

## Child Form Check List

Health Report (state)

---

Immunizations (state)

---

Health History (state)

---

Enrollment form (state)

---

Information form (KK)

---

Medical Emergency (KK)

---

Contracted Hours (KK)

---

Permission to photo (KK)

---

Sunscreen/Diaper (KK)

---

KK Parent Handbook (KK)

---

Intake under 2 (state)

---

School age form (state)

---

Transportation permission (state)

---

## CHILD HEALTH REPORT – CHILD CARE CENTERS

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months after admission. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years after admission.

### PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First,

Birthdate – Child

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

### HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes  No Does the child have a milk allergy? If “Yes”, identify the recommended milk

Date of most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

### AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider

Date of Examination

## DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

### PERSONAL DATA

PLEASE PRINT

<b>STEP 1</b>	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

### IMMUNIZATION HISTORY

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

**Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.**

Yes year \_\_\_\_\_ (Vaccine is not required)

No or Unsure (Vaccine is required)

### REQUIREMENTS

**STEP 3** The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

### COMPLIANCE DATA AND WAIVERS

**STEP 4** **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

### SIGNATURE

**STEP 5** To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian \_\_\_\_\_ Date Signed \_\_\_\_\_

### HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: **This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].**

Instructions: **The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.**

**CHILD INFORMATION**

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

**PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.**

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name – Physician	Address – Medical Facility	Telephone Number
------------------	----------------------------	------------------

**SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.**

Yes <input type="checkbox"/> No <input type="checkbox"/> I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
Yes <input type="checkbox"/> No <input type="checkbox"/> I authorize the center to allow my child to self-apply sunscreen.		
Yes <input type="checkbox"/> No <input type="checkbox"/> I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
Yes <input type="checkbox"/> No <input type="checkbox"/> I authorize the center to allow my child to self-apply repellent.		

**HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.**

- Check any special medical condition that your child may have.
 

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and
<input type="checkbox"/> supplements Cerebral palsy / motor disorder	<input type="checkbox"/> Disabled, LD, ADD, ADHD, or Autism	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively
<input type="checkbox"/> Other condition(s) requiring special care – Specify.			

  

<input type="checkbox"/> Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable
<input type="checkbox"/> alternative. Food allergies – Specify food(s).

**Non-food allergies – Specify.**

---

2. Triggers that may cause problems – Specify.

---

3. Signs or symptoms to watch for – Specify.

---

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be **attached to this form. Note: group child care centers and day camps may use their own form.**

---

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

---

6. When to call parents regarding symptoms or failure to respond to treatment.

---

7. When to consider that the condition requires emergency medical care or reassessment.

---

8. Additional information that may be helpful to the child care provider.

---

SIGNATURE – Parent or

Date Signed

---

Review dates: \_\_\_\_\_

### CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

#### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
------------------------	------------------------	-------------------------

**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	
Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Employment and Work Phone No.

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	
Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Employment and Work Phone No.

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.

**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes  No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
--------------------------------	-----------------------	--	--

#### PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
------	---	------------------

#### AUTHORIZATIONS

- Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers. Yes
- Yes  No I give permission for my child to participate in  Transported  Walking field trips and other activities during operating hours.
- Yes  No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. 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.

<b>SIGNATURE</b> – Parent or Guardian	Date Signed
---------------------------------------	-------------

**CHILD INFORMATION SHEET**

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ START DATE \_\_\_\_\_  
                            LAST                            FIRST                            MI

**PARENT OR GUARDIANS (note: unless we are informed otherwise in writing (custody order or other legal document), both parents listed will be permitted to pick up child.)**

MOTHER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

CELL PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ HOME PH. \_\_\_\_\_

FATHER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

CELL PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_ HOME PH. \_\_\_\_\_

RESIDENCE: child lives with: ( ) both parents ( ) mother only ( ) father only ( ) shared or split custody ( ) other: \_\_\_\_\_

Legal custody: ( ) both parents ( ) mother ( ) father ( ) guardian \_\_\_\_\_

**EMERGENCY: The following may be called in an emergency, when parent(s) or guardian can't be reached, and have permission to remove my child from the center if necessary.**

NAME \_\_\_\_\_ CELL PH. \_\_\_\_\_ HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_

NAME \_\_\_\_\_ CELL PH. \_\_\_\_\_ HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_

