



KidLife Preschool

ENROLLMENT PACKET

Hours of Operation: 6:00am-6pm, Monday-Friday

1511 US 301 S. Tampa, FL 33619 813-626-4600 Email: kidlife@htfwc.com

Infant ___ 1yr ___ 2yr ___ 3yr ___ 4yr ___ VPK ___ VPK w/Wrap-around ___

*Needed Time Schedule: 6:00am - 4pm 7:00am - 4:30pm 7:30am-5pm 8am - 5:30pm 8:30am-6pm

1st Day at KidLife _____

Child's Name _____ Date of Birth _____

Address _____ City, State & Zip Code _____

Parent Information

Mother's Name _____ Father's Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Employer Home _____ Employer _____

Business _____ Home # _____

Phone Cell _____ Business Phone _____

Phone Email: _____ Cell Phone _____

_____ Email: _____

**Copy of Driver's License Required for everyone that is authorized to pick up child.

LEGAL CUSTODY ___ Both Parents ___ Mother* ___ Father* ___ Other*

Copy of custody paper must be on file

Other Guardian Name _____ Address _____

Phone # _____ or _____ or _____

Photo Release: I ___ do or ___ do not give permission for my child to be photographed at KidLife Preschool. I understand that these pictures will be displayed at such events as Open House, Parent's Night, etc. and shall be used for any other promotional marketing.

Meals/Snacks: Breakfast, Lunch, and snacks are included with tuition.

FOOD ALLERGIES: _____

How did you hear about KIDLIFE PRESCHOOL? _____

Items needed for Enrollment: (*Staff Use Only)

- ___ Tour/Interview Completed ___ VPK Certificate ___ ELC Paperwork, if applicable
___ Registration Fee Paid ___ Reference Check Completed ___ Immunization Records
___ 1st Week Tuition Paid ___ Enrollment Packet Received ___ Updated Physical
___ Curriculum Fee Paid, if applicable ___ Influenza Form ___ Date of Un-enrollment

*Other _____ Last day of attendance: _____



EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Release for Pick Up: *People listed above are authorized to pick up my child.*

If person is a minor and is other than you or your spouse and you want them to sign out your child from our Center without prior written permission, these individuals will be allowed to remove your child from our care without contact from you, after showing a valid driver's license or is known to us.

Name Relationship to Child

Name Relationship to Child

Name Relationship to Child

Please notify the Director in writing of any persons who are to have no contact with your child. Please include a copy of any **No Contact Order** per any court decision. This includes custody disputes.

By signing below, you state that you have read and agree to the rules and conditions outlined in **KidLife Preschool Handbook regarding our Policies and Procedures.**

Media Release:

I understand that both still and video images may be taken of my child and may be used in advertising material or on KidLife Preschool/Firehouse Youth Centre Facebook/Instagram/Social Media pages.

Parent/Legal Guardian Signature Date

***Drop-off Hours are 6:00am – 9am, we do not allow you to drop children off after 9am.
*If children are picked up after 6:00 pm, a late fee applies, per family.
\$30.00 fee from 6:01pm – 6:30pm, \$60.00 fee from 6:31pm – 7:00pm**



FINANCIAL AGREEMENT

In this contract between KidLife Preschool and (Child's name) _____

We the Parents/Guardians _____ agree to the following stipulations,

* Initial beside each line:

1. ___ All weekly tuition payments are due on **Monday by 9am.**
2. ___ Late tuition fee will start as of Monday 9am. The late tuition fee is \$10 **per day.**
I acknowledge and consent that late fees will be added to the normal draft as necessary, you will be notified of any late fees prior via email.
3. ___ Past due balances will not be tolerated. Students will not be able to attend with past due balances.
4. ___ KidLife Preschool accepts Auto debit/credit card tuition weekly. KIDLIFE PRESCHOOL does not accept CASH/CHECK/MONEY ORDER.
5. ___ KidLife Preschool does not take payments VIA EMAIL but will accept phone payments.
6. ___ Declined Credit Card fees are \$10.00, per transaction. I acknowledge and consent that declined credit card fees will also be added to the normal draft as necessary, you will be notified of any late fees via Procure.
7. ___ The debit/credit card payment option requires the legal guardians/parents to fill out and sign a credit **card authorization form.** Tuition will be **automatically drafted on Sundays.**
8. ___ KidLife requires 48 hours to make any changes regarding payment.
9. ___ **Every child is required to pay an annual registration fee (non- refundable).**
This fee is due at time of enrollment and every year thereafter on August 1, excluding those who enrolled after February 1, within 6 months of August 1. This fee is based on age.
10. ___ If your child is registered to attend 5 days and misses a portion of the week due to sickness or unscheduled vacation or other reasons, there is no discount for the week. A full week's tuition is still billed to retain your spot at KidLife.
11. ___ **All** Children, Ages, Classrooms, & Programs (VPK); must be signed in / out daily with the correct time and with a full legible signature. In addition, VPK parents are required to sign a monthly attendance verification.
12. ___ **ELC**'s differential rate is to be determined by the Parent Co-pay & KidLife's Tuition.



