

Kinderhaus

Child's Full Name: _____ Nickname: _____

Date of Birth: ___/___/___ Age on September 15: _____

Address: _____ City: _____ Zip: _____

Email address(es):

Names & birth dates of siblings

WHO TO CONTACT IN CASE OF AN EMERGENCY

Mother's Name _____ Phone (home) _____ (cell) _____ (work) _____

Father's Name _____ Phone (home) _____ (cell) _____ (work) _____

Other – Name _____ Phone (home) _____ (cell) _____ (work) _____

NAMES OF PERSONS, OTHER THAN PARENT, TO WHOM CHILD MAY BE RELEASED OR MAY BE CONTACTED

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PROGRAMMING PREFERENCE: list in order of preference indicating your first choice as (1)...
(Daily Hours: 8:45am-12:15pm)

___ Monday/Tuesday

___ Thursday/Friday

___ Monday/Tuesday/Wednesday

___ Wednesday/Thursday/Friday

___ Monday/Tuesday/Wednesday/Thursday/Friday

ARE YOU INTERESTED IN AFTERNOON CARE? (12:15-3:00) _____

ADDITIONAL COMMENTS or QUESTIONS

MEDICAL INFORMATION

Please tell us about your child's health. Check all that apply to your child.
Please describe any concerns/conditions in the space provided below the checklist.

I am concerned about

- my child's growth.
- my child's eating/feeding habits or appetite.
- the amount of sleep my child needs.
- my child's behavior, development, or learning.

My child

- had a serious illness, injury or surgery.
- must restrict physical activity.
- needs special equipment.
- takes medication.
- has allergies.
- has an acute or chronic condition.
- has a communicable disease.
- has breathing problems, asthma, cough, croup.
- has frequent sore throat or tonsillitis.

My child has problems with

- skin, birthmarks, hair, fingernails, or toenails.
- eyes/vision, glasses.
- ears/hearing, tubes in ears.
- nose problems, nosebleeds, runny nose.
- mouth, teeth, gums, tongue, sores in mouth/lips, mouth-breathing, snoring.
- heart, heart murmur.
- stomach aches, upset stomach.
- using toilet, toilet training, urinating.
- bones, muscles, movement, pain with moving.
- nervous system, headaches, seizures, or nervous habits.

Doctor _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Insurance _____ Address _____ Phone _____

PERMISSION STATEMENTS

I _____, give permission to the volunteers or employees of Kinderhaus to administer first aid procedures or obtain emergency medical attention or surgery from our preferred doctor, hospital, or dentist in the event that my child may require medical attention and/or surgery while I am out of the city or unable to be reached or if the situation requires immediate care. If our doctor is unavailable, the on-call doctor at a nearby facility may give care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

I understand the following people or agencies have access to my child's health information:

- Emergency contact individuals listed on registration form
- Dental and medical personnel/agencies listed on registration form
- Area Education Association personnel
- Visiting Nurse Consultant

I give permission to the volunteers or employees of Kinderhaus to

- contact and/or release my child into the custody of the individual(s) named above.
- apply sun block and ointment as deemed necessary.
- take my child on walks/field trips within 2 miles of the Kinderhaus center.

I give permission to the volunteers or employees of Kinderhaus to

- YES NO -use photographs of my child in projects created for the current Kinderhaus families.
 YES NO -release my child's name and photograph to the news media for publicity of Kinderhaus.
 YES NO -use photographs of my child on Kinderhaus printed materials, website, and Facebook.

_____/_____/_____
 Signature of Parent/Guardian Date

WAIVER AND RELEASE OF ALL CLAIMS

"As a participant or parent/guardian of participant(s) in this program(s)/activities, I recognize and acknowledge that there are certain risks of physical injury. I agree to waive and relinquish any and all claims I or my child/ward may have as a result of participating in these program(s)/activities against Kinderhaus or the independent contractors, volunteers, property owners, board members, and employees associated with Kinderhaus."

