

KIDS ACADEMY HANDBOOK

Our program is designed to give balance to the physical, emotional, social and intellectual growth of any child placed in the care of our center. Politeness and manners will also be an important part for their daily program. Grace will be said before meals. Our desire is for your child to spend a happy and productive day every day. We will introduce an exciting program in "Creative Learning" to your child.

POLICY

Our center will be open from 6:00 AM until 6:00 PM, Monday through Friday, except for holidays; we provide Child Care for ages six weeks to ten years.

ENROLLMENT

We operate on a first come first serve basis. Others may be placed on a waiting list.

There will be a non-refundable registration fee (due in September) of \$40.00, annually. All children must register properly before admission.

Registration includes:

- Current Immunization Certificate Enrollment
- contract
- 4 C's Application
- Policy Approval Form

FEE

The childcare *fee* is due on Monday in advance. A child may be dismissed for delinquent fees or non-payment.

ATTENDANCE AND ABSENCES

Our center operates Monday through Friday, 6:00 AM until 6:00 PM, except New Year's

Day, July 4, Labor Day, Memorial Day, Thanksgiving, Christmas Eve and Christmas Day. If these days fall on a weekday, the rate is still in effect. Our employees are paid for these holidays.

Full payment is required regardless of a child's attendance, unless the child is absent the full week, in which case the payment would be half of that normally paid. You may have one-week absences for vacation, free from charge. Please notify us in advance in writing of vacations.

Due to an illness, you must still pay a weekly rate in order for us to provide a space for your child's return. Please call in advance if you know your child will be absent.

ARRIVING AND LEAVING

You must sign in and out daily. Please accompany your child to their class. Please do not linger; our staff is very busy. If your child is crying, the longer you stay may create a problem. If you leave for a few moments, then return to the building to observe them through the door, we are sure you will feel better.

Only those people whose names appear on the registration form may be allowed to remove your child from the center. If you have a special request, please put a message in the comment column and notify the staff. If there is a problem regarding custody, we must have a court statement regarding the custody agreement.

The center cannot be placed in arbitrating a child's departure and/or parent's custodial rights.

HEALTH POLICY

It is vital to safe guard the health of all children enrolled. The center must have notarized permission for emergency medical treatment on file. Each child must have an immunization certificate on file at the center.

Children may not attend the center if they have the following symptoms:

- Rash • Ear ache
- Sore throat • Vomiting
- Fever • Diarrhea
- Chronic cough • Any communicable disease

Children developing any of these symptoms must be picked up from the center immediately. We do not have adequate isolation facilities. In order to return, a child must free from the above symptoms for 24 hours.

Food allergies should be discussed at registration and noted on the medical history. We do not administer medication of any kind to children. If your child has to take medication during the day, you will need to have someone come to the center and administer the medication.

SAFETY

Fire and Disaster drills will be conducted on a regular basis. This is done for the safety of your child. It is good to practice fire safety at home, the child should realize the importance.

MEALS

Your child will be served a nutritious breakfast, lunch and snack daily. Breakfast is served from 8:00 - 8:30 AM (school children will be served starting at 7:30 AM).

The board of health inspects our kitchen facilities periodically; it is sanitary and in good condition.

CLOTHING

Please dress children appropriate for the weather. Loose, comfortable, washable clothing is best. Put names on coats, hats, etc. A complete extra change of clothes must be left in case of emergencies; these clothes should be placed in a marked backpack or duffle bag. Please furnish your child with a shirt for painting.

We are not responsible for lost or stolen items.

NAPS

Children rest each day from 12:00 PM - 2:00 PM. Parents are asked not to drop-off or pick-up during this time if possible. A cot and sheet are provided for the children.

Please bring a lightweight blanket (child sized) with their name on it for naps.

PERSONAL ARTICLES

Parents are asked not to permit a child to bring toys, candy, gum or other personal items. They may bring a nap-mate though.

We will provide a time for show and tell.

All personal items must be brought in the center and taken out at specified times only.

INFANTS AND TODDLERS

Parents are to provide formula, food, juice, etc. (always bring extra). All items must be labeled.

Bottles must be prepared and have caps on the nipples.

Bring disposable diapers and wipes.

Always bring two extra changes of clothing.

AFTER HOURS

The center closes at 6:00 PM sharp. After 6:00 PM, there will be a late charge of \$1.00 per minute per child until the parent arrives. These fees are paid directly to the employee that has to stay late. The center does not pay employees after 6:00 PM.

CHILD CARE PROVIDERS

Kids Academy Inc. is responsible for employees when they are under our supervision and on our premises.

Kids Academy Inc. is not responsible and will not accept liability for care provided outside of our facility by any employee or previously employed staff member affiliated with Kids Academy Inc.

DISMISSAL OF CHILD

The Child Care Center reserves the privilege of dismissing any child, if after entering, he/she seems unprepared for group experiences.