FINANCIAL AGREEMENT CONT...

- 13. ___ KidLife Preschool reserves the right to change the **ELC** adjusted rate per our contract with ELC. A 30-day written advance notice will be provided to all parents for any changes.
- 14. ___ **ELC** parents fee will **ONLY** be accepted from the parent/legal guardian on the ELC Benefit form/enrollment form.
- 15. ___ **ELC** parents are held responsible for paying the daily rate after 7 excused* or 3 Unexcused ELC days are used up for the month. (*Must provide Doctor's notes, Hospital Papers, Obituary, etc. to count as Excused)
- 16. ___ There are **NO** discounts for days KidLife Preschool is closed for holidays, weather or emergencies if closed for one day in a week's billing cycle. KidLife will prorate the week if closing two or more days within a week's billing cycle.
- 17. ___ All questions or concerns regarding financial matters should be discussed with the Director **ONLY**.
- 18. ___ Tax information will be made available upon request. KidLife Preschool delivers all end of year tax statements in electronic format via email. KidLife will make available a sign up sheet for parents to provide an email for this information to be sent.
- 19. ___ If for any reason, you un-enroll your child(ren) without a **2 week written notice**, tuition for 2 weeks will still be billed.

KidLife Preschool reserve the right to un-enroll any family, without a notification period, for the following reasons, please initial acknowledgement beside each:

- Non-Payment of Fees. _____
- Repeated failure of parents to drop off or pick up child on time. _____
- Failure to provide site with current emergency/medical/ immunization documentation as stipulated by the state. ____
- Continuous Disciplinary Problems. _____
- Inappropriate conduct of a parent or family member. (Being disrespectful to any staff member, child, or the facility. The use of inappropriate language while on premises.). _____
- Repeated failure to sign the child in or out each day. _____
- **A late charge of \$30.00 per family will be charged from 6:01pm-6:30pm and \$60 charge from 6:31pm-7:00. These fees will be enforced.**

Signature of Parent/Legal Guardian

Date



DISCIPLINE POLICY

The use of corporal punishment is never permitted at Kidlife Preschool. Our focus is to encourage and reinforce your child’s behavior with redirection within your child’s own classroom. Asking a child to stop and think about their unpleasant behavior enables them to work on self-control.

All childcare personnel must comply with Kidlife Preschool written disciplinary policy. Such policies shall include standards that prohibit children from being subjected to discipline, which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all childcare personnel. Section 65-C-22.

The following is a list of unacceptable behaviors:

Biting, hitting, spitting, lying, kicking, slapping, fighting, stealing, throwing toys, dirty language, sticking out tongue, or causing physical harm to SELF, STAFF, or CLASSMATES.

Upon Enrollment and the information given to Kidlife Preschool, per the student/parent information form: If the child has previous behavioral challenges, we will do a 30 day probation enrollment, but if the child receives 3 write-ups, they will be unenrolled.

- FIRST OFFENSE:** Verbal Warning
- SECOND OFFENSE:** Written Warning
- THIRD OFFENSE:** Written Warning & Parent Conference
- FOURTH OFFENSE:** 2 Day Suspension
- FIFTH OFFENSE:** Expulsion

EXPULSION

***This policy is Enforced when:**

Past Balances are NOT paid, continual absences occur, counselor/parent conflicts occur, and or compliance in our overall policies are disregarded, or when a child becomes aggressive and a danger to him/herself or others.

We have read and understand the policies and consequences listed above. We also agree to abide by these policies while attending Kidlife Preschool.