NAME \_\_\_\_\_ CELL PH. \_\_\_\_\_ HOME PH. \_\_\_\_\_ WORK PH. \_\_\_\_\_

PHYSICIAN: name \_\_\_\_\_ location \_\_\_\_\_ phone \_\_\_\_\_

**EMERGENCY RELEASE: I give my consent for emergency medical care or treatment, to be used if I cannot be reached immediately.**

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_



## Child Medical Emergency

Parents:

Please fill in the information below and return this form to the office on or before your first day of attendance.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event of a medical emergency, I \_\_\_\_\_ hereby authorize Kids Kampus to transport my child to **West Allis Memorial Hospital**  
**or** \_\_\_\_\_

Please cross off West Allis Hospital and fill in the blank if your child should be taken to a different hospital.

My child has the following allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Contracted Hours

Child's Name: \_\_\_\_\_

Days of the week attend:

\_\_\_\_\_ Monday                  Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Tuesday                  Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Wednesday                  Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Thursday                  Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Friday                  Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Varies \_\_\_\_\_ # of days per week

**A weekly schedule needs to be given at least one week in advance.**

I agree to the above contracted hours. The tuition is based on these hours. Remember a full day is considered **10 hours or less a day**. You will be subject to additional fees if you drop off before your scheduled time or you pick up after your scheduled time.

**Fees over 10 hours:**

Infants and Toddlers:        \$4.22 per hour

Two's & Three's:                \$3.88 per hour

Fours & Fives:                  \$3.88 per hour

School Aged:                    \$3.55 per hour

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission for Photographs / Videotaping

Dear Parents,

Occasionally the Kids Kampus staff or approved visitors may take pictures of or videotape the children. These pictures (still or moving) are used to publicize and promote Kids Kampus activities or events. Pictures may appear in local newspapers, center brochures, or on the Kids Kampus web page. No additional notice may be given of picture taking sessions.

Please fill out the bottom portion of this note for approval or release of photographs. Please sign and date the attached form and return on or before your child's first day of attendance. No photos or video will be taken of children whose parents do not grant permission.

Sincerely,  
Kids Kampus

## Permission for Photographs / Videotape

\_\_\_\_\_ I do give permission for my child to be photographed or videotaped while at Kids Kampus or a center sponsored field trip for purpose of promoting the center.

\_\_\_\_\_ I DO NOT give permission for my child to be photographed or videotaped while at Kids Kampus or a center sponsored field trip for purpose of promoting the center.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Diaper Cream/ Ointment

I \_\_\_\_\_ give permission to the teachers at Kids Kampus to apply  
\_\_\_\_\_ brand diaper cream/ ointment to my child  
\_\_\_\_\_.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sunscreen/Bug Spray

I \_\_\_\_\_ give permission to the teachers at Kids Kampus to apply  
\_\_\_\_\_ brand sunscreen and \_\_\_\_\_ brand bug spray to my  
child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INTAKE FOR CHILD UNDER 2 YEARS – CHILD CARE CENTERS

**Use of form:** This form is mandatory for family child care centers to comply with DCF 250.09(1)(c)1. and for certified providers to comply with 202.08(12)(g). Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers; however, it meets the requirements of DCF 251.09(1)(am). This form collects information about children under age 2 in order to aid child care workers in individualizing the program of care for the child in a family or group child care center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** This form is to be completed by a parent and must be on file at the center prior to a child's first day of attendance. Regular updates can be noted. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

First Day of Attendance (mm/dd/yyyy)

### PARENT / CHILD NAME AND ADDRESS

Name – Child (Last, First, MI)

Nickname (If any)

Birthdate (mm/dd/yyyy)

Name – Parent(s) (Last, First, MI)

Telephone Number – Home

Address – Parent(s) (Street, City, State, Zip Code)

**HEALTH** Note: Health conditions that may affect the care of the child must be recorded on the department's form, Health History and Emergency Care Plan. The form should be shared with any person who provides care for the child.

Child has frequent colds, ear infections, colic, etc. – Describe.

UPDATES

### MEALS

Current feeding schedule

Length of time on current schedule

Food type

Formula  Strained  Junior  Table  Milk type – Specify:

New food timetable

When eating, child is –

Held in lap  In highchair  Other – Specify:

Feeds self

Yes  No If "Yes", uses:  Spoon  Fork  Hands

Special feeding problems

Yes  No If "Yes" – Specify:

Food allergies

Yes  No If "Yes" – Specify:

Favorite foods – Specify.

