



Children's Treehouse
Learning Center

8835 Monrovia St. Lenexa, KS 66215
(913) 871-5050
Info@childrenstreehouselc.com

ENROLLMENT CONFIRMATION AGREEMENT

Thank you for your interest in Children's Treehouse Learning Center! The information below is an overview of our program and the information you will need to enroll your child(ren). The enrollment packet includes all the required forms that must be completed prior to your child's first day of school.

Child's Name	Child's Age	Classroom	Monthly Rate	Annual Registration Fee

Family's total monthly tuition rate: \$_____ (Due on the 1st of the month)

An annual registration fee of \$125 per child is due each August. Fees will be pro-rated from the start month. Registration fees are non-refundable.

Tuition is computed to allow for periods when the school is closed. This includes holidays and staff in-service training days. This total amount is then divided into equal monthly payments due on the first of each month or may be paid semi-monthly on the 1st and 15th of each month. This means that the total amount is payable each month regardless of the child's attendance or time when the program is closed. Tuition may be paid by electronic funds transfer, debit card or credit card. We do not accept cash or checks.

Payment is due by the first day of each month or may be paid semi-monthly on the 1st and 15th of the month. (If the 1st or 15th of the month falls on a Saturday payments will be deducted the Friday before. If the 1st or 15th of the month falls on a Sunday payments will be deducted the Monday after.) Tuition must be received by the 3rd day of the month and/or by the 17th of the month (if semi-monthly) or a \$30 late fee will be assessed. If payment has not been received by the 3rd and/or the 17th of the month a child's enrollment will be suspended until account is made current. After five business days of non-payment your child's enrollment reservation will not be held.

We require all children to be in attendance by 10:00am each day to insure a smoother day for them and the classroom as a whole. Dropping off or picking up at

naptime is disruptive and therefore not allowed. Exceptions may be made if you have a doctor's note stating the time of an appointment that kept your child out of our care before that time.

Children's Treehouse Learning Center closes promptly at 6:00 p.m. Please allow time to gather belongings and/or talk to the teachers before 6:00. A grace period of five minutes will be given. Beginning at 6:05 p.m. a late fee will be imposed as follows:
One minute to 10 minutes: \$10
Over 10 minutes: \$1.00 each additional minute

Parents must bring children into their classroom each morning and must come into the classroom to pick up children in the evening. Children must be clocked in and out by parents, using the monitor located at the front entry. Children will not be allowed to leave the school with anyone except the persons designated on the enrollment form unless the director has been notified in advance.

The school requires a two (2) week written notice of your intent to withdraw your child from the school. If we do not receive this notice, tuition will be automatically charged. Parents will be responsible for all associated legal and collection agency fees in addition to the past due amount on the account.

Our goal is to provide care for well children. Having ill children at the school presents the very real possibility that others can be infected. While we understand that parents need to be at work, we need to enforce this policy to protect all children and staff from unnecessary exposure to communicable disease. We follow the guidelines developed by the American Academy of Pediatrics and the American Public Health Association as well as those outlined by the Johnson County Department of Public Health. Parents who repeatedly fail to follow policies related to keeping children at home when they are ill may be required to withdraw their child from the school.

Medications will be administered to a child only when the parent has completed and signed the "Short Term or Long Term Medication Authorization" form. Non-prescriptive medications must accompany a medication form as well. This form must accompany the medication or we will not be able to administer the medication to your child. Medication prescribed for an individual child must be kept in the original container bearing the original pharmacy label, which shows the prescription number, date filled, doctor's name, directions for use, and child's name.

I have read and understand the terms of this agreement (as outlined on both sides of this form).

Parent Signature _____ Date _____

Received By _____ (Director)



ENROLLMENT FORM

TELL US ABOUT YOUR CHILD AND FAMILY...

Child's Last Name	First Name / Middle Initial	Nickname	Male/Female
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Home Address	Apt. Number	City / State / ZIP
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Date of Birth	Current Age
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PARENT A Father

Mother

Parent's Full Name	Parent's Home Address (if different from child's)	Parent's Best Contact #
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Parent's Employer	Employer's Address	Occupation	Parent's Work Phone/ext.
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Parent's email

PARENT B Father

Mother

Parent's Full Name	Parent's Home Address (if different from child's)	Parent's Best Contact #
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Parent's Employer	Employer's Address	Occupation	Parent's Work Phone/ext.
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Parent's email

WHO IS ALLOWED TO DROP OFF & PICK UP? WHO CAN WE CONTACT FOR AN EMERGENCY?