Child Signature _____

Parent/Legal Guardian Signature _____ **Date** _____

**** Kidlife Preschool reserves the right to expel any child involved in violent acts, or uncontrollable behavior while on our premises.**



HOLIDAYS, DAYS OFF, FIELD TRIP & MEDICAL RELEASE

As the parent/guardian of _____, I hereby grant consent for him/her to participate in KidLife Preschool approved field trips while enrolled.

I have been advised in writing or by verbal notification of all trips available to my child while enrolled, including destinations, dates and travel arrangements.

It is my understanding that KidLife Preschool will advise me by written or verbal notification of any changes to the posted schedule in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

I understand that KidLife Preschool, along with KidLife Preschool and its subsidiaries will be held harmless from any damages or claims that might arise from injuries out of act or omission on the part of KidLife Preschool as a result of such a trip or activity.

I understand that travel arrangements for my child include walking to locations within reasonable distances, such as other businesses in our area. When walking, students will remain on sidewalks and off main roads. When driven, my child will be in a KidLife Preschool approved vehicle and driven by an approved driver.

Authorization for Treatment

As the parent/Legal Guardian of the above-named student, I hear by give authorization to the staff of KidLife Preschool to transport my child to the nearest emergency room if for any reason they require minor medical treatment. I understand that emergency medical personnel may be called to transport at the discretion of the Director. I further authorize the hospital and it's medical staff to administer treatment as deemed necessary for the well- being of said student.

I understand that the staff will make every attempt to notify me in all medical emergencies, and I will be contacted, if possible, for my permission if hospitalization or treatment of a serious nature is required.

I have read and understand all documents and freely give my consent and permission for all things contained herein.

Parents/Legal Guardian Signature

Date



CLOSINGS & RATES

Address: 1511 US 301 S. Tampa, FL 33619
Phone: 813-626-4600

KIDLIFE PRESCHOOL will be **CLOSED** for the following holidays:

- July 4th, 2024 - Independence Day Holiday
- September 2nd, 2024 – Labor Day Holiday
- November 11th, 2024 - Veteran's Day Holiday November
- 28/29, 2024 – Thanksgiving Holidays December 25th,
- 2024 - Christmas Holiday
- January 1st, 2025 - New Year's Day Holiday
- January 20th, 2025 - Martin Luther King Holiday
- April 18th, 2025 – Good Friday Holiday

Stay Updated with us, go to our Facebook & Instagram pages, like and follow us for updates, pictures, events and other important information. Visit our website www.kidlife.fun
www.facebook.com/HT.school/



- Closings Cont.....
- May 22nd, 2025 – Closing Early 5pm for VPK Graduation
 - May 26th, 2025 - Memorial Day Holiday

KidLife Preschool Weekly Rates

DCF ID: X13H10043

Registration:

Infants	\$50.00
1 yr old class	\$50.00
2 yr old old	\$50.00
3 yr old class	\$75.00
4 yr old Class	\$75.00
VPK Classes	N/A

Curriculum:

Infants	N/A
1yr old class	N/A
2 yr old class	\$40.00
3 yr old class	\$55.00
4yr old class	\$55.00
VPK Class	N/A

Weekly: Full Time

Infants	\$255.00
1 yr old Class	\$200.00
2 yr old Class	\$190.00
3 yr old Class	\$180.00
4&5 yr old Class	\$175.00
VPK Classes	FREE with voucher

Part Time: (20 hours or less)

Infants	\$255.00 weekly
Age 1 yr	\$200.00 weekly
Age 2-5 yrs	\$115.00 weekly

Extended Care: 12-6pm (emergencies only)

Ages 2 - 5 yrs	\$105.00 Weekly/\$25 per day
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Drop In Rates: Hourly & Daily

Ages 2 - 12 yrs	\$50.00 Daily/\$20 Hourly
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*Weekly Discount for siblings living in the same house - \$20 per child

VPK Wrap around Care \$125.00/Full week

**ELC Adjusted Rate: The parent is required to pay the differential between the Additional Discounts: approved reimbursement rate and private pay rate.

**(Only one type of discount will apply per family) 10% Military & First Responders.

Before & After School Care: Weekly
Before Care: \$85.00 After Care: \$130.00

Before & After Care: \$200.00

School Age Care: Weekly

Full Time: \$150.00

*Remember, tuition is due on Mondays by 9am, a \$10.00 per day late fee will apply shortly thereafter and every business day after that until full balance is paid.

