



ENROLLMENT APPLICATION

Child's Full Name _____ Today's Date _____

Child's Date of Birth _____ Child's Sex: Female Male

Child's Race/Ethnicity: Hispanic Caucasian African American American Indian Asian Bi-Racial Other

Child's Primary Address _____

City _____ State _____ Zip Code _____

Siblings: Name & Age _____ Name & Age _____

Name & Age _____ Name & Age _____

Primary Parent/Sponsor _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Phone #s: Home: _____ Work: _____ Cell: _____

E-Mail: _____ Employer _____

Secondary Parent/Sponsor _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Phone #s: Home: _____ Work: _____ Cell: _____

E-Mail: _____ Employer _____

Please list all persons who live with the child and their relationship to the child:

EMERGENCY CONTACTS & RELEASE AUTHORIZATIONS

In an emergency, we will attempt to contact the primary and secondary sponsors first. Please provide **at least two** emergency contacts in the event we are unable to reach either of the sponsors. Emergency contacts must be at least 18 years of age.

Emergency Contact Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Phone #s: Home: _____ Work: _____ Cell: _____

Are we authorized to release your child to this person? YES NO

Emergency Contact Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Phone #s: Home: _____ Work: _____ Cell: _____

Are we authorized to release your child to this person? YES NO

Emergency Contact Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Phone #s: Home: _____ Work: _____ Cell: _____

Are we authorized to release your child to this person? YES NO

Emergency Contact Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Phone #s: Home: _____ Work: _____ Cell: _____

Are we authorized to release your child to this person? YES NO



Referral Information

If you were referred to our Center, who referred you? _____

CHILD INFORMATION

Please indicate the approximate times your child will be attending our center:

Mondays _____ Tuesdays _____ Wednesdays _____

Thursdays _____ Fridays _____

Please describe any previous experience your child has had in child care and/or your preferred child rearing practices:

Please provide the following information about your child:

Pets: _____

Favorite Activities: _____

Favorite Toys: _____

Frightened by: _____

Comforted by: _____

Is there a court order affecting your child? YES NO

If yes, a parent/guardian MUST PROVIDE A CERTIFIED COPY of the court order before the child may attend HCELC. If no, please be aware that as per the law, both parents will be afforded immediate access to the child. Please refer to the Parent Handbook for further explanation of this policy or speak with the Center Director.

Does your child have any special needs? Please list any social, emotional, behavioral, physical or learning disabilities, medical requirement, food or environmental allergies and/or IEPs:

Hillcrest Christian Early Learning Center complies with all laws and regulations regarding servicing children with special needs including but not limited to the Americans with Disabilities Act. HCELC will provide a reasonable accommodation for those children who have a documented disability and whose parents work closely with HCELC to determine a reasonable accommodation.

OPTIONAL QUESTIONNAIRE

This questionnaire will help us meet the individual needs of your child. Please feel free to provide as much information as you feel comfortable. Your child's records are private and are never viewed by anyone other than child care staff at HCELC.

Church Affiliation _____

What ethnic, cultural and religious customs do you want us to be aware of?

What language is predominately spoken in the child's home? _____

What time does your child normally eat:

Breakfast _____ Lunch _____ Supper _____ Snacks _____

What time does your child normally wake up each day? _____

Please provide any additional information you wish to share:

What are your concerns and goals for your child's early education experience?



PARENTAL AGREEMENT & PERMISSION

I have access to the HCELC Parent Handbook on the HCELC website at www.hillcrestchristianecl.org/documents. YES NO

I understand my child may not attend HCELC until I have returned: YES NO

1. The State of Kansas Medical Record form listing my child’s immunizations and including a licensed physician’s signature.
2. The State of Kansas “Authorization for Emergency Medical Care” form with the signature of a notarial officer.

I understand it is my responsibility to provide HCELC current immunization records and copies of all well-child screenings at all times. When my child has shots, I must provide HCELC a copy of the updated immunization records. YES NO

SCHOOL ACTIVITIES

I give permission for my child to use all of the play equipment and to participate in all center activities. YES NO

I give permission for my child to participate in supervised walks around the Hillcrest Christian Church neighborhood and parking lot. YES NO

I give permission for my child to be included in supervised observation, research and pictures connected with the center program. YES NO

SKIN CARE PRODUCTS

Each parent must provide his/her own diaper cream and wipes. During the summer, parents are asked to donate one bottle of sunscreen for their classroom. HCELC will use these skin products using our best judgment. If you have specific instructions, please speak to your child’s teacher.

