
Vegetable: Green Beans	Vegetable: Corn bread *	Vegetable: Corn	Vegetable: Carrots	Vegetable: Corn
Fruit: Apple Slices	Fruit: Tropical fruit	Fruit: Mixed Fruit	Fruit: Pears	Fruit: Bananas
PM Snack				
Veggie Straws	Mandarin oranges	Wheat thins w/cheese*	Apple slices	Cheese & Crackers

Child's Name: _____

DOB: _____

Parent Signature: _____

Date: _____

**Kid's Haven Child Care and
Preschool**

**AUTHORIZATON FOR
VIDEO/AUDIO/PHOTO RECORDING OF CHILD IN ATTENDANCE**

WAIVER of PRIVACY RIGHTS

Kid's Haven Child Care and Preschool is a childcare facility that exists for the purposes of caring for and educating young children. To ensure the safety and security of all children, staff, parents, and visitors, as well as the security of our child care facility, Kid's Haven is equipped with a digital video surveillance system and security cameras are installed in all classrooms, hallways, outdoor play area, and parking lot and may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms, changing pads (are blocked out), and dressing rooms, and that video/security cameras will be positioned in appropriate places within and around our child care facility and used in order to help promote the safety and security of people and property.

In addition, Kid's Haven staff and administration may periodically record video and audio tape (via cameras and other electronic devices) and/or photograph children as part of their day-to-day activities, parties, assessments, etc. Therefore, a video, audio, photo release for a child attending Kid's Haven is a condition of enrollment.

Please read, initial, and sign.

_____ I give my permission to record video, audio, and take photographs of my child for the purposes of instruction and program support. Ex. ProCare, Teaching Strategies Gold (assessment documentation), & classroom display boards

_____ I give my permission for taking photographs of my child for the purposes of program support on social media.

_____ I understand the policy and it has been reviewed with me by Kid's Haven staff.

Child's Name: _____ Date: _____

Custodial Parent or Guardian Signature: _____

Kid's Haven Child Care & Preschool
302 12th Avenue South * Buffalo, MN 55313 * 763-682-3072

I _____ give Kid's Haven permission
to sleep my child _____ on a cot
now that they are 12 months of age.

Also note that you are now able to bring in a One-Ply Blanket that will be
used at nap time. We will label your child's blanket with their first and last
name & wash them weekly.

Parent signature _____ Date _____

Kid's Haven Child Care & Preschool
Tuition Rate Sheet
Effective Date – November 9, 2023
Registration Fee: \$75.00
These rates are discounted for paying weekly.

FLEXIBLE HOURLY RATES

If your child is here 9 + hours per day

Age	First Child	Second Child (15%disc)	Third Child (30%disc)
INFANT	\$7.09	\$6.03	\$4.96
TODDLER	\$6.52	\$5.54	\$4.56
PRESCHOOL	\$6.16	\$5.24	\$4.31
SCHOOL AGE	\$5.96	\$5.07	\$4.17

If your child is here 6-9 hours per day

INFANT	\$7.38	\$6.27	\$5.17
TODDLER	\$6.81	\$5.79	\$4.77
PRESCHOOL	\$6.44	\$5.47	\$4.51
SCHOOL AGE	\$6.23	\$5.30	\$4.36

If your child is here 3-6 hours per day

INFANT	\$7.94	\$6.75	\$5.56
TODDLER	\$7.38	\$6.27	\$5.17
PRESCHOOL	\$7.00	\$5.95	\$4.90
SCHOOL AGE	\$6.81	\$5.79	\$4.77

If your child is here 3 or less hours per day

INFANT	\$10.90	\$9.27	\$7.63
TODDLER	\$10.02	\$8.52	\$7.01
PRESCHOOL	\$9.20	\$7.82	\$6.44
SCHOOL AGE	\$8.58	\$7.29	\$6.01

STRAIGHT HOURLY RATES

INFANT - \$10.50	TODDLER - \$10.00
PRESCHOOL - \$9.00	SCHOOL AGE - \$8.50

WEEKLY RATES/DAILY RATES

INFANT - \$275.00 / \$72.00	TODDLER - \$265.00 / \$67.00
PRESCHOOL - \$245.00 / \$62.00	SCHOOL AGE - \$215.00 / \$49.00

Holiday Sign Up and Hours

Kid's Haven is closed New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas Eve, and Christmas Day. During these holidays we have some different hours on the days before or after.

Please note them below...

