

Child Enrollment and Authorization

PLEASE PRINT CLEARLY

Child's Last Name	Child's First Name	nickname
Date of Birth	School Start Date	Age at Start

Allergy Alert	Does your child have allergies? <input type="radio"/> YES <input type="radio"/> NO
	If yes, please list all allergies in the Medical Information section of this form.

Parent / Guardian Contact Information		
Name		Relationship
Address (Street)	Email	
Address (City, ZIP)	Home Phone	Cell Phone
Employer	Employer Address	Work Phone
Work Schedule / Hours		
Name		Relationship
Address (Street)	Email	
Address (City, ZIP)	Home Phone	Cell Phone
Employer	Employer Address	Work Phone
Work Schedule / Hours		

Required Emergency Contact Information		
<small>person other than parent / guardian who is authorized to pick up child</small>		
Name	Phone	Relationship
Name	Phone	Relationship

Non-Emergency Contact Information		
<small>person other than parent / guardian who is authorized to pick up child</small>		
Name	Phone	Relationship
Name	Phone	Relationship

Medical / Dental Contact Information	
Insurance Provider	Policy number
Primary Care Physician	Phone
Dental Provider	Phone

Medical Information

Does your child have allergies? YES NO If yes, please list all allergies:

Has your child had chicken pox? YES NO

Does your child have special medical needs or health concerns? YES NO
If yes, please list relevant details and any health partners or providers you would like us to know about.

Household Members

Name	Age	Gender	Name	Age	Gender
Name	Age	Gender	Name	Age	Gender
Name	Age	Gender	Name	Age	Gender

Parent / Guardian Authorizations

Please initial next to each authorization:

_____ **EMERGENCY MEDICAL TREATMENT.** In an emergency, Kaleidoscope School has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian is notified as soon as possible.

_____ **WALKING FIELD TRIPS.** I grant permission for my child to participate in walking field trips. This authorization is for walking field trips only. I understand that I will be asked to sign a separate field trip form when Kaleidoscope is going on a trip that requires transportation.

_____ **SUNSCREEN.** State licensing requirements permit childcare facilities to apply sunscreen to children only with written consent from the parent/guardian. We provide both sensitive skin, PABA free sunscreen SPF 30 and child friendly facial SPF 50 Sunscreen Lotions. If would like your child to use a different brand all together, please supply it yourself, along with a completed medication form. We recommend that all children use a sunscreen, and ask that the first application is done before dropping off at school. The second application will be done after lunch.

_____ **VIDEOS AND PHOTOS.** I give permission for Kaleidoscope and its representatives to use still photos, samples of my child's drawings, and video footage of my child's activities at Kaleidoscope in the production of written materials and videotapes for early childhood educators and the public. I understand that these photos, work samples, and videotape may appear in forms such as display panels, brochures, flyers, videos, books, articles as well as on the Kaleidoscope website, our Facebook page, and on our blogs. I understand that my child's name will not be used on any material that is posted on our website or Facebook page. I agree that I am to receive no compensation for my child's appearance. I also understand that my child's appearance confers on me no ownership rights to the photographs, negatives, video footage, or training or marketing materials whatsoever.

Parent / Guardian Signature

Date

Child Questionnaire

Has your child previously been in child care, preschool, or school? YES NO
If yes, what type of program and for how long?

Reason for leaving previous program:

Describe your child's experience with other children:

Please describe your child's:

Likes and Dislikes

Eating Habits

Toileting Habits

Do they need reminders?

Assistance dressing?

Self-Help Skills

Sleep and Nap Habits

Emotional Behavior

reaction to change?

expressions of frustration?

what they find comforting?

Bonus Question

Are there any special skills and /or talents that members of your family would like to contribute to the Kaleidoscope Program?

Kaleidoscope Financial Contract

Tuition

Preschool	Full Day	Half Day
5 days	\$750	\$600
3 days	\$520	\$400
2 days	\$380	\$300

Kindergarten	5 days	\$750
full day only	3 days	\$545

Primary Grades*	(5 full days)	\$775
*families committing to 3+ years of primary school will have tuition rates locked in.		

Fees

Registration	\$125 / single student	\$180 / family
Global Village Student Fee	\$375 / year / student	

Policies

Please initial next to each policy. This constitutes your agreement to the policy.

- _____ Tuition rates are subject to change unless contracted with the primary program.
- _____ The registration fee is non-refundable. If a child leaves the program for over one month, another registration fee will be charged.
- _____ **DUE DATES.** Tuition is due, in advance, at the beginning of each month. If not received by the 5th of the month, a late fee of \$5 a day will be charged; unless a plan has been arranged. Delinquent accounts will result in disenrollment.
- _____ **HOURS AND LATE PICK-UP FEES.** Our school is open Monday through Friday from 8:30am-5:30pm. Early drop off at 8:00am. A late fee of \$1 a minute is charged after closure.
- _____ **NO REIMBURSEMENT.** There is no credit or reimbursement for scheduled school closings and holidays, illness, vacation, inclement weather, health advisories or "Acts of God" which cause a delay or closing of the school. The safety of the children will always dictate any decision regarding the school's schedule. The School will make reasonable efforts to always be open; however, the School may choose to close at the Owner's sole discretion. All parents will be notified through email, Facebook or by Class Dojo.
- _____ **WITHDRAWAL.** While enrolled with us at Kaleidoscope, we are reserving your child's space in their classroom permanently. To allow for ample time to adjust our schedules, **we require a 2 week written notice** for withdrawing by completing and signing our formal withdrawal request. Notes from parents and/or emails do not suffice. If the required two weeks is not given, parents will be charged for the full tuition for any partial months. With proper notice, the daily rate will be applied to the days attended during the withdrawal month. Discounts do not apply to prorated days. **Tuition cannot be prorated in cases of quarantine.**
- _____ **COLLECTIONS PROCESS.** Should Kaleidoscope be required to pursue a collection process for outstanding balances, the parent/guardian agrees to pay all related and reasonable agency and/or attorney fees, plus all attendant collection costs and/or court costs.