I give permission for Hillcrest Christian Early Learning Center to use the following skin care products on my child:

*Diaper cream YES NO

*Wipes YES NO

*Sunscreen YES NO

During June, July & August, please apply sunscreen in the morning. We will re-apply before we go outside.

HCELC SOCIAL MEDIA

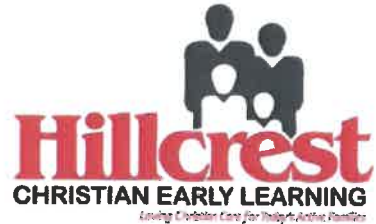
I give permission for HCELC to use my child’s picture on their website. YES NO

I give permission for HCELC to use my child’s picture on their Facebook page. YES NO

Parent or Legal Guardian Signature _____

Parent or Legal Guardian Printed Name _____

Date _____



HILLCREST CHRISTIAN EARLY LEARNING CENTER
11411 Quivira Rd., Overland Park, KS 66210
CONTRACT FOR CHILD CARE SERVICES

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

This "CONTRACT FOR CHILD CARE SERVICES/FEE AGREEMENT" is made this _____ day of _____, 20_____, by and between Hillcrest Christian Early Learning Center (HCELC) and _____, the parents/guardians of the above listed child.

HCELC agrees to provide child care services for named child in accordance with the mission, philosophy and policies outlined in the Parent Handbook. The child is enrolled in the

_____ Classroom beginning on _____.

Classroom assignments are made based upon the age of the child in accordance with child care licensing regulations. HCELC may change the child's classroom assignment based upon center enrollment and ratio requirements.

Our center is open from 7 a.m. to 6 p.m. Monday through Friday. A late pick up fee of \$5.00 per minute will be assessed in accordance with the Late Pick-Up Policy outlined in the Parent Handbook. You are considered late if the child is not picked up by 6:00 p.m. Late Pick-up fees will be added to your HCELC account on the day following the late pick up.

_____, the parents/guardians of the above listed child agree to compensate HCELC for the above listed services in the amount of \$_____ which is to be paid on a weekly basis. This weekly amount will change according to the attached tuition schedule when the child changes rooms or a rate increase is implemented. Tuition is paid prior to the performance of child care services. If you receive daycare assistance from the state of Kansas, you may take advantage of discounted tuition rates by providing proof of the assistance to the HCELC Business Manager.

Tuition is due every Monday by 6:00 p.m. Tuition is due whether or not the child attends the program, unless earned vacation days are used as explained in the Parent Handbook. The tuition represents the child's place in the program. Tuition is due for all holidays but will be prorated should HCELC close due to inclement weather for more than two days in a calendar year. A Late Tuition fee of \$10 will be assessed if tuition is not received on or before the tuition due date. Child care services may be **SUSPENDED** at the discretion of the HCELC Director until the tuition and any assessed late fees are paid in full.

Children may attend the center for a total of no more than ten hours per day. Violations of this rule will result in monetary fines and possible cancellation of this contract, as listed in the Parent Handbook.

**HILLCREST CHRISTIAN EARLY LEARNING CENTER
CONTRACT FOR CHILD CARE SERVICES
page 2**

A security deposit in the amount of _____ which represents the **PARENTAL NOTICE PERIOD** for cancellation of this Contract, must be paid, and will be held by HCELC. The Security Deposit may be used in accordance with the Parent Handbook Policies as the last week's tuition payment. The Security Deposit will be forfeited if the Parents/Guardians fail to give two weeks notice of cancellation of this contract or if Child Care Services are suspended or terminated by HCELC for failure to pay tuition and/or violation of Parent Handbook Policies.

This Contract for Child Care Services/Fee Agreement may be cancelled by **HCELC** at any time with or without notice, at its sole discretion. Any unused tuition paid by the parents/guardians will be refunded within 30 days of cancellation. Any security deposit held will first be applied to any unpaid account balance. If there is any remaining security deposit money, that remaining amount will be refunded to the parents/guardians within 30 days of cancellation. The Security Deposit will be forfeited if Child Care Services are suspended or terminated by HCELC for failure to pay tuition and/or violation of Parent Handbook Policies.