New Years Eve - 5:30 am - 5:30 pm

July 3rd and July 5th - will be posted depending on what day the 4th lands on

Halloween 5:30 am - 6:00 pm

Thanksgiving Eve - 5:30 am - 6:00 pm

The day after Thanksgiving - 7:00 am - 5:30 pm

The day after Christmas - will be posted depending on what day Christmas is

No school days during the school calendar year

We will have sign up sheets for these days. If you sign your child up to attend these days, they are welcome to attend. If your child is signed up and does not attend, you will be charged a daily rate for that day. You must notify Terry, Shawna, Missy, or Jaclyn if they are not coming after you have signed up and it must be at least the day before. If your child is not signed up but you would like to bring them at the last minute, please call for availability. We must maintain staff child ratios.

Safe Arrival and Departure

Parents are to accompany their child into the center each day. Parents must check in and out their child on the time clock or by the app. If parents are sending a friend or family member to pick up a child, they must have approved that person in writing, picture identification must be shown, and they must be at least 16 years old. **YOUR CHILD WILL NOT LEAVE WITH ANYONE ELSE.** All children should be properly secured in the vehicle for transportation to and from the facility. Other children should not be left in a vehicle during arrival and departure. Please do not leave your vehicle running. Please be courteous about parking under the overhang of the building. It has a maximum of a 5-minute parking. There can only be two people parked under the overhang at a time.

Review Child Care Program Plan

Kid's Haven's Child Care Program Plan is available to view in the office on request of a guardian.

Registration and Late Fees

The registration fee is a one-time, non-refundable fee of \$75.00 per family which is due at the time of registration. This fee insures your spot for scheduled attendance. Your child will stay actively enrolled provided they attend at least once every 30 days. All statements must be paid by 6:30 pm Friday. The bill that is due Friday will reflect the billing period of the Thursday - Wednesday before the due date. A \$10.00 late fee will be added to all bills not paid in full by the due date. You will find the amount owed in the accounting box when you check your child in and out. A \$1.00 per minute late fee will need to be paid in cash if your child is not picked up by 6:30 pm.

Withdrawal Procedure: Kid's Haven requests a 2 week notice to withdraw your child. We also ask that you fill out a parent exit interview that can be found in the office.

Definitions

Full time: A child that comes every day with the same schedule. We hold a spot for this child each day. Please let us know by 8:00 am if your child will not be attending for a day.

Part time: A child that has a different schedule each week but comes at least once a week. With a part time schedule, you will let us know as soon as you know what your child's schedule will be for the upcoming week. We will hold a spot for this child each scheduled day. If your schedule varies more than 15 minutes for drop off, please let us know by 8:00 am.

Drop in: A child that comes at least once a month. You will call for availability each time you want your child to attend.

Infant: 6 weeks - 18 months

Toddler: 18 months - potty trained

Preschool: 2 years 9 months and potty trained - the first day of kindergarten

School Age: Kindergarten - 12 years

Billing Options

Flexible Hourly Rate: You are only charged for the time that your child is in attendance. The hourly rate will vary depending on the number of hours your child is in attendance each day. The first child is your youngest child. It is very important that you always remember to punch your child in and out. If you forget to punch your child in, the computer will punch them in at 5:30 am. If you forget to punch your child out, the computer will punch them out at 6:30 pm. Please refer to the Tuition Rate Sheet for flexible hourly rates.

Straight Hourly Rate: You are only charged for the time that your child is in attendance. The hourly rate will always be the same. It is very important that you always remember to punch your child in and out. If you forget to punch your child in, the computer will punch them in at 5:30 am. If you forget to punch your child out, the computer will punch them out at 6:30 pm. Please refer to the Tuition Rate Sheet for straight hourly rates.

Daily Rate: You are only charged for the days you are in attendance. It is still important that you punch in and out, but you will be charged the same amount every day that your child is in attendance. Please refer to the Tuition Rate Sheet for the daily rates.

Weekly Rate: This will be the amount charged every week your child is enrolled, this includes all days including but not limited to, holidays, vacations, and sick days. The only other fees that would be charged to your accounts are extra curriculum activities. It is still important that you punch in and out, but your tuition will not reflect hours of attendance. Please refer to the Tuition Rate Sheet for the weekly rates.

You are welcome to pick different payment plans for different children in the same family. You are welcome to change your payment plan once per year. We are not able to change it anymore than once a year.

Kid's Haven Financial Agreement

It is Kid's Haven's goal to keep each child in our care safe and happy. We want to ensure each child has a positive learning environment. To do this, we need loving and caring staff. We need equipment that is in good working condition, and a building that is in good repair. We want to provide children with good nutritious food for them to eat each day. We want the best educational curriculum for the children. To ensure this, we must be paid for services rendered on a weekly basis. All late fees will be assessed to accounts that are not paid in a timely manner. Tuition may increase 4% every November to ensure our staff is given the raises they deserve.

