



## Kangarootime Enrollment Information

The following information is needed in order to enroll your family in Kangarootime, the management software, that Creative Critters uses for correspondence with families, billing and attendance record keeping. Please provide the following to begin your enrollment.

- Primary Guardian's Name: \_\_\_\_\_
- Primary Guardian's Email: \_\_\_\_\_
- Primary Guardian's Preferred phone number: \_\_\_\_\_

(Please circle one cell/home/work)

- Primary Guardian's Home address: \_\_\_\_\_  
\_\_\_\_\_

- Primary Guardian's Employers Name, Address, and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

- Child's Name: \_\_\_\_\_
- Child's Date of Birth: \_\_\_\_\_
- Child's Expected Start Date: \_\_\_\_\_
- Days of Care Needed: (circle)    M    T    W    Th    F
- Preferred billing cycle: Weekly    Bi-Weekly    Monthly

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For Official Use Only:

Facility: \_\_\_\_\_

Registration Fee:

Paid Via Check on \_\_\_\_\_ Check Number \_\_\_\_\_

Paid Via Cash on \_\_\_\_\_ Receipt Given:    yes    no

\_\_\_\_\_ Need to charge through Kangarootime



### FINANCIAL AGREEMENT

My child \_\_\_\_\_ is enrolled in \_\_\_\_\_  
at \_\_\_\_\_ location for \_\_\_\_\_ days per week.

My weekly tuition rate is \_\_\_\_\_ and will be paid  
weekly, bi-weekly, or monthly (circle one).

*By initialing before each statement and signing below, you are agreeing to the terms and will be held responsible for any additional fees. You also acknowledge that you have read and understand the parent handbook.*

\_\_\_\_\_ If paying weekly my payment will deduct automatically from my checking account every Friday.

\_\_\_\_\_ If paying bi-weekly my payment will deduct automatically from my checking account on the 1st and 15th of each month. If it is a 5 week month the 5<sup>th</sup> week will be deducted on the 15th.

\_\_\_\_\_ If paying monthly my payment will deduct automatically from my checking account on the first of each month.

\_\_\_\_\_ I understand that if my initial payment is declined for any reason a \$45.00 additional insufficient funds payment will be charged to my account.

\_\_\_\_\_ If pick up is after 6:00pm your account will be charged \$10.00. At 6:15pm a \$2 per every two minutes you are late will be charged to your account. At 6:15pm if we have not had contact with the parent/guardian the emergency contact will be notified. If no contact is made with any of the above the police will be contacted.

\_\_\_\_\_ I understand that if my child is ill I will notify the center director of the absence and nature of the illness. Oral Temp of 101.2 or above, 3 consecutive episodes of loose stool within 1 hour and communicable diseases requires your child to stay

home. They can return when fever/loose bowel free for 24 hours without medication. For communicable diseases a doctors note is required stating they are able to return to daycare.

I understand that three weeks advanced notice in writing is required for withdrawal. For infants one months notice is required. If a child withdrawals without notice one months tuition will be billed to your account and posted to your credit card on file.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Schooling**

Please list any previous school are/or centers your child has attended or attends concurrently

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### **Authorization for Emergency Medical Care**

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Hold Harmless Agreement**

I agree to release and hold harmless Creative Critters Learning Center and its employees, from any accident or harm that may occur should I retain the services of any Creative Critter employee for the care of my child(ren) outside the child care center. I understand that Creative Critters LLC does not condone or encourage its employees to babysit for parents of enrolled children outside of the child care center. If I retain the services of any Creative Critters LLC employee in such capacity, Creative Critters LLC has no responsibility and is held harmless from any accident which may occur.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent Handbook**

I \_\_\_\_\_ have reviewed a copy of the Creative Critters Parent Handbook, which contains all the policies of the center and closing dates. I have also read the handbook and agree to follow the policies of the center to include but not be limited to the financial policies, health and safety as well as arrival and departure limitations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Creative Critters Learning Center

## Supply List

### Paperwork Required:

State of Virginia School Entrance Form

- ❖ Well check & Immunizations with doctor's signature on Immunization

Copy of Birth Certificate

Completed Kangarootime Registration

- ❖ Two emergency contacts are required. They must reside at different address from the child's parent and each other. Address & phone number are required.

Financial Agreement

Permission slip for sunscreen and diaper rash cream application

Photo/Video Release Form

**Cuddlebugs Room (6 weeks-16 months)** All items should be labeled with child's name

- Crib Sheet and blanket
- Diapers/ wipes (package labeled with name)
- Diaper rash cream( if needed)
- Changes of clothes in a Ziploc bag
- Bottles and formula
- Baby food and snacks

**Caterpillar 1 Room(16 months-2 years)**All items should be labeled with child's name

- Fitted Sheet and Blanket
- Change of Clothes in Ziploc bag
- Diapers and Wipes
- Sippy Cup
- Sunscreen, bug spray, and diaper cream

**Caterpillar 2 Room(2 years-3 years)**All items should be labeled with child's name

- Fitted Sheet and Blanket
- Change of Clothes in Ziploc bag
  - Potty training children should have at least 5 pairs of underwear, pants/ shorts and socks for extra clothes
- Diapers and Wipes
- Sunscreen, bug spray, and diaper cream

**Butterfly (3-4 year olds)** All items should be labeled with child's name

- Fitted sheet and blanket
- Change of clothes in a Ziploc bag
- Sunscreen and or bug spray



# Creative Critters Learning Center

## Sunscreen/Insect Repellent Form

I give permission to Creative Critters Learning Center staff to apply the provides sunscreen and insect repellent (optional) to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/ insect repellent in the morning before I bring my child to the center and the staff will re-apply it before going outside. Furthermore, I understand that insect repellent (if provided) will the applied no more than once per day.

**Note:** Each sunscreen/insect repellent container must be labeled with your child's name.

### By signing I attest that:

- ❖ The sunscreen provided is UVA and UVB protection of SPF 15 or higher and must adhere to expiration date.
- ❖ The insect repellent provided contains DEET.
- ❖ The sunscreen/ insect repellent I have provided has been previously applied to my child with no adverse reactions.

Child's First and Last Names:

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Parent/ Guardian Signature:

Date:

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### Sunscreen

Brand

Exp.

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### Insect Repellent

☐ I have chosen not to provide insect repellent

1. Brand

Exp.

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# Permission to Administer Diaper Rash Ointment

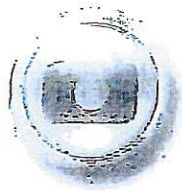
My child \_\_\_\_\_ may have Diaper Rash  
Ointment applied as needed for diaper rash.

I will provide the diaper rash cream in its original container labeled clearly  
with my child's name.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_



## Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)