DISCIPLINE

Our staff must have the right to correct a child's behavior when and if necessary in order to maintain a pleasant atmosphere. This will be done in a positive way –never physical. Sometimes isolation from their peers is best. The child may be sat in time-out for one minute per year of age (i.e., 2-years old = 2 minutes time out). In no situation will discipline be related to mealtime, naptime or toilet training.

Reasoning with the child is encouraged and guiding them to understand a more acceptable way of relating to their problem is always promoted. No one in the center, including parents and staff, will subject children to harsh physical discipline such as loud, profane, threatening or abusive language.

CHILD ABUSE AND NEGLECT

Kids Academy Inc. maintains an affirmative policy to protect children from abuse and neglect, as spelled out in the current statutes of the Commonwealth of Kentucky.

All suspected cases of abuse or neglect will promptly be reported to the appropriate authorities.

SUGGESTIONS

Encourage your child to attend the center and teach self-reliance (to do for themselves). Get to know our staff and arrange for a conference when you feel it is necessary. Take time to listen to your child's daily experiences, be interested in his/her work. Encourage sharing and giving.

Visit our center often, but please do not interrupt our scheduled programs. Visit our center in advance with your child before their first day. They will be more at ease if they know where they will be staying and what they will be doing. If your child enjoys coming to the center, it will be easier to leave and will eliminate the need to sneak out of the room or fool your child. You will be able to kiss them, say good-bye, and leave with a comfortable feeling.

DISASTER

In the occurrence of threatening weather, we will use the following procedures:

- Notify all staff to follow posted instructions.
- Move children to a safe area: in a safe position.

EXTERNAL DISASTER

The Local Civil Defense Authorities will inform the center of any such external disaster and provide pertinent instructions.

In the event that our center has to relocate to a safe shelter, WHAS television and radio will have the information and location. The Department of Human Resources would be notified immediately.

Our off-site safe evacuation sites are:

Location #1

Whitefield Academy East

15201 Shelbyville Road

Louisville, KY 40245

502-254-9593

Location #2

Lake Forest Lodge

511 Wood Lake Drive

Louisville, KY 40245

502-245-5253

EMERGENCY

In the event of an accident or an occurrence, we will use the following procedure:

- Administer first aid and/or call EMS 911
- Contact Parents or Relatives
- Send medical permit to the hospital • Complete accident report within 24 hours.
- Notify the Department of Human Resources

** Parents are responsible for the payment of EMS, if the ambulance should transport their child.

ISOLATION

In case of sickness (i.e., fever, rash, etc.), the child will be removed from group activities. They will be placed in an isolated area (the office) until the parent arrives to pick up the child. The child must be attended to at all times, so please be prompt.

BITING

In the event we have a child that continues to bite on a regular basis, we will consult the parent, to help resolve the problem. We will also keep the child under constant supervision.

**** WE ARE ALWAYS OPEN TO ANY SUGGESTIONS OR CONSTRUCTIVE CRITICISM YOU MAY HAVE. PLEASE FEEL FREE TO DISCUSS THESE ISSUES WITH OUR DIRECTOR AT ANY TIME.**

I have read the policies and conditions of KIDS ACADEMY CHILD CARE INC. I agree to carry out the parent responsibilities.

CHILD: _____ DATE: ____/____/____

CHILD: _____ DATE: ____/____/____

CHILD: _____ DATE: ____/____/____

MR. _____ MRS. _____

PRESCHOOL PROGRAM

Kids Academy Inc. Child Care and Development Center will introduce your child to a program that enhances intellectual, social, physical and emotional development. Each child will be assessed and placed in a classroom environment, which meets his or her individual needs. The children will experience the curriculum through developmentally appropriate, "hands-on" learning experience with many fun-filled activities.

1. ACADEMICS

- a. Reciting the alphabet
- b. Counting up to 5 (toddlers), 10 (two's), 15 (three's), and 20 (four's)
- c. Sequencing and sorting patterns
- d. Practicing writing name and small words (four)

2. LANGUAGE ARTS/CIRCLE TIME

- a. Discussing themes of the week
- b. Repeating sounds, names and words
- c. Socializing with peers in a group situation
- d. Using weather charts and calendars
- e. Asking questions (who, what, where and why)

3. STORY TIME

- a. Expressing the comprehension of stories
- b. Using imagination to create stories
- c. Developing listening skills

4. MUSCLE DEVELOPMENT

- a. Fine Motor Skills – Small Muscles
 - i Shaving cream play
 - ii Play-dough fun
 - iii Sand/water table
 - iv LEGO construction
- b. Gross Motor Skills – Large Muscles
 - i Exercising
 - ii Obstacle course
 - iii Dancing
 - iv Follow the leader

5. MUSIC

- a. Expression through music
- b. Fun with songs and finger plays
- c. Dance
- d. Imitate rhythm

KIDS ACADEMY INC.

