



APPLICATION FOR CHILD ENROLLMENT:

Kids Edu Caring Place LLC.

Address: 700 Springfield Avenue

Baltimore, Maryland 21212

Phone: 410-433-3186

Email: KidsEduCaringPlace@gmail.com

Web: KidsEduCaringPlace.com

There is a \$150 registration fee payable at the time of application. Tuition is electronic withdrawal.

INFORMATION ON PARENTS/GUARDIANS:

Name of Mother _____

Home Phone _____ Cell Phone _____

Mother's Address _____ Zip _____

Place of Work/ School _____

Work Phone _____ Ext _____ Cell Phone _____

Address _____ Zip _____

Hours of Work/ School _____ AM _____ PM

E-mail _____

Work _____ Home _____

Name of Father _____

Home Phone () _____ Cell Phone _____

Father's Address _____ Zip _____

Place of Work/ School _____

Work Phone _____ Ext _____ Cell Phone () _____

Address _____ Zip _____

Hours of: Work School _____ AM _____ PM

E-mail _____

Work _____ Home _____

Signature of Parent/Guardian _____ Date _____

Bank Account Information for Tuition Payments: Bank _____

Name on Account _____

Account # _____ ABA # _____

Name on Bank Card: _____ Type _____

Card # _____ Expiration Date: _____

CVV# _____

INFORMATION ON CHILD:

Full Name _____
Female _____ Or Male _____ Age _____ Birth date _____
Child's Address _____ Zip _____

First Day of Attendance _____

Please indicate care needed: DAYS and HOURS

Monday From _____ To _____
Tuesday From _____ To _____
Wednesday From _____ To _____
Thursday From _____ To _____
Friday From _____ To _____
Saturday From _____ To _____
Sunday From _____ To _____

Does your child have any Special Needs, IEP/IFSP, Medication, Allergies etc.? If so, list them all?

AUTHORIZATION FOR CHILD:

I have had an opportunity to review the policies of this child care center and a summary of the Maryland Rules for Licensing Child Care Centers. Yes No Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

If you do not pick-up your child, who is authorized to do so?

1. Name _____
Relationship _____
Address _____
Phone _____ Cell Phone _____
Email _____

2. Name _____
Relationship _____
Address _____
Phone _____ Cell Phone _____
Email _____

(Your child will not be released to any other individual. If changes are desired, you must notify the Center in writing.)

EMERGENCY INFORMATION:

Family Physician _____ Phone _____
Address _____ Zip _____

In case of emergency, whom shall we notify if we are unable to reach Parent or Guardian?

Name _____ Relationship _____
Address _____
Phone _____ Fax _____

Name _____ Relationship _____
Address _____ Phone _____

REFERRAL: How did you learn about KECP? Please be Specific Where:

PERMISSION FOR EMERGENCY TREATMENT:

I give my permission for professional emergency/hospital medical treatment to be given to my child _____ in the event of a child injury even if no one can be contacted or is present.

Parents/Guardian _____ Date _____

(In case of accident or illness, we will notify you. In case of serious accident or illness and/or in the event no one can be contacted, your child will be taken to the nearest hospital with medical insurance information on file at the center. The parents insurance bears financial responsibility for emergency treatment of the child.

FINANCIAL:

Check One: This contract will renew annually. Tuition may increase annually. Advanced notice will be given on contract changes made by the center. I understand that my weekly fee is _____. I agree to assume full financial responsibility for the fees and will make electronic payments as indicated in the Tuition & Fee Policies brochure. I understand if my child is picked-up after the designated closing time, a "Late Fee" will be assessed. Voucher Payments, I agree to be responsible for my portion of the fee (if any) and will pay those fees in accordance with the agency's policy. If I become ineligible for CCS Child Care scholarship, I will notify the Center immediately and will make arrangements either to pay the fees privately or to withdraw my child by the last date stated on the voucher. MSDE may be able to assist with enrollment fees.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Agency Representative _____ Date _____

Welcome to the Kids Edu Caring Place Family!