_____/_____/_____
 Signature of Parent/Guardian Date

ENROLLMENT PROCESS: We strive to ensure that families feel supported in their decisions regarding programming for their children. Our enrollment process encourages inclusion of the following components which may be combined or omitted as appropriate: 1) Parent inquiry and conversation with a Kinderhaus representative resulting in a firm understanding of Kinderhaus programming and philosophy, 2) Program observation at Kinderhaus (parents only), 3) Introduction and tour with a Kinderhaus representative at Kinderhaus (with child), 4) The return of the following completed paperwork:

- Registration Form and \$50 Registration Fee
- Immunization Record or Exemption Form
- Physical Examination Form
- Bank Authorization Form

A Wait List will be maintained in the event that Kinderhaus has no student openings available. Enrollment and Wait List priority will be given in the following order: 1) Current students, 2) Siblings of Kinderhaus students (current or past), 3) Other applicants. Within each group, spaces will be allotted in the order that registration paperwork and fees are received.

Students must be at least 3 years old by September 15. Under special circumstances a family may request an exemption from this policy. Exemptions will be reviewed on an individual basis by the Kinderhaus staff and board. Those children who are 3 years old after September 15 and receive an exemption will be given a one month trial enrollment. A conference between parents and staff will be arranged within the trial month to discuss further enrollment. New students may begin between September and January. No new students will be added after January.

It is the policy of Kinderhaus not to discriminate in its education programs, educational activities, and scholarships on the basis of sexual orientation, race, religion, color, national origin, marital status or disability. Students are educated in programs which foster knowledge of, respect, and appreciation for the historical and contemporary contributions of diverse cultural groups, as well as men and women, to society.

PAYMENTS: A \$ 50.00 registration fee is due at the time of registration submittal.

Current tuition is \$145/month for two mornings/week, \$210/month for 3 mornings/week, and \$330/month for 5 mornings/week. Full day prices are as follows: \$260/month for 2 full days/week, \$375/month for 3 full days/week, and \$575/month for 5 full days/week. Tuition adjustment is determined each February by the Board of Directors. Families with multiple children attending will receive a 10% discount on the lesser attendance amount.

Payments are paid in nine equal payments at the beginning of each month. Payments are considered late after the 10th of each month and a \$10.00 late charge will be added. In the event that tuition is one month overdue and alternate arrangements have not been discussed with the director, your child will not be allowed to attend Kinderhaus.

As a nonprofit organization, we are very concerned with reducing administrative costs. We ask that you utilize our automatic payment system through Decorah Bank and Trust. Families choosing to pay with check or cash will incur an additional \$10 handling charge each month. If the automatic payment system is not an option for your family, please discuss this with us in order to avoid the handling charge.

A snack fee will be collected twice a year to cover the food costs of our all-natural, primarily organic,

homemade snacks. The snack fee for 2 days/week is \$30, 3 days/week is \$45, and 5 days/week is \$75. This fee will be collected at the beginning of the year (Sep) and again after winter break (Jan).

POLICY FOR WITHDRAWAL: In order to avoid tuition for a given month, written notification of your intent to withdraw must have been received one month in advance. (e.g, March payment would not become payable if Kinderhaus receives such notification on or before February 1st).

Withdrawing from the upcoming year between July 1st and the start of the academic year will result in an additional \$100 fee. Our hope in this policy is to better accommodate waiting families in a timely manner.

HEALTH FORMS: This registration form and an immunization record or exemption form must be completed and returned before your child may attend Kinderhaus. For new children at Kinderhaus, the physical examination form must be completed and returned within 30 days of your child beginning attendance at Kinderhaus.

RELEASE OF INFO: Unless otherwise requested, your family's address and phone number as well as your child's and his or her sibling's birth dates will be shared with families of Kinderhaus. Please let us know if you would not like to participate in this sharing of information.

ACCESS TO INFORMATION: Please inform staff in the event that you need translation, reading assistance, etc. to access any and all information and clearly understand the content of our communications. Kinderhaus will work with private individuals or district or Keystone AEA personnel for assistance.

My signature below represents that I have read, fully understand, and agree with the above written policies.

_____/_____/_____
Signature of Parent/Guardian Date

Kinderhaus PO Box 114, Decorah, IA 52101 536.379.7303