

CAMPUS KIDS CONNECTION, INC.

PARENT CONTRACT 2022/2023

Child's Name _____ Grade in Fall 2022 _____

Child's Date of Birth _____ Classroom # _____

Site: DeLaveaga _____ Main Street _____ Mountain _____ SC Gardens _____
Soquel _____ Valencia _____ Westlake _____

Parent/Guardian name: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Others authorized to discuss bill/make schedule changes (include spouse/partner if this applies):

Name: _____ Relationship to child: _____

Phone: _____

Email: _____

My child will be **Attending** the following days:

_____ **M** _____ **T** _____ **W** _____ **TH** _____ **F**

TK/Kinder only: _____ Pick-up at first grade release _____ Full Afternoon care till 6

NO CHANGES MAY BE MADE IN THE MONTH OF AUGUST

STEP* _____ **TUITION** _____ **Start Date** _____

I have subsidized care through _____ CalWorks/HSD _____ GoKids. My caseworkers name/number is _____.

* Please provide income verification (2021 Tax return or 3 paycheck stubs and all information on other sources of income) for Step 1. We do not need verification for Step 2. **If we do not receive verification, we will assume you are a Step 2 and charge you accordingly.**

*******You will receive an emailed invoice for the first month tuition and the \$90 annual registration fee once you have returned your enrollment packet.*******

I understand that I am responsible for the above monthly tuition based on the tuition sheet for my site. If I need to make a change in my schedule, I understand that I will need to complete a "parent contract/change in schedule" form 2 weeks in advance at my site or in the Admin office. (We do not accept any changes the month of August.)

Parent/Guardian Signature: _____ **Date:** _____

CKC, INC. EMERGENCY INFORMATION

Fall 2022

Primary Contact Email: _____ Secondary Email: _____

Child's Name _____ Date of Birth _____

Parent 1 Name _____ Parent 1 Telephone _____

Parent 1 Address _____ Parent 1 Cell Phone _____

Parent 2 Name _____ Parent 2 Telephone _____

Parent 2 Address _____ Parent 2 Cell Phone _____

Parent 1 Employed by _____ Parent 2 Work Telephone _____

Parent 2 Employed by _____ Parent 2 Work Telephone _____

Other persons that can be contacted in the event of an emergency:

Child will not be allowed to leave with any other person without written authorization of parent/guardian.

	<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Pediatrician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Allergies:	Medications _____	Medical Conditions: Chronic Illness _____
	Pollen _____	Asthma _____
	Hayfever _____	Convulsions _____
	Food _____	Diabetes _____
	Other _____	Other _____

Please Explain _____

Insurance Company Name and Policy Number _____

Consent for Medical/Dental Treatment:

As the parent, agency representative, or legal guardian, I hereby give consent to Campus Kids Connection, Inc. to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian

Date



**Campus Kids Connection, Inc.
Permission Slip- School Age**

My child _____ has permission for the following activities:

1. To take walking field trips to local parks and other surrounding venues. _____

Initial

2. To have his/her photograph taken at CKC:

- For the purpose of publicity. These photos may be used for program brochures, media productions, on our website or advertisements. _____ Initial
- To be posted in the CKC parent portal on our website _____ Initial
- To be posted in the classroom or for children's projects _____ Initial

3. **SUNSCREEN**

CKC staff will assist your child with the application of sunscreen. We do ask that you also apply sunscreen to your child before arriving at school. When the sun is out, we will be happy to re-apply. The sunscreen we use changes from time to time. If your child is allergic to certain brands of sunscreen, please bring in your own sunscreen and label with your child's name. Sunscreen may not be kept in individual backpacks or cubbies.

Yes _____ Please assist my child with the sunscreen that I provide:

_____ Brand Name(s)

Yes _____ I would like my child to use the sunblock that CKC will provide.

No _____ Please do not assist my child with sunscreen.

Signature of Parent or Guardian

Date

ADMISSION AGREEMENT

Campus Kids Connection, Inc.

Children are admitted to CKC, Inc. without regard to race, gender, religion, ethnic background or disability. Children are provided with quality childcare that includes developmentally appropriate activities.

Monthly tuition rates are based on a 2-step sliding scale with income verification required for the Step 1 rates only. Sliding scale is on our tuition sheet. Tuition is due on the first of each month in advance of the service. Tuition will be billed via email and may be paid online through the invoice. Also, tuition checks or money orders are be made payable to CKC, Inc. at 2425 Porter St. #18, Soquel, CA 95073. Visa and Master Card are also accepted in office.

The tuition schedule and parent contract are included in your parent registration packet. The parent(s) who signs this agreement are legally responsible for the payment of the tuition. Late fees of \$25.00 are charged after the 5th of the month. Failure to pay your child's tuition may result in suspension and/or termination of your child from the program. Parents will be notified at least 30 days in advance of any changes in the tuition schedule. Additional fees may apply for continued late payments.

Parents must give CKC, Inc. written notice of any change in schedule or termination from the program 2 weeks in advance. Any adjustments in tuition will be carried forward on your account with CKC, Inc. and a refund will be given to parents within 30 days after termination of services.

We are licensed under Title 22 and State Licensing has the right to inspect facilities and interview children without prior notice as per section of 101195 of Title 22.

For more information you may contact:
Department of Social Services Community Care Licensing
2580 North First Street Suite #300
San Jose Ca, 95131

This agreement may be terminated by CKC, Inc. if the behavior of the child is deemed disruptive or threatens the safety of other children or the staff. This will only occur after CKC, Inc. staff has notified the parents of any problematic behavior and a parent conference has been set up agreeing on a plan of action. If the unsafe behavior continues, the child can then be terminated from the program.

I hereby certify that I have received a copy of the Parent Handbook and understand that it is my responsibility to read and abide by the policies stated therein.

I agree to the terms of this Admission Agreement and the policies stated in the Parent Handbook. I understand that by signing this document it is my responsibility to abide by this agreement.

Parent/Guardian Signature

Date

CKC Representative Signature

Date