



# ENROLLMENT DATA BACKUP CHILD CARE



## 1. STUDENT INFORMATION

Northwestern University Employee SSN \_\_\_\_\_

CHILD'S FULL NAME (FIRST, MIDDLE, LAST)			NICKNAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	PRIMARY LANGUAGE

Note: KinderCare does not discriminate on the basis of disability.

KinderCare has a Disability Services Coordinator to attempt to resolve disability-related issues.

KinderCare Learning Centers, Inc. ♦ P.O. Box 6760 ♦ Portland, OR 97228-6760 ♦ 800-633-1488 x 1440.

## 2. PRIMARY CONTACTS

IN THE EVENT THERE IS ANY ISSUE REGARDING CUSTODY OF THE CHILD, KINDERCARE MUST BE PROVIDED WITH COURT ISSUED CUSTODY PAPERS THAT CLEARLY DESCRIBE THE CUSTODY ARRANGEMENTS. ANY PERSON GRANTED CUSTODY IN SUCH PAPERS MAY PICK UP THE CHILD DURING THE TIMES THAT PERSON HAS CUSTODY AND MAY DESIGNATE OTHER PERSONS WHO ARE AUTHORIZED TO PICK UP THE CHILD AT SUCH TIMES. KINDERCARE MAY NOT LEGALLY REFUSE THE RIGHT TO PICK UP A CHILD TO A PERSON HAVING CUSTODY OF THE CHILD.

<b>EMPLOYEE INFORMATION</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	Permission to pick up child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CUSTODY ARRANGEMENTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, YOU <b>MUST</b> PROVIDE A COPY OF COURT ISSUED CUSTODY PAPERS	Contact in emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with child?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
FULL NAME (FIRST, MIDDLE, LAST)		HOME PHONE	
ADDRESS	CITY	STATE	ZIP
WORK PHONE (WITH EXTENSION)			
EMPLOYER NAME	ADDRESS	CITY	STATE
ZIP			
EMAIL ADDRESS	DRIVER'S LICENSE NO.	WORK HOURS	

### ADDITIONAL / EMERGENCY CONTACTS – Complete for additional persons authorized to pick up child, or as required by state regulations (must be at least 18 years old).

<b>RELATIONSHIP</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other	DRIVER'S LICENSE #	Permission to pick up child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact in emergency?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
FULL NAME (FIRST, MIDDLE, LAST)		HOME PHONE		
ADDRESS	CITY	STATE	ZIP	
WORK PHONE (WITH EXTENSION)				
EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP
WORK HOURS				

<b>RELATIONSHIP</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other	DRIVER'S LICENSE #	Permission to pick up child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact in emergency?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
FULL NAME (FIRST, MIDDLE, LAST)		HOME PHONE		
ADDRESS	CITY	STATE	ZIP	
WORK PHONE (WITH EXTENSION)				
EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP
WORK HOURS				

## 3. MEDICAL INFORMATION

DOCTOR	PHONE	PRIMARY HEALTH INSURANCE CARRIER
ADDRESS	POLICY NUMBER	
DENTIST	PHONE	PREFERRED HOSPITAL
ADDRESS		
ALLERGIES OR OUTSTANDING HEALTH ISSUES		

# ENROLLMENT DATA – BACKUP CHILD CARE

## 4. ENROLLMENT

Continued enrollment is not guaranteed. Without prior notice KinderCare may determine that it is in the best interest of the child and for center to disenroll the child.

## 5. SICK POLICY

This KinderCare backup child care service program does not provide care for sick or ill children. To avoid spreading illness to other children, PLEASE DO NOT BRING SICK CHILDREN TO THE CENTER. Children should not be brought to the center if they have had a fever of over 100 degrees in the last 24 hours, unexplained rashes, diarrhea, vomiting, continuous non-clear discharge from the nose, or yellow/green discharge from the eye, or a cough bad enough that you would not want your well child around a child coughing like this.

## 6. FINANCIAL

As a Northwestern University employee, you will not be charged KinderCare’s registration or education fees when enrolling your child(ren) for Backup Child Care. In the event that you choose to register your child part-time or full-time, you will then be charged all applicable registration or education fees for the remainder of the calendar school year and will be subject to any future annual registration and education charges.

I acknowledge I will be responsible for a \$75 per use co-pay and any additional costs such as pre-approved field trips or special projects at the Center. Participation in these projects is voluntary. For security reasons KinderCare cannot accept cash payments. Personal check, cashier’s check or money order are the acceptable forms of payment.

I agree to pay the **Daily Rate** each day my child attends with no deductions for absence or holidays. If tuition is not paid prior to the close of business on the day of attendance, a **Late Payment fee** of \$5.00/day up to maximum of \$15.00 may be added to my child’s co-pay.

I agree to pay a per child **Late Pickup fee** for each incremental period of time after the Center’s closing. Our hours are typically from 6:30 a.m. to 6:30 p.m. A Late Pickup fee of \$5.00 may be charged for every 15 minutes.

I agree to pay a **Return Check fee** for any checks returned. The returned check fee is the maximum allowed by state law. KinderCare will have the option to refuse any future checks.