*Breakfast, lunch & snacks included with weekly rates. Rates DO NOT include diapers, wipes, infant food & formula.



EMERGENCY PLAN OF EVACUATION

In the result of an urgent or emergency evacuation situation, KidLife Preschool would:

- Line children up, exit the buildings begin loading them in school vehicles, secure them in car seats & booster seats if needed.
- Take emergency bins containing snacks, first aid kits, games, attendance rosters & emergency contact information.
- Clair-Mel First Assembly of God Church: 2415 S 78th St, Tampa, FL 33619 (813) 626-0087. As an alternative, please check our communication platforms.

HURRICANE DISASTER PICK UP

With the increased activity of the Hurricane Season, we are aware that parents will be concerned about getting children out of school should the need arise. Times such as these automatically create anxieties. In order to minimize frustrations, we would like to remind you that the safety of your child is very important to us. Students may only be checked out by the person(s) whose name(s) appear on the student enrollment form. If you send anyone else to pick up your child and their name does not appear on the enrollment form, we will NOT release the child to that person unless you call or email us. Please think ahead and be certain your emergency pick-up list is completed and accurate.

There, the children would Re-unify with their Family.

Child's Name: _____

Parent Signature: _____

Date: _____

Emergency Contact Information is Correct, I understand if I need someone not listed to pick up, I will need to send a request in writing to kidlife@htfwc.com or fill out a new form in the office. ____



SICK CHILD POLICY

Child's Name: _____

KidLife Preschool and Infant Center is a 'well' childcare facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she has a contagious illness or exhibits any of the following symptoms:

- **Fever:** If temperature is 100.4 degrees or above - taken under arm, 101.4 degrees or above - taken rectally, or 100 degrees or above - taken orally. Your child cannot return to school until **24 hours** have passed without fever and *without the aid of medication*.
- **Cough:** Persistent, dry or wet.
- **Diarrhea:** If child has two loose or watery stools, even if there are no other signs of illness. Your child cannot return to school until 24 hours have passed without diarrhea. *Exception:* Unless caused from new foods child has eaten and parent has already informed the center.
- **Vomiting:** In excess of typical infant spit-up or motion sickness. Your child cannot return to school until **24 hours** have passed without vomiting *without the aid of medication*.
- **Rash:** A physician should check any rash illnesses. Any red, fine or blotchy rash on the face, trunk or arms or legs is a reason to send a child home. Child should remain at home until well after chickenpox, measles, rubella and other viruses have passed. Child with scarlet fever should be treated with an antibiotic for **24 hours** before returning to school. If a physician diagnoses child as having fifth disease, child does not need to stay at home if she or she feels well. Exception: Allergy rashes already known to parents are not reasons to send child home.
- **Crying and Complaining for a Long Time:** Anytime a child is not "herself" or "himself" and is complaining about discomfort or just cranky and crying more than usual for that child, you will be given a call to pick up your child.
- **Runny Nose:** Persistent runny noses, especially if it is green in color, you will be asked to pick up your child.
- **Injury:** Whenever an injury is serious enough to need a physician's attention, a parent will be contacted.

If your child is sent home for any of the above symptoms, they will not be permitted to return to school for 24 hours or a *Doctor's Clearance*, unless stated otherwise by the Director.

In these emergency situations children need to be picked up or remain at home until successfully treated and have received a clearance from their physician. (Lice, Ringworm, COVID 19, Scabies, Impetigo, Pink Eye, Conjunctivitis, Pinworms, Thrush, Chickenpox, Measles, Candida)

In general, if your child is too sick to go outside and play, or go to school, then your child is too sick to attend childcare. If your child becomes ill during the day, you will be phoned at work and asked to pick up your child immediately.

Parent Signature

Date



PARENT ACKNOWLEDGMENTS

Child's Name: _____

Please sign below that you have read and understood the following:

Enrollment

I give consent for KidLife Preschool and/or KidLife Preschool to obtain and keep on file enrollment information on my child(ren) including enrollment packet, court papers, immunizations, physicals, physician paperwork, influenza form, ELC and/or DCF paperwork, and anything else that I provide to be included into my child's file. I give consent for childcare personnel to have access to my child(ren)'s records.