Refused foods – Specify.

UPDATES

---

**SLEEP**

Current sleep schedule

Length of time on current schedule

Falls asleep easily

 Yes  No

Mood upon awakening – Describe.

Takes favorite toy(s) to bed – **child over age 1 year** Yes  No If "Yes" – list toy(s):Sleep position – **child under age 1 year****Note:** Children under age 1 year must be placed to sleep on their back unless a written statement from the child's physician is attached. Back for children under age 1 year  Side or stomach (physician statement attached)Sleep position – **child over age 1 year** Back  Side or stomachUPDATES

---

**DIAPERING / TOILETING**

Diaper – type

 Cloth  Disposable

Diapers provided by parent

 Yes  No

Plastic pants used

 Always  Never  Sometimes If "Sometimes" – Specify:

Highly sensitive skin

 Yes  No

Frequent diaper rash

 Yes  No

Lotions, powders or salves used

 Yes  No If "Yes", product name(s) – Specify:

Toilet training attempted

 Yes  No If "Yes", describe routine.

Type of toilet seat used at home

 Potty chair  Special toilet seat  Regular toilet seat

Regular bowel movements

 Yes  No How often.

Time(s) of day:

Toileting problems

 Yes  No If "Yes" – Describe.UPDATES

---

**VERBAL COMMUNICATION**

Family speaks what language – Specify.

 English  Other If "Other" – Specify:

Age child began talking

Child speaks in

 Words  Sentences

Words used to describe special needs – Specify.

UPDATES

---

---

**COMFORTING**

Does child have a fussy time?

Yes  No If "Yes" – Specify time.

How is fussy time handled?

---

Child likes to be:

Held  Sung to  Rocked  Read to  Other – Specify:

Special things you say or do to comfort child.

---

UPDATES

---

---

**SELF-EXPRESSION**

What causes your child to feel angry or frustrated?

---

What frightens your child and how is it shown?

---

How does your child express feelings of happiness, enjoyment, etc.?

---

Additional comments

---

UPDATES

---

---

**PHYSICAL AND SOCIAL DEVELOPMENT**

Is your child able to – (Check all that apply)

Sit up alone  Pull up  Crawl  Walk holding on  Walk without support

Yes  No Is your child used to playmates?

Comments

---

UPDATES

---

---

---

Child's **indoor** favorite toys and activities – Specify.

---

Child's **outdoor** favorite toys and activities – Specify.

---

By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

---

UPDATES

---

---

**SIGNATURE** – Parent or Guardian  
Signed

---

Date



# Kids Kampus of Muskego 2 Learning Center

## Parent Handbook

Kids Kampus of Muskego 2 Learning Center

W189 S7779 Racine Ave.

Muskego, WI 53150

(262)679-2198



**Quality Care When You're Not There!**

## **Parent Introduction**

Thank you for choosing Kids Kampus 2 Learning Center. Kids Kampus is a preschool/Daycare facility, licensed by the state of Wisconsin to provide care for children between the ages of six weeks to 11 years old. The hours of operation at this center are Monday through Friday from 6:00 a.m. to 6:00 p.m.

The staff at Kids Kampus 2 will do their best to provide stimulating learning experiences for your child while being in a safe, caring environment. Our staff prides themselves in helping to nurture your child's growth. In addition, Kids Kampus 2 takes pride in providing a holistic approach that includes nurturing the mind, body, and spirit. Each child is treated and evaluated as a unique being. We realize that children develop at different rates, and each child is provided with individualized attention to help him or her goals of development.

## **Who may be Enrolled?**

1. Any child ages 6 weeks through 11 years old may be enrolled providing that the center can meet the needs of the child.
2. Kids Kampus 2 does not discriminate on the basis of religion, race, color, sex, creed, political persuasion, national origin or ancestry.
3. There are no geographic boundaries or family income levels.
4. Kids Kampus 2 has the capacity of 75 children.

