**Kids Korner Early Learning Center, L.L.C.**

**301 South St.**

**Mamou LA, 70554**

**337-468-5412**

**Policy and Procedures**

***Fees:***

**Full Time:Infants $22.00/1-3 Years of Age $20.00/4 years & over $18.00 per day**

**Part Time: $25 per day, before and after school is $5.00 per hour**

**Diaper/Pull-Up Fee: $30 a month due at the beginning of every month**

**Supply Fee: $15 a month due at the beginning of every month**

***Registration Fee:***

**Non-refundable fee of $50.00 for a single child, $75.00 for two children, or $100 for three or more children. Registration is due annual in July.**

1. **Parents are allowed 5 min. after 5:15 to pick up children; anything over this is considered late. You will be allowed (2) late pickups (no more than [10] minutes each) per month. You will then be charged a late fee of $5.00 for every five minutes. Late pickups that are prearranged will be charged at a rate of $5.00 per half hour. These fees will be added to your next payment.**
2. **There will be no credit or refunds for childcare if your child is absent. If you are on a childcare assistance program, you are responsible for the balance not paid by the program.**
3. **Fees are due in advance and payable no later than the first day of the week, if paying weekly. If paying monthly; payment is due on the first working day of the month.**

**I have read, understand and agree to these policies and procedures listed in the booklet.**

**(Please Initial) \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **If payments are not paid on time a fee of $2.00 per day will be added to your bill.**
2. **Checks will be accepted. If, however, two checks are returned by the bank, your fee will be accepted in cash only. You will be responsible for a $35.00 NSF fee.**
3. **You will be charged for all days you agree to have your child attend.**

**I have read, understand, and agree to the Policies and Procedures listed in the booklet.**

**(Please Initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5307. A.1-3.**

**Master Card**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  |  **Mother** |  **Father** |
| **Name** |  |  |
| **Address** |  |  |
|  |  |  |
| **Employer** |  |  |
| **Home Phone #** |  |  |
| **Work Phone#** |  |  |
| **Cellular Phone #** |  |  |
| **Beeper #** |  |  |

**Person with whom the child lives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dentist’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individuals to contact in case of an emergency:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any food allergies? Yes No**

**Does your child have any other allergies? Yes No**

**Does your child have any dietary restriction? Yes No**

**Please explain any Yes answers here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**My child has permission to be released to the following individuals, child care facilities or transportation**

**services in addition to emergency contact person listed above. (Please notify these individuals that they may**

**be asked to show proof of identity).**

|  |  |
| --- | --- |
|  **NAME** |  **RELATIONSHIP** |
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 **I AUTHORIZE KIDS KORNER EARLY LEARNING CENTER, L.L.C. TO SECURE EMERGENCY MEDICAL**

**TREATMENT FOR MY CHILD.**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Admission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KIDS KORNER EARLY LEARNING CENTER, L.L.C.**

**ENROLLMENT CONTRACT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attend Kids Korner Early Learning Center, L.L.C.**

 **(CHILD’S NAME)**

**Beginning\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(DATE)**

**CHECK ONE: \_\_\_\_\_\_\_FULL TIME FROM \_\_\_\_\_\_\_\_\_AM TO \_\_\_\_\_\_\_\_\_PM**

 **\_\_\_\_\_\_PART TIME FROM\_\_\_\_\_\_\_\_\_AM TO \_\_\_\_\_\_\_\_\_PM**

**Please circle days M T W T F**

**Number of days per week for enrollment\_\_\_\_\_\_\_\_\_**

**Circle one: Monthly payments or biweekly payments**

**FOR CENTER USE ONLY:**

 **Date application received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of entrance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE DAILY TUITION CHARGE FOR THE CHILD IS \_\_\_\_\_\_\_\_\_\_\_\_\_**

**All tuition charges are payable in advance, by the first day of the week or the first working day of the month.**

**A late fee of $2.00 per day will be charged for each day that the payment is late. If your payment is more than one week behind, your child will not be able to attend until payment due is paid in full.**

**If you are on a program for childcare assistance, you are responsible for the balance not paid by the program.**

**REGISTRATION FEE OF $50.00 FOR A SINGLE CHILD, $75.00 FOR TWO CHILDREN, OR $100.00 FOR THREE OR MORE CHILDREN IS DUE UPON ENROLLMENT AND EVERY YEAR IN JULY.**

**A two week notice must be given prior to your child’s last day.**

**If notice is not given you will be required to pay for the two weeks.**

**\_\_\_\_\_\_\_I HAVE RECEIVED A COPY OF THE CENTER’S POLICIES AND PROCEDURES AND AGREE TO FOLLOW THEM IN THEIR ENTIRETY. I AGREE TO PAY ALL FEES IN ADVANCE AS LONG AS MY CHILD IS ENROLLED. I UNDERSTAND THAT I MAY WITHDRAW MY CHILD AT ANY TIME BY GIVING A WRITTEN TWO WEEKS NOTICE PRIOR TO MY CHILD’S LAST DAY AT THE CENTER. IF THE NOTICE IS NOT GIVEN I AM RESPONSIBLE FOR THE PAYMENT FOR THE TWO WEEKS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT’S SIGNATURE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIRECTOR/ASSITANT DIRECTOR’S SIGNATURE**