DATE: ____/____/____

NAME: _____ NICKNAME: _____

ADDRESS: _____

NORMAL ARRIVAL TIME: _____ NORMAL DEPARTURE TIME: _____

DAYS ATTENDING (Circle all that apply): MON TUE WED THUR FRI

CHILD MAY BE RELEASED TO:

FATHER: _____ HOME PHONE: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

EMPLOYER: _____ WORK PHONE: _____

MOTHER _____ HOME PHONE: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

EMPLOYER: _____ WORK PHONE: _____

PARENT'S MARITAL STATUS (Circle one): MARRIED SINGLE DIVORCED

PEDIATRICIAN'S NAME: _____ PHONE: _____

EMERGENCY NUMBERS (Other than above, include name, addresses & phone #):

KIDS ACADEMY INC.

PARENT AGREEMENT CONTRACT

DATE: ____/____/____

The conditions for this agreement provide protection for you, as well as the center. In order to guarantee services that your child is entitled to, the financial status at our center must be stable. The salaries and overhead expenses cannot be reduced because of absentee losses in income. This agreement guarantees the school of your financial support and we guarantee that your child will have a space.

AGREEMENT

I Agree To:

1. Pay an annual registration fee of \$40.00 per child at the time of enrollment and in September of each year. The annual registration fee is nonrefundable.
2. Payment will be made on the first day of each week in advance with no deductions for holidays.
3. If my child is absent for a period of one week or more, I agree to pay one half of each week's tuition in advance during the absence. If this fee is not paid in advance, I understand that my child will be unenrolled and re-enrollment will depend on space available.
4. In case of withdrawal of my child from this center, I agree to give a two weeks notice before withdraw.
5. In the event of a physical accident or emergency illness, this center has my permission to administer as it sees fit for the child's best interest.
6. Should the Director of the Center determines that your child cannot adequately adjust to the environment or the programs, the child will be withdrawn after a one week notice.

PARENT SIGNATURE

MR. _____ DATE: ____/____/____

MRS. _____ DATE: ____/____/____

CHILD CHARACTERISTICS

1. Does the child usually get his/her own way with other children? YES NO
2. Can the child feed himself? YES NO
3. Explain the child's attitude toward eating? _____
4. What are some of your child's favorite foods? _____
5. Disliked foods? _____
6. Does your child have any food allergies? _____
7. Comments: _____

SLEEPING

1. Sleep Schedule _____
2. Attitude toward bedtime: _____
3. Habits associated with bedtime: _____

RESTROOM

1. Does your child go to the restroom by himself? YES NO SOMETIMES
2. Does your child tell you when they need the restroom? YES NO SOMETIMES

COMMENTS:

My child has permission to participate in Kids Academy Inc. field trips and activities:

YES (initial): _____ NO (initial): _____

Signature: _____

MEDICAL HISTORY FORM

CHILD'S FULL NAME: _____ GENDER: M F

DOB: ____/____/____

PRESENT PHYSICAL CONDITION: _____

ALLERGIES (Circle all that apply): HAY FEVER ECZEMA ASTHMA FOOD

COMMENTS: _____

SKIN INFECTIONS: _____

DISEASES (check box and give date):

✓	Disease	Date	✓	Disease	Date
	Chicken Pox			Pneumonia	
	Measles			Typhoid	
	Mumps			Diphtheria	
	Whooping Cough			Scarlet Fever	
	Influenza			Emotional Disorder	
	Ear Infections			Rheumatic Fever	
	Polio				

IS THE CHILD SUBJECT TO FREQUENT COLDS AND SORE THROAT? YES NO

SURGERIES: _____ DATES: _____

ANY SERIOUS ACCIDENTS? YES NO IF YES, WHEN? _____

NATURE OF ACCIDENT: _____

OTHER PHYSICAL CONDITIONS: _____

I HEREBY GRANT PERMISSION FOR *KIDS ACADEMY CHILD CARE INC.* TO TREAT MY CHILD IN CASE OF A MEDICAL EMERGENCY.

SIGNATURE: _____ DATE: ____/____/____

Kids Academy Child Care, Inc.

Photo/Video Release Form

PLEASE PRINT THE FOLLOWING INFORMATION:

STUDENT'S FULL NAME: _____

STUDENT'S DOB: ____/____/____

PARENT/GUARDIAN NAME: _____

ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

BEST TELEPHONE NUMBER: _____

BEST EMAIL ADDRESS: _____

I _____, parent/guardian of _____, do hereby give and grant unto *Kids Academy, Inc.* permission to use my child's full name, photograph, and or videotaped image in publications, video productions and/or *Kids Academy's* Internet web site. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: ____/____/____

SIGNATURE OF WITNESS: _____

DATE: ____/____/____