## **How to Enroll**

1. Parents may call or visit the center to request registration information.
2. Parents must fill out the registration forms, pay the registration fee, and sign a contracted hour's agreement before the child's first day of attendance. You will be charged for the contracted hours you give us and any extra hours you accrue.
3. If the center is at capacity and you would like to be put on a waiting list, a **non-refundable** deposit will be required to hold a spot.
4. Medical forms must be completed and returned within **30 days** of enrollment. These forms must be dated no more than six months prior to enrollment.
5. Enrollment and immunization forms, child information card, and hospital transport sheet must be at the center on your child's first day.

# Center Policies

## Fees and Vacation Policies

1. An annual registration fee is required upon your child's enrollment. This is non-refundable.
2. Tuition may be paid by check, money order or cash. Checks should be made out to Kids Kampus 2. There is a \$20.00 fee for any returned check. Tuition must be paid for the week on Monday or your child's first day of scheduled attendance. If you fail to make payment on time, there will be a late charge of \$5.00.
3. The center must be notified by 8:00 a.m. if your child will be absent for the day. If you fail to do so, you will be assessed a \$5.00 fee. If you know of an upcoming day you would like to take as vacation credit, you will need to fill out a vacation form before credit is given.
4. You will receive double of what your child's weekly schedule is for vacation credit in a year.  

5 days a week= 10 vacation days  
4 days a week= 8 vacation days  
3 days a week = 6 vacation days
5. Vacation credit must be used for any absences (including illness, vacation, funerals and holidays) otherwise you will be charged for that day.
6. Only ½ of your vacation credit may be used the first months of attendance, the other ½ after the sixth month. Once you have completed one year at Kids Kampus 2 you may use your vacation credit at any time. Vacation days are not accrued and cannot be applied towards tuition.
7. A late fee will be assessed for any child staying past or arriving earlier than contracted hours. This fee will be \$5.00 for every ½ hour (before or after your contracted hours) per child, and must be approved by the administrator or director.
8. There will be a late fee charged for any child staying past 6:00 p.m. (closing time). This fee will be \$10.00 per child every five minutes until 6:15 p.m. After 6:15 p.m. the fee will be \$20.00 for every five minutes (per child). If this occurs three times in a 30-day period, these fees are **doubled**. This includes during inclement weather, and traffic problems. Please plan ahead.

## Drop off and Pick up Policies

1. Parents are responsible for bringing their child onto the center and picking them up. It is also the parents' responsibility to put their child's belongings in the proper places and see that they get to the appropriate area.
2. If any individual other than a child's parent comes to pick up, Kids Kampus 2 will need to see ID verification from the individual and then call the child's parent at work to verify that this individual is to

pick up the child. If a parent leaves a note with the center in regards to anyone other than the parent to pick up their child (even if this individual is an authorized pick – up person), we will still ask the individual for ID verification before the child is released.

3. If a parent or authorized individual appears to be under the influence of alcohol or drugs Kids Kampus 2 will call the police or 911 to prevent this individual from taking the child from the center. Also a call to child protective services will be placed.

4. By state law, children **must be** signed in and out everyday. It is the parents' responsibility to sign their child in and out. You will be assessed a \$5.00 fee if you fail to do so.

5. Once again, there will be a late fee for any children that are not out of the center by 6:00 p.m. sharp! In case of inclement weather, please plan ahead or have an alternate pick up person.

### **Health Policies**

1. Each child will have on file a completed health form signed by a licensed physician, stating that the child is healthy. Each child will also be required to have a physical exam not more than 6 months prior or 30 days after enrollment. Children under 2 years of age must have an updated physical exam every 6 months and children over 3 years of age must have one every 2 years.

2. Medication will only be administered if the parents sign a consent form. Medication must be in its original container and then logged in the medical book. Non-prescription medication will not be given for more than 7 consecutive days without doctor's consent.

3. In order to comply with state regulations and to protect the health and welfare of the other children in the center, a parent must keep their child home if any of the following symptoms are evident.

A. Rashes- Children with contagious rashes will not be allowed to attend the center. Any rash that is in question will require a doctor's written re-admission permission slip.

B. Diarrhea- Children having diarrhea (including diarrhea associated with teething and medicine) three times within a 2-hour period will be sent home and unable to return until 24 hours after the diarrhea has ceased completely.

C. Head Lice- Children with diagnosed cases of head lice will be asked to obtain a clearance from the local health department and be nit free before returning to the center.

