

KIDDIE JUNCTION
educational institute

Guidance & Discipline Policy

At Kiddie Junction, we believe that children learn self-control, respect for others and respect for limits in an atmosphere that is safe, secure and positive. Since we are with the children several hours of the day, there will be times when discipline, correction and guidance will be necessary. Discipline, however, is not viewed as a punishment, but as a means of achieving the above goals.

Children are discouraged from inappropriate behavior through verbal redirection, age appropriate discussion and an occasional time-out in extreme cases. Children are also praised and rewarded for positive, appropriate play and interactions. As a parent/guardian, you will be notified via a written report when an incident occurs that we feel must be brought to your attention.

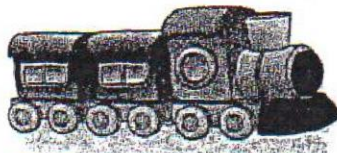
Kiddie Junction will assist parents/guardians in obtaining counseling and/or other medical and social services when warranted, and will make every effort to work with your family and child through a difficult period. However, when continued efforts by staff fail to eliminate unacceptable behaviors and parental intervention has proved unsuccessful, Kiddie Junction reserves the right to request the withdrawal of a child from our center.

At no time is Corporal Punishment used as a means of discipline.

I have read and understand the Guidance & Discipline Policy stated above.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____



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Enrollment Contract

Full Name of Child:

Date child will begin attending Kiddie Junction:

Check One: ☐ Full Time AM to PM ☐ Part Time AM to PM

Circle Days of Attendance: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Weekly Tuition Rate will be: \$

**Tuition must be paid in advance and is due on Friday before noon of each week.*

PHOTOGRAPHIC CONSENT:

I hereby grant Kiddie Junction the right to use the likeness of my child as contained in videotape and pictures for promotional and advertising purposes.

Signature of Parent/Legal Guardian: _____ Date: _____

CONTRACT ACCEPTANCE:

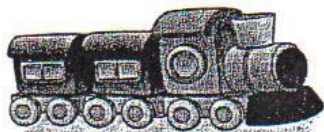
I have received a copy of the center's policies and procedures and agree to follow them in their entirety. I agree to pay the amount due in advance for the time my child is enrolled. I understand that I may withdraw my child at any time by giving 2 weeks advance notice to the Center Director.

Signature of Parent/Legal Guardian: _____ Date: _____

FOR CENTER USE ONLY:

Paid: _____ Check #: _____ Cash: _____

Date of Entrance: _____ Date of Withdrawal: _____



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Student Information Sheet

Child's Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Please Check: [☐ Biological Child [☐ Adopted Child [☐ Foster Child

Parental Status: [☐ Married [☐ Divorced [☐ Separated [☐ Widowed [☐ Single

PEDIATRICIAN INFORMATION:

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

PARENTAL INFORMATION

[☐ Father [☐ Step Father [☐ Legal Guardian

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: () _____ Cell #: () _____ Work #: () _____

Employer: _____ Position: _____

Address: _____

Length of Employment: _____ Work Hours _____

Work e-mail: _____ Other e-mail: _____

[☐ Mother [☐ Step Mother [☐ Legal Guardian

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

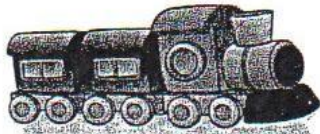
Home #: () _____ Cell #: () _____ Work #: () _____

Employer: _____ Position: _____

Address: _____

Length of Employment: _____ Work Hours _____

Work e-mail: _____ Other e-mail: _____



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Student Information Sheet

EMERGENCY CONTACTS: Please list 3 people (other than parents) to notify in case of an emergency.

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell #: () _____ Work #: () _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell #: () _____ Work #: () _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell #: () _____ Work #: () _____

RELEASE PERMISSION: My child(ren) can be released ONLY to the following people:

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work #: () _____ Lic. Plate #: _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work #: () _____ Lic. Plate #: _____

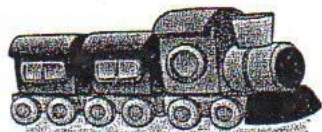
Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work #: () _____ Lic. Plate #: _____

Please be advised that the staff at Kiddie Junction **will not release your child(ren) to any individual, including a parent, who appears to be intoxicated or impaired by any stimulant.** The local police will be contacted for assistance if necessary. I have read the above statement and will abide by this school policy.

Parent/Guardian Signature: _____ Date: _____



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Child Development History

Please provide us with insights and information in the following areas so that we may maximize your child's learning experience and care here at Kiddie Junction.

Language Development:

General speech development, languages other than English spoken at home, sounds or words used to communicate things such as "drink", "eat" or "sleep".

Eating Habits:

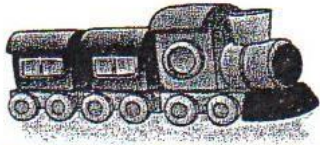
Food allergies, eating habits, utensil use, self-feeding skills, foods your child likes or will not eat, etc.

Sleeping Habits:

Special requirements or challenges, length of typical naps, evening sleep schedule.

Toilet Habits:

Please indicate if your child is toilet trained or if special assistance is needed. Describe words used to communicate the need to urinate, defecate, etc.



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Child Development History

Personality Traits:

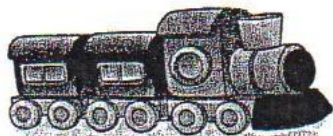
Please tell us about your child's personality. Describe their temperament, behavior, special needs or challenges in interacting with adults and other children.

General Health:

Please provide a summary of any health problems, conditions or developmental challenges that may affect your child's educational or activities program.

Environmental:

Please list any limitations your child may have during outdoor activities due to allergies, asthma etc.



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Parental Permission Form

EXCURSION PERMISSION FORM

I hereby give consent to Kiddie Junction to take _____ (Child's Name) on walking trips in the neighborhood, on special excursions to places of interest, and to public park facilities with the understanding that such trips are under the supervision of authorized personnel. I also understand that all possible precautions are taken to insure the healthy and safety of my child.

I have read and agreed to the above statements.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL CARE FORM

I hereby give consent to authorized personnel of Kiddie Junction Educational Institute to remove my minor child _____ (Child's Name) from the premises for the purposes of obtaining emergency medical treatment if the need arises. I further agree that Kiddie Junction Educational Institute is authorized to procure any emergency medical treatment that may be necessary either through a duly licensed physician, dentist, and/or duly accredited hospital or medical clinic.

I have read and agreed to the above statements.

Parent/Guardian Signature: _____ Date: _____

Name of Child's Physician: _____ Phone: () _____

Address: _____