Parent A

Parent B

1 - Full Name	Relationship to Child	Cell Phone Number	Work Phone Number
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2 - Full Name	Relationship to Child	Cell Phone Number	Work Phone Number
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3 - Full Name	Relationship to Child	Cell Phone Number	Work Phone Number
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4 - Full Name	Relationship to Child	Cell Phone Number	Work Phone Number
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5 - Full Name	Relationship to Child	Cell Phone Number	Work Phone Number
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6 - Full Name	Relationship to Child	Cell Phone Number	Work Phone Number
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ATTENDANCE INFORMATION

Desired Start Date

Approximate Arrival Time

Approximate Departure Time

Payment Receipts Needed?

Email Address for Receipts

Bill Monthly or Semi-Monthly?

DOES YOUR CHILD HAVE ANY ALLERGIES OR FOOD RESTRICTIONS? TELL US ABOUT IT...

AGREEMENT

I hereby represent that I am the legal parent/guardian of _____ (child's full name) and acknowledge that it is my responsibility to provide Children's Treehouse Learning Center with updated information whenever changes occur to contact information, allergy/diet restrictions, and immunization dates.

I acknowledge that my child cannot be in attendance until all KDHE-required forms are completed.

I have received the School Closing Schedule and understand that closings do not affect tuition rates.

I understand that all visitors "non-registered people" must sign in and out at the reception desk. Visitors must list name, address, time of visit, purpose of visit, and present identification to school staff.

I understand that parents and children must enter through the front door. Staff and parents must not hold the door open for other staff or parents. Each parent or visitor will be admitted from the front foyer into the School on an individual basis by the director or a designated staff member. Once they enter the interior of the School, the parent or visitor must close the door behind them; this is the only way we can prevent unauthorized entry. For the safety of our children and our equipment we ask that you do not allow children to touch the check in/out computer screen or teach them how to hold their hands in front of the door sensors. These actions create a mixed message to our students.

Parent or Guardian Signature

Date

Director/Management Signature

Date



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility Children's Treehouse Learning Center

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

- | | | |
|-------------------------|-----------------------------------|-----------------|
| _____ Allergies | _____ Frequent sore throats/colds | _____ Ear Aches |
| _____ Asthma | _____ Speech, Visual, Hearing | _____ Diabetes |
| _____ Epilepsy/Seizures | _____ Other _____ | |

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? No Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. _____

Parent/Guardian Signature: _____ Date: _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)						
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Please Provide
Doctor's Office
Print Out

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

...ing two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) by _____

... required:

(A) Certified by a licensed physician stating that immunization would be harmful to the child's life:
 Exempt from following immunizations: _____
 _____DTaP/DT _____Tdap/TD _____Polio _____HepA _____HepB _____Hib
 _____PCV _____Varicella _____Other

Physician's Signature (required) _____ Date: _____

(B) Exempt under the law from immunizations. As the Parent or Legal Guardian, I am adherent of a religious denomination whose teachings are opposed to immunization.

Section III.

Parent/Guardian Signature: _____ Date: _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name _____ **Date of Birth** _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM %ILE _____		Weight: _____ LB/KB %ILE _____	
Physical Examination	✓ If Normal	If Abnormal - Comments	
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin/Lymph Nodes			
Neurologic & Developmental			
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal	
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Hearing			
Vision			
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary) <input type="checkbox"/> None			
Signature of Licensed Physician or Nurse approved for Child Health Assessments		Date	
Print the Name of the Individual Signing Above		Phone Number	
Address	City	Zip Code	



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
Children's Treehouse Learning Center	73807

I hereby authorize Kaitlyn Marrocco (Name of individual/staff member) and/or Staff In Charge (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ and Present.
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u> County of <u>Johnson</u>
Signed or attested before me on _____ by _____. MM/DD/YYYY Name of Person
(Seal, if any.)
_____ Signature of notarial officer
<u>Owner / Administrator</u> Title (and Rank)
My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

FAMILY AND CHILD INFORMATION INTERVIEW

Child's Name: _____ DOB: _____

1. Is this your child's first preschool/childcare experience? If so, how often has he/she been away from you or the primary caregiver?

