

KINDER-HAUS NURSERY DAY CARE CENTER

428 Ranck Road, New Holland, PA 17557 717-355-7801

APPLICATION

I. GETTING ACQUAINTED

Enrollment Date _____

Name of Child _____ Birth date _____

Male _____ Female _____ Church affiliation? _____

Does your child attend church? _____ Sunday School? _____

How did you hear about Kinder-Haus? _____

II. FAMILY COMPOSITION

Parents are: Together _____ Separated _____ Divorced _____ Deceased _____

Child lives with: Mother _____ Father _____ Stepmother _____ Stepfather _____

Other _____

I understand that Kinder-Haus keeps legal documents (i.e. custody papers, PFA, etc.) on file for one session only and that it is my responsibility to provide such documents at the beginning of each Fall and Summer session. _____ initial

III. Person(s) designated to be released as per the Emergency Card... _____

IV. CONTRACT

1. A fee of _____ will be paid weekly (**due by Friday prior to the week of care**) by _____.

Days and hours your child will be attending Kinder-Haus: (write in times)*

Monday	Tuesday	Wednesday	Thursday	Friday
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Start:	Start:	Start:	Start:	Start:
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End:	End:	End:	End:	End:
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_____yes _____no I work multiple shifts and child(ren) may be in care different days/hours.

My child is part of the Before and After School Program my child leaves the center for school at _____ and returns to the center from school at _____.

***My child is here more than 8 hours due to work schedule _____, other _____ (please explain on back).**

Daily Expected Meal Service Participation (please check) Breakfast - Lunch - PM Snack -

Is this child of school age? _____ Yes _____ No If yes, will additional meals be expected when school is not in session? _____ Yes _____ No If yes, please specify the meal: _____ Breakfast _____ Lunch _____ PM Snack

Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer.

_____ Day _____ Evening _____ Time _____ Letter _____ Telephone (home) _____ Telephone (work)

I hereby agree to abide by the regulations as stated in the Kinder-Haus contract agreement and will pay required tuition **by Friday prior to the week of care. Parents may disenroll their children but are required to give a TWO week notification through a written statement to the office.**

I, parent/guardian; I received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121)

I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124, 3280.124, 3290.124)

KH Office Use Bi-Annual Time Period Covered by Signature: _____ to _____

Signature of Parent/Guardian Date

Signature of Director Date

Periodic Review date and signature:

KH Office Use Bi-Annual Time Period Covered by Signature: _____ to _____

Signature of Parent/Guardian Date

Signature of Director Date

KH Office Use Bi-Annual Time Period Covered by Signature: _____ to _____

Signature of Parent/Guardian Date

Signature of Director Date

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For KH Office Use Only Child withdrew on _____