D. Fever- Children with temperatures (including fever associated with teething) 101 degrees or higher will be sent home. We cannot give medicine to hold down a fever. Children may return to the center after the fever has subsided without medicine for a minimum of 24 hours.

E. Pink Eye- Children with pink eye or any eye inflammation will be sent home and unable to return until the inflammation is diagnosed (with a note from the doctor) and/or treated.

F. Sore Throat/ Vomiting- Children will be sent home until the condition is diagnosed (doctors note) and/or clear

G. Chicken Pox- Child must be out of the center at least one week (possibly longer). All pox must be scabbed over and dry.

H. All other communicable diseases- Children with communicable diseases will be removed from the center immediately. The child can be readmitted after he/she has been absent for the amount of time designated by the local health department.

I. children with bacterio-diarrheal infection, hepatitis, infectious mononucleosis, and tuberculosis, or strep/staph infections must have a doctor's permission and have been on medication for 24 hours to return to the center.

Kids Kampus 2, not the child's family, makes the final determination about whether the child can receive care in Kids Kampus 2 program. Children will be excluded if: 1. The child's illness prevents the child from participating in activities that the facility routinely offers for well children; 2. The illness requires more care than a childcare staff is able to provide without compromising the needs of other children in the group; 3. Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact with.

4. Please plan an alternate arrangement for your child before he/she becomes ill.

5. Please make sure your child has an emergency number available in case we cannot reach the parents.

6. When you are called to pick up your ill child you or an alternate person needs to be at the center within **one hour** from the time of the phone call.

7. In case of a serious accident, your child will be transported to West Allis Memorial Hospital, unless you indicate otherwise.

8. Accident reports are filled out by the teacher for all accidents. They are signed by the parents and the administrator or director, recorded in the medical logbook, and then placed in the child's file.

9. You will be notified at home or work of any serious accidents (for all head injuries you will be called no matter what) your child may have had at Kids Kampus.

10. Superficial wounds are treated with soap, water, ice, Band-Aids, and TLC.

### **Discipline Policies**

1. The only discipline used at this center is redirection for ages 2 and under and a time out for ages 3 and up. The reason for the time out will be explained to the child and will not last for more than 1 minute per age of the child (3 minutes for a 3 year- old, 4 minutes for a 4 year- old, etc.) It is also made sure that the child understands the reason for the time out.

2. Any child whose biting cannot be controlled will be asked to leave the center until he/she matures out of the biting stage. Excessive biting is defined as 5 times in a 1 week period.

3. If there seems to be a number of incidents regarding your child's behavior (disrupting the class, causing harm to self or others, language, continual inappropriate behavior) the following steps will be taken.

A. You will be written a note or verbally informed of the behavior and then work on a solution with your child's teacher.

B. You may be called to come and pick up your child.

C. You may be asked to attend a conference with the administrator and/or director. At this time there may be a suspension or a cut in hours.

D. If all above efforts fail, the child will then be terminated from the center.

### **Transportation policy**

1. Kids Kampus 2 determines the children and schools we will provide transportation to and from.

2. Parents must fill out the following transportation forms:

CFS-104

CFS-56

3. It is the parent's responsibility to notify Kids Kampus 2 if the child is not going to need transportation in the a.m. or p.m.

-It is the parent's responsibility to get their child to Kids Kampus in the morning before the van departs from Kids Kampus 2.

-It is the parent's responsibly to inform Kids Kampus 2 if their child will not be needing transportation to school or back from school.

-If the parent fails to inform Kids Kampus 2 that their child is not going to be needing transportation to or from school on the Kids Kampus 2 bus there will be a \$10.00 fine for the first offense. If a second offense occurs there will be a \$20.00 fine. If a third offense occurs the parents will have to find other transportation to and from school for their child. Please remember the van driver is not able to leave day care or school without all the children on their list.

4. It is Kids Kampus 2 responsibility to make sure each child gets off the bus after it reaches it's destination.

-The bus driver will use a time attendance sheet to record when each child arrives and departs off the van.

-The bus driver will physically check each seat for children and sign the bottom of the attendance sheet. The driver will then hand the sheet over to another staff member (administrator or director) who will physically check each seat and sign the attendance sheet.

5. All staff members who drive the Kids Kampus 2 bus will have their drivers license and driving records checked each year and kept on file.