This Contract for Child Care Services/Fee Agreement may be cancelled by the **PARENTS/GUARDIANS** with two weeks written notice. Written notice of cancellation must be submitted to the HCELC Director by parents/guardians. Any unused tuition paid by the parents/guardians will be refunded within 30 days of cancellation. Any security deposit held will first be applied to any unpaid account balance. If there is any remaining security deposit money, that remaining amount will be refunded to the parents/guardians within 30 days of cancellation. The Security Deposit will be forfeited if the Parents/Guardians fail to give two weeks written notice of cancellation of this contract. Parents/Guardians will not be eligible for referral credits after they have provided notice of cancellation of this contract.

By signing below, I/we the parents/guardians of the above listed child hereby acknowledge that I/we have read this Contract for Child Care Services/Fee Agreement completely, that I/we have had the opportunity to discuss the information contained herein with a representative of HCELC, that our questions have been answered fully and to our satisfaction and that we agree to abide by the conditions set forth herein as well as the policies contained herein by reference from HCELC's Parent Handbook.

Parent/Guardian's Signature

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Parent/Guardian's Printed Name

Date

Date

HCELC Representative Signature

HCELC Representative Printed Name

Date

CCL. 034
Rev. 3/2017

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 Fax: 785-559-4244
Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Hillcrest Christian Early Learning Center			License # 2-94231		
Street Address of the Facility 11411 Quivira Rd		City Overland Park	Zip Code 66210	County Johnson	

_____ may go to the following locations off the premises with adult supervision:

First and Last Name of Child or Youth

Place Sanctuary	Street Address 11411 Quivira Rd	City Overland Park	By Vehicle	Walk/Bike WALK
Signature of Parent or Guardian			Date Signed	

Place Narthex	Street Address 11411 Quivira Rd	City Overland Park	By Vehicle	Walk/Bike WALK
Signature of Parent or Guardian			Date Signed	

Place Fellowship Hall	Street Address 11411 Quivira Rd	City Overland Park	By Vehicle	Walk/Bike WALK
Signature of Parent or Guardian			Date Signed	

Place Outside the fenced in area	Street Address 11411 Quivira Rd	City Overland Park	By Vehicle	Walk/Bike WALK
Signature of Parent or Guardian			Date Signed	

Child and Adult Care Food Program ENROLLMENT/INCOME ELIGIBILITY FORM

PART 1 – CHILDREN’S INFORMATION—Required for all children in care.						
Child’s Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received		
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast	A.M. Snack	Lunch
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	P.M. Snack	Supper	Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast	A.M. Snack	Lunch
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	P.M. Snack	Supper	Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast	A.M. Snack	Lunch
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	P.M. Snack	Supper	Eve. Snack

INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Food Assistance (FA), Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR). (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING FA/TAF/FDPIR— Any household member receiving benefits can establish eligibility for all children in the household.	Case Number or Identification Number

PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.	

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.															
List names (First and Last) of everyone in your household, including foster children	Tell us how much and how often. If no income, write "0". Use net income if self-employed.														
	Earnings from Work Before Deductions	Weekly	Every 2 Weeks	2X Month	Monthly	Welfare, Alimony, Child Support	Weekly	Every 2 Weeks	2X Month	Monthly	Retirement, Pensions, Social Security, Other	Weekly	Every 2 Weeks	2X Month	Monthly
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED		
<p>The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. See <i>Privacy Act Statement on the back of this page.</i></p> <p>If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced Price meals, the last four digits of the SSN is not needed.</p> <p>“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”</p>		
Signature of Adult X _____	Today’s Date _____	Print Name of Adult Signing _____ Social Security Number (SSN) (last four digits) XXX-XX- _____ <input type="checkbox"/> Check if no SSN
Address _____	City/State/Zip Code _____	Daytime Phone _____

PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), Temporary Assistance for Families (TAF) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue SW
 Washington, D.C. 20250-9410

FAX: 202-690-7442
EMAIL: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

DO NOT FILL OUT - CENTER USE ONLY

- Child(ren) are categorically free based on FA/TAF/FDPIR.
- Homeless, migrant, runaway or head start documentation from school, emergency shelter or agency.
- Foster child(ren) have been identified on this form and qualify for the free category.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Child(ren) on this form who are not categorically eligible qualify as follows:

Check one: Free
 Reduced Price
 Paid

Household Size: _____

Total Income: \$ _____
 Annual Monthly Twice Per Month
 Every Two Weeks Weekly

X _____
Signature of Determining Official

Today's Date

X _____
Signature of Confirming Official

Today's Date

NOT VALID WITHOUT SIGNATURE AND DATE.
E/IEF Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the E/IEF within these guidelines, the institution representative’s signature date must be used as the effective date.