

KINDER-HAUS NURSERY DAY CARE CENTER CONTRACT

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
Start:	Start:	Start:	Start:	Start:
End:	End:	End:	End:	End:

_____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; received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121)
 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 _____	Signature of Director _____
Date _____	Date _____

Periodic Review date and signature:

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

Signature of Parent/Guardian _____	Signature of Director _____
Date _____	Date _____

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

Signature of Parent/Guardian _____	Signature of Director _____
Date _____	Date _____

Nondiscrimination Statement and Admission policy: "Admission is open to all regardless of race, color, national origin, sex, age or disability." In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; Fax: (202) 690-7442 or E-Mail: program.intake@usda.gov. This institution is an equal opportunity provider.

For KH Office Use Only Child withdrew on _____