

Kinderhaus

Child's Full Name: _____ Nickname: _____

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

Address: _____ City: _____ Zip: _____

Email address(es):

Names & ages of siblings

WHO TO CONTACT IN CASE OF AN EMERGENCY

Parent's Name _____

Phone (home) _____ (cell) _____ (work) _____

Parent'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 _____

Please see [Kinderhaus Enrollment Policies](#) before completing this application.

PROGRAMMING PREFERENCES: choose up to 3 options and list in order of preference indicating your first choice as (1)... (Daily Hours: 8:45am-12:15pm)

Monday/Tuesday/Wednesday_____ Wednesday/Thursday/Friday _____
Monday/Tuesday/Thursday/Friday_____ Monday - Friday_____ Other_____

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

ADDITIONAL COMMENTS or QUESTIONS

Kinderhaus strives to be flexible for all interested families and many different scheduling needs, therefore we cannot guarantee first priority scheduling. We do our best to accommodate all families preferences, however, some families may be asked to adjust their schedules if necessary.

TUITION FOR THE 2022-2023 SCHOOL YEAR

MORNING ONLY - 8:45-12:15		
3 days/week	4 days/week	5 days/week
\$240/m	\$315/m	\$385/m
4 yr old \$0	4 yr old \$80	4 yr old \$155

ALL DAY - 8:45-3:15		
3 days/week	4 days/week	5 days/week
\$430/m	\$550/m	\$660/m
4 yr old \$200	4 yr old \$330	4 yr old \$445

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

Any Other medical information we should know about?

Doctor _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Insurance _____ Address _____ Phone _____

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

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.

_____/_____/_____
Signature of Parent/Guardian Date

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

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.

_____/_____/_____
Signature of Parent/Guardian Date

HEALTH FORMS: The following forms are due within 30 days of your child beginning attendance at Kinderhaus:

- Immunization Record or Exemption Form
- Physical Examination Form
- Bank Authorization Form

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

_____/_____/_____
Signature of Parent/Guardian Date

Signature of Parent/Guardian

Date

RELEASE OF INFO: Unless otherwise requested, your family's address and phone number may 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.

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, women, and non-binary individuals, to society.

My signature below represents that I have read, fully understand, and agree with [Kinderhaus Enrollment Policies](#) and the above written policies.

_____ Signature of Parent/Guardian

___/___/___ Date

Completed forms can be given to a teacher or director at Kinderhaus between 8 AM and 3 PM, Monday-Friday, scanned and emailed to info@kinderhausdecorah.com or mailed to Kinderhaus P.O. Box 114, Decorah, IA 52101.

Enrollment fee of \$50 can be paid via check or cash in person or by mail or electronically through paypal (fastest option, has \$1.50 service fee). To pay electronically, please visit <http://kinderhausdecorah.com/enrollment/enrollment-forms/>

We look forward to sharing our wondrous community with you!

536.379.7303

www.kinderhausdecorah.com