6. All staff members who drive the Kids Kampus 2 buses will be insured through Kids Kampus 2 insurance.
7. Effective August 1, 2009, any vehicle that is owned, leased or contracted for by a child care center must have a vehicle safety alarm installed before children are transported. This requirement is a result of a new law that takes effect on August 1, 2009.
8. Both Kids Kampus 2 transportation buses have had vehicle safety alarms installed June 2009 to meet state compliance, and all transportation staff has been properly trained on the use of these alarms.

### **General Policies**

1. A monthly newsletter and calendar will be handed out to each family. Both of these will keep you updated on: the themes we will cover for the month, activities your child will be doing, upcoming events, parties, and field trips.
2. There will be a posted weekly information sheet (ages 2 ½ and up) that explains what activities your child did during the week and any reminders for the following week.
3. It is the responsibility of the parents to check the bulletin boards. There you will find lesson plans that will be followed for the week, a daily schedule, and any items that may be needed from home. Parents are welcome to use the bulletin boards for advertising (yard sales etc.). We only ask that all items be approved by the administrator before posting.
4. Field trips will be taken throughout the year, approximately once a month during the school year and twice a month the summer.
  - A. Depending on the nature of the field trip, children ages 3 and up will attend. If a field trip is only for a particular age, it will be posted.
  - B. If your child is within the age group going on the field trip, they must attend or you will need to make other arrangements until the field trip is over. As we are not staffed for your child to stay back at the center.
  - C. There will be a fee for each field trip. This needs to be paid before we leave.
  - D. You will be asked to pack a lunch for your child on field trip days, unless otherwise noted. If a bag lunch is needed and is not provided by the parent there will be a \$5.00 fee.
5. Your child will be served 2 snacks a day (approximately 8:00 a.m. and 2:30 p.m.) and lunch (beginning at 11:00 a.m.). All meals and snacks that are served are prepared according to state guidelines. Occasionally you will be asked to pack a lunch for your child.
6. Kids Kampus 2 does not have a breakfast program. We request that all children eat breakfast before coming to the center (except for children in the infant room).

7. The children go outside daily, weather permitting. It is the parents' responsibility to make sure their child has the proper outerwear for the weather. If your child is well enough to be at daycare, they are required to join their class outside.

8. It is also the parents' responsibility to check their child's cubby daily and clean it out weekly. We cannot be responsible for any lost items. Toys from home need to be kept to a minimum, especially matchbox cars, which are easily lost. Remember to label all of your child's things.

9. In event of inclement weather, the following procedures will be followed:

A. A message of our closing will be posted on Fox 6 and WTMJ 4, beginning at 5:30 a.m.

B. A Kids Kampus 2 closed message will be audible on the Kids Kampus 2 answering machine.

C. When after-schoolers have a snow day and our center is still open, it is the parents' responsibility to call the center by 7:30 a.m. to let us know if your child will be attending.

D. If there is a snowstorm throughout the day, we have the right to close the center; and which you would be called to come pick up your child.

10. For extra hours and/or days, please see the director for availability and charges.

11. A full day is considered 9 hours or less and a half-day is considered 4 ½ hours or less.

12. We are closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Thanksgiving Friday, Christmas Day and the day after Christmas. Should the holiday fall on the weekend, we have the option of closing the Friday before or the Monday after. Please check the bulletin boards for postings. If we decide to close on a day other than the actual holiday; the date will be posted on the parent information area several days prior. These days are considered a day of attendance and must be paid for or vacation credit taken.

13. Kids Kampus 2 does not have any pets on our premises. Children will not have access to any pets unless we have an in house field trip that includes animals. If a field trip of this nature would occur all parents would be notified a week or more in advance in writing.

14. Kids Kampus 2 has a no babysitting policy for our Kids Kampus 2 families. Please do not ask any of our employees to baby sit for you. We have a policy that our teachers are not to agree to baby sit any of our Kids Kampus 2 families.

15. If you choose to leave Kids Kampus 2 for any reason, a 2 week notice is required.



Please sign and return to the director on or before your child's first day.

I \_\_\_\_\_ have read and fully understand all the information in the Kids Kampus 2 Learning Center, Inc. Policy Book. I agree to follow all the policies listed as well as any additional ones the administrator and/or the director may verbally inform me of. I also understand that the deposit given to hold a spot is non-refundable.

---

Parent signature

---

date signed