_____ **PARENT RECRUITMENT OF KALEIDOSCOPE STAFF.** Recruitment of any staff member is not allowed. Kaleidoscope has incurred costs that factor into employing qualified staff members and we do not permit solicitation of said staff. If a staff member is solicited, you agree to pay Kaleidoscope a minimum of one month's tuition plus any legal fees or court costs cause by this breach of terms. This policy excludes evening and weekend times outside of our normal operating hours.

_____ **CONFIDENTIALITY POLICY.** Staff will have conversations with parents concerning only their child. We will not discuss other student's progress, behavior, or accidents with anyone other than the appropriate parties. Personal info is NOT sold or shared.

_____ **IN-SERVICE DAYS.** Kaleidoscope closes several days each year for classroom preparation and professional/organizational development to allow for a smooth running center, to share best practices and to keep staff updated in advancements in the field. Our closures are usually mid-year and the end of the school term. **These days will be listed in advance on the school calendar, through email, Facebook, and Class Dojo.**

I acknowledge that my child, _____, will attend Kaleidoscope School, in the

Preschool Program: circle one: Full Days Half Days
circle one: 5 days/week 3 days/week 2 days/week
specify days: _____

Kindergarten Program: circle one: 5 days/week 3 days/week
specify days: _____

Primary Program

The tuition/copay rate of _____/month is due the 1st of each month, beginning _____.

I accept the COVID risk of being in a group setting and will not hold Kaleidoscope School responsible.

I agree to abide by all policies and procedures of the Kaleidoscope School program.

I have read and understand my obligation in this agreement.

Signature of Parent / Guardian

Printed Name

Date

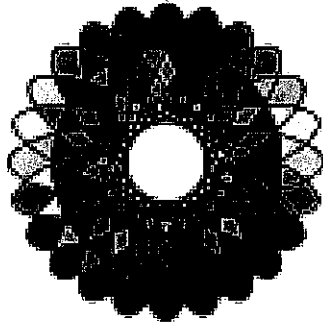
Signature of Director

Kaleidoscope Community School COVID Protocol

- Parents are required to wear masks at drop off and pick up. Six foot markers will be set up outside to avoid entrance into the school.
- Sanitizing stations will be provided at each entrance to be used by anyone coming into the building
- There will be a designated staff member to take temperatures of all children, staff and others admitted entry into the school.
- We will be using logs/forms laid out by the Early Learning Division for recordkeeping.
- The State of Oregon has increased group sizes to 20; however, we will be capping classes at 12-15.
- Parents & staff must sign the Kaleidoscope safety plan & the primary students are producing a safety video.
- The preschool & primary school will be run as completely different programs with separate entrances, schedules & recess, and staff. A safety coordinator will be appointed for each program.
- Students will not be combined unless it is a permanent move.
- Staff from different programs interacting will practice 6 ft spacing. Within classrooms, 6ft spacing is not necessary.
- **MASKS:** **Staff**= at all times, may wear shields or mask. Shields will be sanitized at the end of each shift. **Parents**:= at drop off & pick up **Primary children**:= at all times
(not required for students with respiratory issues) **Preschool children**= not required
- Masks will be handled like nap sheets. They will be provided by Kaleidoscope, all the same color and embroidered with their names. Students will be given 3 masks that are washed daily. A separate receptacle will be provided for dirty masks.
- Staff moving among programs for any reason will change masks/shields & outer clothing. Lab coats will be provided.
- Student seating will be spaced in work areas and mats labeled with the students names will be used at meeting times & lunch.
- Any health & safety plan will be created in conjunction with the Early Learning Dept. & distributed to staff ,as well as parents

Exclusions

- Children cannot be denied care because of fear of transmission.
- Protocol for exclusion- If a child or staff member have symptoms of a cough, shortness of breath and/or fever:
 - 1) Isolate ASAP to be sent home. **Students must be picked up within the hour of contact.**
 - 2) If a family member has symptoms but not a presumptive test, the student will not be excluded but family will be **strongly encouraged** to get tested. Exposure and closing of the program for quarantine affects all of us.
 - 3) If testing is negative, the staff/student may return to school after 24 hours of being symptom free (**without any medication**)
 - 4) If the test is positive, or choice is made not to get tested, staff/student must stay home for 10 days and at least 72 hours symptom free.
 - 5) If exposed to a person with a **confirmed** positive test, staff/student must quarantine for 14 days with no symptoms. If symptoms arise, it is necessary to see a doctor for testing & a care plan.
- * Any positive cases will be reported to the Early Learning Division, Oregon Health Authority and parents.
- The preschool & primary school are operating as completely separate programs. If a positive case is reported within the stable group, only the program exposed will need to close for quarantine for 14 days. Kaleidoscope is not able to prorate tuition for any closures. While in quarantine, only staff/students that develop symptoms need to be tested.



Kaleidoscope Community School

COVID Health & Safety Protocol Acknowledgment:

I _____ (Parent / Staff Name) have received and read the Kaleidoscope Community School's COVID protocol. I understand the policies and procedures given to me and agree to adhere to all school policies. Please note: Kaleidoscope Community School's policies and procedures are subject to mandated change to reflect the needs of the program, children and families we serve. We may also make changes or modifications in our policies if required by our licensing agencies. Kaleidoscope will inform parents of changes taking place whenever possible in a timely fashion.

Signature _____ Date _____