Payment Options

Payment By Cash: Please bring all cash payments to the office and we will give you a computerized receipt.

Payment By Check: Please put your check in the payment box located next to the main office.

Payment By Auto Check Debt: Please fill out the tuition express form and hand it in at the time of enrollment. Your weekly statement will be processed on Thursday and will come out of your account on Friday. This may vary depending on what bank you use.

Payment By Auto Credit Card or Debt Card: Please fill out the tuition express form and hand it in at the time of enrollment. Your weekly statement will be charged to your credit card on Thursday and should show up on your account on Friday. With this option, a \$1.00 transaction fee will be added to your account each week.

Payment By Credit Card/Debit Card Weekly by Family: Please swipe your card on the time clock station located at each building entrance or pay on the ProCare app.

Financial Agreement

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

I would like to pay
(please circle one)

Auto Check Debit

Debit Auto Credit Card Debit

Cash/Check/Credit Card
(Weekly by family)

I understand and agree to pay Kid's Haven every week for my weekly tuition. I understand if my account becomes more than 2 weeks past due, I will have to pay in full and re-enroll before my child can return.

Parent Signature

Date

For office use only:
Initials placed into computer _____

Date: _____



For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

_____			_____	
Cardholder Name			Phone #	
_____			_____	
Cardholder Billing Address			Account Number	
_____	_____	_____	_____	
City	State	Zip	Expiration Date	
_____			_____	
Cardholder Signature			Date	

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _____

Employee Signature: _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

TUITION

Express

*Hop aboard the Tuition Express
and never write a check again!*

ProCare Software

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

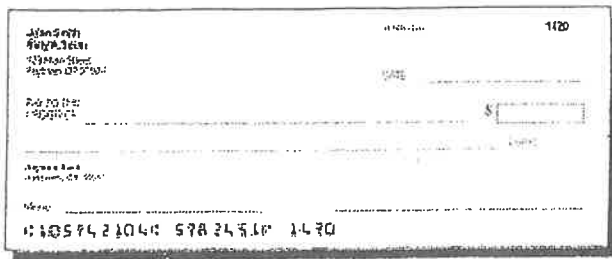
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

Financial Agreement

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

Child's name: _____ Birthdate: _____

I would like to be charged the following rate:
(Please circle one)

Flexible Straight Daily Weekly

I would like to pay
(please circle one)

Auto Check Debit Auto Credit Card Debit Cash/Check/Credit Card

I understand and agree to pay Kid's Haven every week for my weekly tuition.
I understand if my account becomes more than 2 weeks past due, I will have
to pay in full and re-enroll before my child can return.

Parent Signature

Date

For office use only:
Initials placed into computer _____

Date: _____

BREAST MILK HANDLING

A mother's breast milk is the ideal food for her infant. Research has shown that babies receiving breast milk have fewer illnesses, an important fact when a child is in child care. The American Academy of Pediatrics recommends breast milk for the first year of life. We do consider ourselves a "breast feeding" friendly environment. To protect child care staff and other children from potentially infectious body fluids, the procedures related to handling breast milk are recommended for all children who are being fed expressed breast milk. These procedures are recommended to reduce the risk of spread of disease even though that risk may be relatively low. The health and safety of the children and the staff at this center is our utmost concern. Therefore, all breast milk needs to be brought to Kid's Haven in ready to feed bottles, with caps in an insulated cooler. The bottles can be frozen or thawed. We will place the labeled bottles in our refrigerator in the classroom. We will send each bottle home not washed at the end of a child's day. We cannot mix them with other bottles. We also cannot reuse a bottle after 1 hour of the bottle being used. We apologize for any inconvenience this may cause you.

Our goal is to have the safest and healthiest environment for your child as possible. If you have any questions or concerns, please feel free to call.

THINGS YOU WILL NEED TO BRING TO DAYCARE...

- * 1 package of diapers
- * 1 hard container of wipes
- * 1 tube of diaper cream/ointment of your choice
 - * 2 extra outfits – to keep in the cubby
 - * 1 extra pair of socks
- * 1 Sleep Sac – if desired (we are not able to use swaddle sacs)
 - * 4 bottles with caps if full time (no glass bottles)
 - * 2 bottles with caps if part time (no glass bottles)
 - * 1 can of unopened formula
 - * 1 pacifier – if desired
 - * cereal & jar food – depending on age

All formula, infant cereal, & baby food needs to be in original packaging and unopened.

All table foods are provided by Kid's Haven as well as whole milk.

If you have any questions about any of the above information, please feel free to ask anytime!