

## Children's Christian Development Center, Inc. North Campus

3401 N. Norris St Clovis, NM 88101 575-762-7752

Child's Name:	
Date of Birth:	Male or Female
Home/Cell Phone:	
Home Address:	
Email Address:	
Primary Language:	
Allergies/Medical Conditions:	
Physician/Phone Number:	
Preferred Medical Facility:	
Emergency Contact 1	1
Name/Relation	
Phone	
Emergency Contact 2	2
Name/Relation	
Phone	
Enrollment Date:	
Withdrawal Date:	

## www.kidzochildcare.com Daytime Hours M-F 6:30AM-5:30PM Find us on Facebook: Kidzo Child Care Center/Children's Christian Development Center

*Father's Name:		
Cell Phone:		
Home Address:		
Work Phone:		
Employer:		
*Mother's Name:		
Cell Phone:		
Home Address:		
Work Phone:		
Employer:		
Authorized Alternates (Additional people allowed to pick your child up from the center)  Name		
Name		

Name

Permissions				
I <b>DO / DO NOT</b> give permission for emergency treatment	Initial			
I DO / DO NOT give permission for emergen- cy transportation	Initial			
I <b>DO / DO NOT</b> give permission to apply sunscreen and insect repellant	Initial			
I <b>DO / DO NOT</b> give permission to diaper cream (if applicable)	Initial			
I <b>DO / DO NOT</b> give permission for my child to attend periodic off-site <i>walking</i> trips	Initial			
I DO/ DO NOT give permission for my child's picture/video to be taken/shared for purposes including display in the center, publication, business website, and advertising	la:t-al			
ition, business website, and advertising  I DO/ DO NOT give permission for necessary  ASQ's screenings	Initial			

## **Enrollment**

In order for your child to attend our program, you must provide:

Completed enrollment form

Current immunization records

Medical administration form (if applicable)

Toileting items (labeled with your child's full name)

At least one complete, weather appropriate change of clothes

Non-refundable pre-paid \$35 educational supply fee (per family)

Please note, full time care is limited to no more than 10 hours per day between 6:30AM to 5:30PM.

Fees (subject to change)	6 weeks - 36 months	3-12 year olds	
Monthly	\$640	\$560	
Full Day (no school)	School Age	\$30 (daily)	
After School w/ pick- up	Those with CYFD contracts will pay \$5/ week flat rate.	\$300 (monthly)	
Hourly Drop-In (Fees due upon pick-up)	\$5/ hour 6:30AM – 5:30PM		

## **Tuition Payments & Late Fees:**

Kidzo's tuition/co-payments will be due/paid in two split payments. The first payment for your tuition/co-pay will be due/paid on the 1st of every month and the second payment will be due /paid on the 16th of every month. Disenrollment will take place after the 3-day grace period. Returned checks will incur a \$50 fee.

Kidzo requires 2-week notice for disenrollment along with completion of an exit survey. If 2-week notice is not received in writing, parents will be responsible to pay for 2 weeks of care after the last day of attendance. Not providing a 2-week notice will result in denied re-enrollment at any of our locations in the future.

Additionally, *late fees will be charged to any child left in the center after 5:30PM*, unless previously arranged. If an emergency arises, please notify the center at your earliest convenience.

5:30-5:45PM - \$10 late fee

**Anticipated Weekly Schedule** 

After 5:46PM - \$2/minute/child

All late fees are due upon your arrival to the center.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		
I acknowledge receipt & understanding of the parent handbook I agree to abide by the policies, procedures, and regulations of Kidzo Child Care Center/CCDC, Inc I agree to make timely payments according to the payment plan I have selected, and I am aware that past-due accounts are subject to collection fees						
I acknowledge understanding of discipline and guidance policy stated in the parent handbook						
Print Name		Signature		Date		