I agree to provide the name, address, and phone number of all authorized persons that I provide permission for the release my child(ren) to while at the facility. I understand that if this information is not provided and, in the file, the facility will not release my child. I agree to make KidLife Preschool aware and abreast of any medical diagnosis or conditions or disabilities that my child may have so that KidLife may make a good decision on if we are suited and equipped to care for and serve your child. I understand that by misrepresenting my child's needs and not being honest and forthcoming it could result in my child being dismissed or not accepted into KidLife Preschool.

Parent Signature

Date

Immunizations

The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations must provide documentation of a scheduled appointment or arrangement to receive immunizations. Providers must include written notification to inform parents, at time of enrollment, that some children in care may not have current immunizations.

Parent Signature

Date

Use of Mobile Phones & Camera Policy

For the purpose of this policy, the term "cell phone" is defined as any handheld electronic device with the ability to receive and/or transmit voice, text or data messages without a cable connection (including but not limited to cellular telephones, notepads, iPads, etc.). It is our intention to provide an environment in which children, parents and staff are safe from images being recorded and inappropriately used. Therefore, all parents/caregivers/visitors/volunteers must ensure that their cell phones are left inside their bag throughout contact time with children/staff. Also, no cameras are allowed on our property. Failure to adhere to the contents of this policy will lead to disciplinary procedures being followed, including but not limited to un-enrollment.

Parent Signature _____

Date: _____

No Smoking on Premises

I acknowledge that there is a No Smoking policy while on the KidLife Preschool property for the safety of our children and others.

Parent Signature

Date



SICK CHILD POLICY

To be filled out and signed by the parent

My name is _____ and my nickname is _____

My Family members are _____,
Mommy Daddy

Brothers _____, _____, _____

Sisters _____, _____, _____

SLEEPING My nap time is _____ to _____ and I usually sleep _____ hours.

DRESSING & TOLIET HABITS When I need to go to the bathroom, I _____ tell _____ do not tell an adult, I am completely potty trained, _____ or I am in the process ____

When I do not follow directions, my parent's. _____

***Has the student ever had any behavior issues? Y N**

Explain: _____

***Ever been Expelled, Suspended from Preschool or an After Care Program? Y N**

Explain: _____

***Does the child take any doctor prescribed medication? Y N**

Explain: _____

***List any and all Doctor Diagnosis: _____**

Additional Details: _____

****Please list the last 2 Preschools/Daycare/After School programs attended, and why they longer attend:** Daycare: _____ City/Location: _____

1. _____

2. _____

Custody:

Who has custody: Mother Father Both Legal Guardian

Court Documents Provided, if applicable: Y N

Details: _____



Credit Card Authorization Form

Please complete and turn into the Payment box in the front office.

Child(ren) Names: _____

Name on Card: _____

Debit/Credit Card #: _____

Expiration Date on Card _____ CVV _____

<p>Please Draft:</p> <p><input type="checkbox"/> Advance Weekly in the amount of \$ _____</p> <p><input type="checkbox"/> Advance Bi-Weekly in the amount of \$ _____</p> <p><input type="checkbox"/> Advance Monthly in the amount of \$ _____</p> <p><small>*A parent can request to fill out a new credit card authorization form to change these arrangements for another approved payment plan at any time during a child's enrollment period.</small></p>	<p>Parent Initial Here:</p> <div style="border: 1px solid black; width: 100px; height: 60px; margin: 0 auto;"></div>
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Amount Being Charged Today: _____ Date: _____

Week(s)/Fees Being Charged: _____

By signing this form, I acknowledge and authorize KidLife Preschool/Firehouse Youth Centre/ Harvest Time Christian School to keep the above credit card information on file, I also understand that my credit card will be automatically charged as indicated above.

Please initial:

_____ I also acknowledge and consent to any late/declined card fees incurred to also be added in with the normal draft. **You will be notified of any fees being charged**

Parent(s) Name (Print): _____

Parent Signature: _____

Date Signed: _____ Staff Initials: _____

\$ Payment Options \$

Credit Card Payments – CC info will be stored in a secured locked file and will be set up on Auto-Drafted ONLY All accounts are set up on Auto-Draft. Weekly, Bi-Weekly or Monthly. Cash, checks and money orders are not encouraged.