## 7. POLICY AND PROCEDURE CHANGES

From time to time KinderCare may change or alter its policies and procedures. KinderCare reserves the right to undertake these changes without prior notice.

I certify that I have received, read and understand the information contained in KinderCare’s Parent Handbook and Enrollment Data Form and agree to the terms and conditions set forth therein. I also certify that all information provided is both true and accurate and that I am eligible for this program.

SIGNATURE OF PARENT / GUARDIAN	DATE	PLEASE PRINT NAME
--------------------------------	------	-------------------

I have received and reviewed this form for completeness.

SIGNATURE OF CENTER DIRECTOR	DATE	PLEASE PRINT NAME
------------------------------	------	-------------------

# HEALTH AND SOCIAL RECORD - BACKUP CHILD CARE

CHILD'S NAME	NICKNAME	
BIRTH DATE	HEIGHT	WEIGHT
PARENT	WORK PHONE	HOME PHONE
PARENT	WORK PHONE	HOME PHONE
SURROGATE	WORK PHONE	HOME PHONE
CHILD'S DOCTOR'S NAME	DOCTOR'S PHONE	

Has your child ever been in a child care setting?  Yes  No \_\_\_\_\_

If so, what kind?  Relative's Care  In Home  Church  Other \_\_\_\_\_

Briefly describe your child's experience. \_\_\_\_\_

Does your child have an existing condition of which KinderCare should be aware?  Yes  No

Explain: \_\_\_\_\_

Is your child able to fully participate in all of the activities offered by KinderCare?  Yes  No

Explain: \_\_\_\_\_

Does your child function at an age-appropriate level?  Yes  No Explain: \_\_\_\_\_

Is your child able to walk?  Yes  No Explain: \_\_\_\_\_

Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_

Is your child on a special or restricted diet, or have any food allergies (e.g. peanut butter)?  Yes  No

Explain: \_\_\_\_\_

Does your child have any non-food allergies that we should be aware of (e.g. bee stings)?  Yes  No

Explain: \_\_\_\_\_

Does your child have any problems at mealtime?  Yes  No Explain: \_\_\_\_\_

Does your child rest in the middle of the day?  Yes  No Explain: \_\_\_\_\_

Is your child toilet trained?  Yes  No If so, do they need assistance? \_\_\_\_\_

Does your child require any medication, therapy, medical treatment or assessment while in childcare?  Yes  No

Explain: \_\_\_\_\_

Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.?  Yes  No

Explain: \_\_\_\_\_

Does your child require one-on-one care/supervision on a regular basis for a significant period of time?  Yes  No

Explain: \_\_\_\_\_

Does your child require and/or desire any accommodations or modifications in order to fully and equally enjoy and participate in KinderCare's group care setting?  Yes  No

Explain: \_\_\_\_\_

What are your child's preferences or other information that would help us provide your child with the best possible experience?

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require at KinderCare's request.

Note: KinderCare does not discriminate on the basis of disability. KinderCare has a Disability Services Coordinator to attempt to resolve disability-related issues. KinderCare Learning Centers, Inc. / 650 N.E. Holladay Street, Suite 1400 / Portland, OR 97232 / 1-888-525-2472, ext. 1440 or email: [customercare@mail.kindercare.com](mailto:customercare@mail.kindercare.com)

SIGNATURE OF PARENT / GUARDIAN	DATE

# HEALTH AND SOCIAL RECORD - BACKUP CHILD CARE

We at KinderCare strongly support the Center for Disease Control (CDC) guidelines regarding vaccinating young children. We also follow state regulations regarding immunizations and recommend consulting your family doctor concerning medical matters.

Please provide an immunization certificate along with this registration material or have your child's doctor fill out the information below.

CHILD'S NAME
ADDRESS
BIRTH DATE

*CENTER STAMP*

## SHOTS AND AGE REQUIRED

- Hepatitis B .....  Birth .....  2 mos .....  4 mos .....  6 mos
- Diphtheria, Tetanus, Pertussis (DTP) .....  2 mos .....  4 mos .....  6 mos .....  12-15 mos .....  4-6 yrs
- Haemophilus B (Hib) .....  2 mos .....  4 mos .....  6 mos .....  12-15 mos
- Polio .....  2 mos .....  4 mos .....  6 mos .....  4-6 yrs
- Measles, Mumps, Rubella (MMR) .....  12-15 mos .....  4-6 yrs
- Diphtheria .....  11-12 yrs
- Tetanus .....  11-12 yrs
- Date of Last Physical..... \_\_\_\_\_
- Other .....

Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*This is to certify that the above-named child is free from communicable diseases and able to participate in daycare and Kindergarten activities. Please state if you recommend any modifications in school routine for this child, or if you find any evidence of allergies such as eczema or allergic rhinitis about which the school should know.*

Physician's Recommendation:

\_\_\_\_\_

PHYSICIAN'S NAME	PHYSICIAN'S PHONE
PHYSICIAN'S ADDRESS	
PHYSICIAN'S SIGNATURE	DATE