2. Tell us about your child's home life:

Parent's name(s): _____

Sibling's name(s) & age(s): _____

Fur siblings: _____

Child's living arrangements: _____

3. Describe your child's personality. Do you have any concerns about your child's behavior and/or development? Please explain.

4. Do you have any behavior guidance techniques that you use at home? What are some of your child's triggers (what makes them angry/sad)?

5. Does your child have any allergies we should be aware of? Please give us any additional information you feel would be helpful for us to know about your child. (i.e. medications, food restrictions, eating habits, cultural considerations, lovies/pacifiers, etc.)





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(913) 871-5050

PERMISSION SLIPS

CHILD'S FULL NAME

CHILD'S FULL NAME

PARENT HANDBOOK

I have read and understand the policies and procedures set forth in the Children's Treehouse Learning Center Parent Handbook.

PHOTO RELEASE

I give permission for Children's Treehouse Learning Center to take pictures of my child(ren) and my family for purposes only of identification, daily reports, parent gifts, classroom displays, and classroom projects.

MEDICATIONS

I give permission for Children's Treehouse Learning Center to apply diaper ointment, teething gel, lotions, topical ointment, and lotion sunscreen (in the afternoon only) as needed or directed as provided by me.

TREEHOUSE GARDEN / BIRD'S NEST / BEAVER'S LODGE

I give permission for Children's Treehouse Learning Center to take my child to go to the Treehouse Garden, Bird's Nest, and Beaver's Lodge.

By signing below, you agree to these statements.

PARENT OR GUARDIAN SIGNATURE

DATE



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8835 Monrovia St. Lenexa, KS 66215
(913) 871-5050

Dear Parents,

At Children's Treehouse Learning Center, we are constantly looking at ways to improve on the service we provide you and your children. With this in mind, we are excited to offer the convenience of automated tuition and fee payments.

Tuition Express, part of our ProCare Software management system, will allow us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete -- leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically on a monthly or a semi-monthly schedule. Children's Treehouse Learning Center can produce a receipt for the payment or you can receive instant email notification by signing up at www.tuitionexpress.com.

Your personal account information is safe with Tuition Express -- safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

Please look over the attached Frequently Asked Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions, don't hesitate to ask.

By completing the enclosed Tuition Express enrollment form, you will help us take a gigantic step forward in our payment processing -- a step that will allow us to spend more time with your children and less time processing payments and making trips to the bank.

Tuition Express is convenient for you, efficient for us, but best for your children.
Welcome Aboard!

Sincerely,

Children's Treehouse Learning Center
8835 Monrovia St.
Lenexa, KS 66215-3540



Automated Payment Processing Safe – Convenient – Easy

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) Children's Treehouse Learning Center 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) Master Card or Visa only

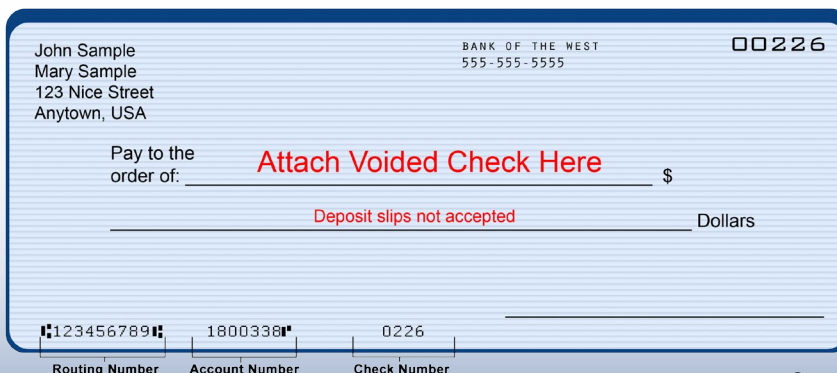
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date 3 Digit Security Code
Cardholder Signature	Date

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



A service of





TODDLER & PRESCHOOL STUDENT CHECKLIST

Your child will need the following items on their first day of school!
Please make sure all items are labeled with child's name.

NAP SACK ITEMS:

- Fitted Crib Sheet
- Top Sheet or Small Blanket

*All items need to fit easily in the Treehouse nap bag. Naptime items need to be taken home at the end of the week and laundered and brought back at the beginning of the week. Thank you!