**KIDS KORNER EARLY LEARNING CENTER, L.L.C.**

**EMERGENCY INFORMATION**

**CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHERS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHERS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT PHONE NUMBERS**

**FATHER: home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ beeper/cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER: home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ beeper/cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALTERNATE EMERGENCY CONTACT NUMBERS**

**NAME RELATIONSHIP PHONE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**THIRD PARTY RELEASE**

**MARITAL STATUS OF PARENTS:**

**\_\_\_\_\_\_MARRIED \_\_\_\_\_\_SEPERATED \_\_\_\_\_\_DIVORCED \_\_\_\_\_\_\_\_LIVING TOGETHER**

**CUSTODY/VISTING ARRAGEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY GIVE PERMISSION FOR MY CHILD**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO LEAVE KIDS KORNER EARLY LEARNING CENTER, L.L.C. WITH THE FOLLOWING PERSONS. IT IS MY RESPONSIBILITY TO NOTIFY THE CENTER IN WRITING, OF ANY CHANGES:**

**NAME: RELATIONSHIP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE DIRECTOR NOR STAFF OF KIDS KORNER EARLY LEARNING CENTER, L.L.C. WILL NOT RELEASE ANY CHILD TO ANYONE OTHER THAN THE ONE’S LISTED ABOVE WITHOUT WRITTEN PERMISSION FROM THE PARENT ARE GUARDIAN. PROPER ID MAY BE REQUIRED, IF THE PERSON IS NOT KNOWN BY THE DIRECTOR OR STAFF.**

**Nicole Bordelon**

**Erin Marcantel**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any difficulties or disabilities that need special attention?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Any Allergies Yes No If yes what Severity Mild Moderate Severe**

**What type of treatment is required\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Past illnesses?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Favorite Foods?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any problems with other children?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Potty training?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I authorize Kids Korner Early Learning Center, L.L.C. to care for my child during the time he/she is in the facility, and to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached.**

**Parent’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KIDS KORNER EARLY LEARNING CENTER, L.L.C.**

**AUTHORIZATION FOR APPLICATION OF TOPICAL PRODUCTS**

 **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give permission for center staff to apply the following products to**

**my child whether center provided or parent provided:**

**Yes No**

**( ) ( ) sunscreen**

**( ) ( ) insect repellant**

**( ) ( ) diaper rash ointment**

**( ) ( ) antibiotic ointment**

**( ) ( ) alcohol**

**( ) ( ) peroxide**

**This one time authorization will remain in effect until another authorization is signed.**

**Date\_\_\_\_\_\_\_\_\_**

**Parents Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director/Assistant Director’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parental Awareness of Recordings**

I am aware that **Kids Korner Early Learning Center, L.L.C.** utilizes

 (Name of Center)

recordings and/or taping of my child such as digital recording, videotaping,

audio recordings, or the use of a web cam while in the center for observation

and security purposes.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Release Photographs**

I give permission for Kids Korner Early Learning Center, L.L.C. to release

photographs/ recordings of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Source) (Date)

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KIDS KORNER EARLY LEARNING CENTER, L.L.C.**

**BOTTLE AUTHORIZATION FORMS**

**I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Child’s Name)**

**to hold his/her bottle / Sippy cup while in a crib, mat, or cot, etc.**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_**

**INFANTS FEDING SCHEDULE**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formula\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cereal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Baby Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of Feedings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kids Korner Early Learning Center, L.L.C.**

**Supplies**

**Infants:** bottles, formula, baby food, cereal, and bibs.

\*Regular milk must be provided for all infants or toddlers who are still on a bottle\*

**All Children need:**

Small Blanket, Extra Clothes

**Diaper/Pull-Up Fee: $30.00** a month due at the beginning of every month

**Monthly Supply Fee: $15.00** a month due at the beginning of every month

**Please Label Everything**

* At Kids Korner we provide a daily program to fit your child’s social and

emotional needs. We encourage independence, courtesy and sharing.

* We do have class time to encourage learning.
* We assist in potty training, but will not force a child.
* Parents are welcome to visit at any time.
* Please do not bring any toys from home. Other children want to

 play with them and it creates a problem. If a toy is brought

 and broken we are not responsible.

* We will not release pictures of children to the news media

without parent’s permission.

* If parents need information on children released to anyone,

the parent must give written permission stating what information

must be given to whom, when, and why.

* If you have any questions concerning your child’s care please ask.