

Children's Christian Development Center, Inc. Portales Campus 820 W. 18th St Portales, NM 88130 575-562-7762

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 DO / DO NOT give permission for emergen- | |
| cy treatment | Initial |
| I DO / DO NOT give permission for emergen- | |
| cy transportation | Initial |
| I DO / DO NOT give permission to apply sun- | |
| screen and insect repellant | Initial |
| I DO / DO NOT give permission to diaper | |
| cream (if applicable) | Initial |
| I DO / DO NOT give permission for my child | |
| to attend periodic off-site walking trips | Initial |
| I DO/ DO NOT give permission for my child's | |
| picture/video to be taken/shared for purpos- | |
| es including display in the center, publica- | |
| tion, business website, and advertising | Initial |
| I DO/ DO NOT give permission for necessary | |
| ASQ's screenings | Initial |

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

Name/

Relation

Phone

Emergency Contact 2

Name/

Relation

Phone

Enrollment Date:

Withdrawal Date:

| Enrollment In order for your child to attend our program, you must pro- vide: | Fees (subject to change) | 6 weeks - 36 months | 3-12 year olds |
|--|--|--|--------------------|
| Completed enrollment form | Monthly | \$640 | \$560 |
| Current immunization records Medical administration form (if applicable) Toileting items (labeled with your child's full name) | Full Day (no school) | School Age | \$30 (daily) |
| At least one complete, weather appropriate change of clothes Non-refundable pre-paid \$35 educational supply fee (per family) | After School | Those with CYFD contracts will pay \$5/ week flat rate. | \$300 (monthly) |
| Please note, full time care is limited to no more than 10 hours per day between 6:30AM to 5:30PM. | Hourly Drop-In (Fees due upon pick-up) | | hour - 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/copay 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 After 5:46PM - \$2/minute/child

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

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|---------------------------|------------------------------|--------------------------|----------------------|
| | | | | |
| | eipt & understanding of t | ha narant handhaak | | |
| _ 0 | | | | |
| _ I agree to abide by | the policies, procedures, | , and regulations of Kidzo (| Child Care Center/CCDC, | Inc. |
| I agree to make tin counts are subject to | | to the payment plan I have | e selected, and I am awa | re that past-due ac- |
| I acknowledge und | derstanding of discipline | and guidance policy stated | l in the parent handbook | |
| | | | | |
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