FOR THEIR CUBBIES:

- Extra weather appropriate clothing, including socks and underwear (2 or more complete changes of clothing, if potty training extra pair of shoes)
- Coat, jacket, mittens, and hat (if needed)
- Manual toothbrush and small bottle of toothpaste
- Reusable water bottle (no straw or insert – just a lid and bottle)
- Reusable rubber water bottle label (recommended)
- Small (~8 inch tall) stuffed animal or baby doll – used for Baby Doll Circle Time

AS NEEDED:

- Bathing suits, swim shoes, and swim pull ups (during summer months)
- Sunscreen (lotion only), diaper cream, lotion, etc.
- Diapers or pull ups and wipes (if needed, one week supply)

PLEASE DO NOT BRING:

- Diaper bags
- Toys
- Money
- Outside food or drinks (unless for infants or special diet purposes)
- Expensive or special clothes or items
- Pacifiers



School Closing Schedule

2022 School Year

September 5th, 2022 – Labor Day

September 16th, 2022 – Teacher Training Day

November 23rd, 2022 – Closing at 3:00pm

November 24th & 25th, 2022 – Thanksgiving Holiday

December 23rd, 26th & 27th 2022 – Winter Break

January 2, 2023 – New Years Observation Day

2023 School Year

January 2, 2023 – New Years Observation Day

March 10th, 2023 – Teacher Training Day

April 7th, 2023 – Spring Break Day

May 29th, 2023 – Memorial Day

July 3rd, 4th & 5th, 2023 – Summer Break

September 4th, 2023 – Labor Day

September 15th, 2023 – Teacher Training Day

November 22nd, 2023 – Closing at 3:00pm

November 23rd & 24th, 2023 – Thanksgiving Holiday

December 22nd, 25th & 26th 2022 – Winter Break

January 1, 2024 – New Years Day



Tadpoles

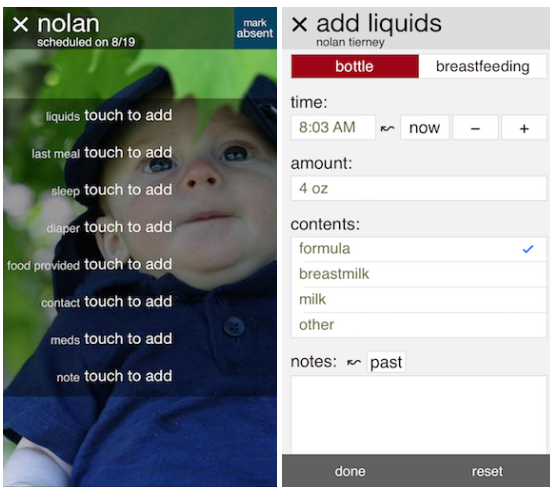
Hi there! Welcome to Tadpoles - we're so glad to have you on board! In an effort to keep you in the loop at all times, we've developed an app for parents. It's available for both Apple and Android and will help you to share important information with teachers and create an awesome record of all the great things your kiddo is learning at school. Here's the skinny...



Entering your child's drop-off information:

In recent versions of the app, we've created a way for you to enter pertinent information about your child's morning right from your smartphone. Share that important data with teachers via the app & avoid having to scribble things down on paper with a kiddo on your hip. We like to call that a win/win. Let's jump in! :)

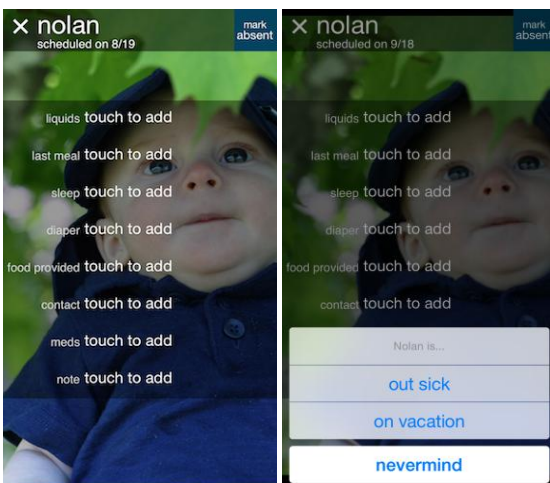
Once you log into the app, you'll be dropped off at an opening page that looks like this.



Tapping the, "Dropoff Notes" button on the far left will bring you to a screen where you're able to enter a variety of different items for teachers' use throughout the day. Tapping the, "Touch to add" button next to any item will open a new window where you'll be able to enter details about your child's night/morning. These details will be sent directly to the teacher's app to inform the child's schedule for the day.

Please note - If you do not see, "Touch to add" and instead see fields that say, "No entry" that would indicate that you had missed the entry window. We lock the screen for entries after your child has been signed into school for 20 minutes.

Quick tip - if your keyboard gets propped up from entering a note, just click, "Return" to tuck it down!



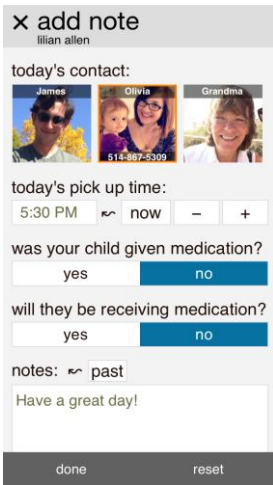
Another field you have available to you is, "Notes." Here, you're able to enter a few handy items. Select who should be contacted today (should the teacher need to reach out to a parent), enter your planned pickup time, give details about medications or just leave a general note.

As soon as you enter an item, it uploads and becomes available to the teacher on their classroom iPad/iPod. If you aren't able to enter any items on this screen, that would indicate that your window for entry had timed out. Your entry window begins when you pick your child up from school in the evening and lasts until about 20 minutes after you drop your child off at school in the morning.



Tadpoles

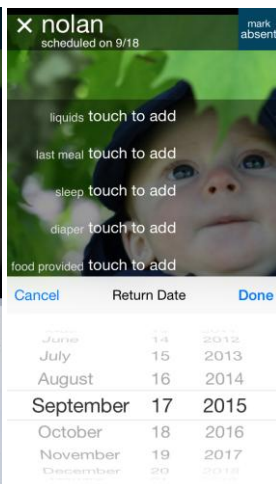
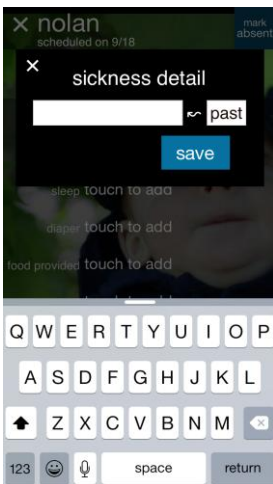
Marking your child as out sick/on vacation:



Within the parent app, you have the ability to inform the school that your child will be either out sick or out on vacation today. As soon as you enter the information, we'll send it right up to the school so they know what's going on!

Let's hope you'll use the, "On vacation" button more than the, "Out sick" button! In either case, start out by opening the app & tapping on, "Morning Notes."

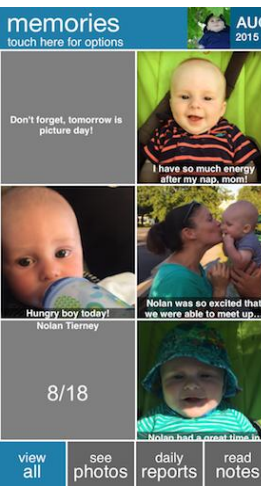
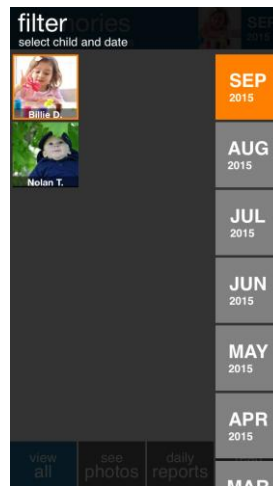
In the top right corner, click, "Mark Absent." If you don't see that option, that would mean that your child is already signed into school today. It's hard to be absent when you're already at school!



From the menu on the bottom, select if your kiddo is on vacation or out sick.

If your kiddo is out sick, you'll have the option to put in the details of their illness. If you're headed on vacation, the app will ask for the child's return date.

Once you enter the information, we'll send it right to the school so they know not to expect you & your little one today.



Viewing historical photos & daily reports:

The app also serves as a wonderful record of all the awesome things your child is learning at school. To look backwards at their time as a tadpole, open the app & click the memories button. The look of this page can vary depending on what you were last doing there.

If your screen looks like the one on the right, click the month box in the top right corner. That will bring you back to the filter screen (the darker screen on the left) where you can choose which of your children you'd like to view, for which month. Also, make note of the various options along the bottom where you can choose to view just one specific kind of communication, like photos for example.