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KidConnect

After School Care
for West University Elementary & Horn Academy

West University Baptist Church
6218 Auden, Houston, Texas 77005
832-203-4318

2015 - 2016 School Year

Child's Name: _____ Age: _____ Birthdate: _____ Sex: _____

Home Address: _____ City: _____ Zip code: _____

School (as of fall 2015): _____ Grade (as of fall 2015): _____ Teacher: _____

Child lives with: _____ Parents' Marital Status: Married Divorced Single

Child will begin on this date: ____/____/____ (mm/dd/yyyy)

Separated Widowed

Parent/ Guardian #1

Name: _____ Relation to child: _____

Home Address: _____ City: _____ Zip code: _____
(if different from child)

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

(Primary contact for
billing and other
information)

I will pay tuition by the ...

Semester

Month

Drop-In

Parent/ Guardian #2

Name: _____ Relation to child: _____

Home Address: _____ City: _____ Zip code: _____
(if different from child and P/G #1)

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

(Secondary contact)

Additional name(s) for tuition payment? _____

How did you hear about our program? _____

Church of regular attendance? _____

Would you like more information about WUBC/Crosspoint Church? Yes No

Signature of Parent/Legal Guardian: _____ Date: _____

Office Use Only

Registration Date: _____ Start Date: _____

Enrolled in KidConnect since: _____

Amount Received: _____ Check #: _____

- Medical Information
- School Age Statement
- Transportation Permission
- Field Trip Permission

- Emergency Waiver
- Photo Permission
- Financial Agreement
- Operational Policies

Release Information

You have the option to add an Emergency Contact (who is also allowed to pick-up), and any other individuals you would like to authorize to pick up your child. Emergency Contacts *are not* either parent or guardian listed on the front page. A full mailing address is required for Emergency Contacts, and a phone number is required for any names listed below. **If you would like to add additional contacts, please list them on a signed and dated separate sheet of paper with your child's name.**

If you *do not* want to add an Emergency Contact, please indicate, sign, and date below. Otherwise, continue on further to add an Emergency Contact and/or Authorized Pick-Up person.

No Emergency Contact or Authorized Pick-Up

I choose not to designate anyone other than myself and Parent/Guardian #2 to be an emergency contact or pick-up my child.

Signature of Parent/Legal Guardian: _____ Date: _____

Please skip to *Medical Information*

Note: We will only release your child to persons who are on the list below and have a valid photo ID. If changes need to be made, please be sure to let us know, in person, in advance.

Emergency Contact (All information in this box required!)

Name: _____

(This person is not you, or Parent/Guardian #2;
this person is also authorized to pick-up.)

Relationship to child: _____

Street, City, State, Zip: _____

(You must provide at least one phone number)

Home: _____

Cell: _____

Work: _____

Authorized to Pick-Up (Optional)

Name: _____

(This person is not you, Parent/Guardian #2, or an Emergency
Contact)

Relationship to child: _____

(You must provide at least one phone number)

Home: _____

Cell: _____

Work: _____

Medical Information

Doctor's Name: _____ (required) Phone: _____ (required)

Doctor's Street, City, State, Zip: _____ (required)

Preferred Hospital: _____ (required)

My child has **allergies**. Yes No

If **yes**, please list and describe all **allergies** your child has and provide a medical directive relating to the diagnosis:

My child has **special medical needs**. Yes No

If **yes**, please list and describe any **special medical needs** your child has and provide a medical directive relating to the diagnosis:

Signature of Parent/Legal Guardian: _____ Date: _____

School Age Statement

My child attends the following school (check one):

- West University Elementary: 713-295-5215 3756 University Boulevard, Houston TX 77005
- Horn Academy: 713-295-5264 4530 Holly St., Bellaire, TX 77401
- Other: _____

My child's health and immunization records are on file at the above named school and they are current. Vision and Hearing screening records are also on file.

Signature of Parent/Legal Guardian: _____ Date: _____

Transportation Permission

I give permission to KidConnect for my child to be transported between West University Elementary School, Horn Academy, and West U. Baptist Church/Crosspoint Church by foot, van, bus or other transportation provided by KidConnect and West U. Baptist Church.

Signature of Parent/Legal Guardian: _____ Date: _____

Field Trip Permission

My child has permission to attend field trips planned by KidConnect. All trips will be taken by church vans and/or bus and/or personal car/vans or by walking. I acknowledge that I will receive a written note about the trip at least 48 hours in advance.

Signature of Parent/Legal Guardian: _____ Date: _____

Emergency Waiver

In the event an emergency arises, necessitating immediate medical or surgical treatment, I hereby give complete permission and consent to West U. Baptist/Crosspoint Church, its representatives, employees, staff, volunteers and/or any attending physician to 1) transport the above referenced child to an emergency medical facility in the event that an ambulance or paramedic unit is not immediately available from the West University Fire Department, and/or 2) administer first aid and make such decisions or administer such further medical treatment, including surgery, upon the above named child as is deemed appropriate and necessary in the sole discretion of the representative, employee, staff, volunteer, and/or attending physician of West U. Baptist/Crosspoint Church. I so release, acquit, and forever discharge West U. Baptist/Crosspoint Church, their personnel, chaperones, and any parties volunteering on behalf of the church from any and all actions, claims, damages, liabilities, costs, or expenses of any kind growing out of or relating to KidConnect After School Program. I acknowledge that this is a full and complete release for all injuries and damages, which the above named may sustain as a result of participating in the daily activities and/or field trip outings.

Signature of Parent/Legal Guardian: _____ Date: _____

Photo Permission

We enjoy capturing moments with your children by taking snapshots during our times together. We need your permission in order to take photos of your children. I give my permission for my child's picture and/or likeness to be used for KidConnect After School Program display, promotion, and advertising, including print media for brochures, articles, and website.

Signature of Parent/Legal Guardian: _____ Date: _____

Water Play Permission

I give my permission for my child to participate in water play, which may include wading pools and water hoses. I understand that 48 hours notice will be given before such activity takes place.

Signature of Parent/Legal Guardian: _____ Date: _____

KidConnect Financial & Operational Policies

Please **read and initial** the following guidelines to indicate that you understand and agree to the requirements, and sign at the bottom of the page.

_____ **Registration fees** are non-refundable.
(initials)

_____ **Enrollment:** A child will be enrolled until the application form is complete and fees are paid.
(initials)

_____ **Tuition** is due on the 1st of the month and late after the 5th of each month. A \$1 late fee will be charge each day that tuition is not paid. Special arrangements must be made with the Director in advance if you can not pay by the 5th. There is no vacation allowance where tuition is suspended or is not due.
(initials)

_____ **Withdrawal** of a child from KidConnect requires one month's notice or the equivalent of one month's tuition.
(initials)

_____ A \$25 fee will be charged for each **returned check**. After receiving a returned check, only cash, money order, or cashier's checks will be accepted.
(initials)

_____ One **method of payment** will be chosen at the beginning of the school year and will remain throughout the entirety of the school year (i.e. monthly, semester, drop-in, etc.).
(initials)

_____ **Charitable Contribution** receipts will not be given, nor will we transfer any tuition to another childcare program of West U. Baptist/Crosspoint Church for unused tuition payment.
(initials)

_____ **Late Fee:** A child is considered late at 6:01 p.m. A late fee of \$1 per minute will be charged until the child is picked up. The clock at the sign out table will have the official time. Children will be picked up from the Director's Office.
(initials)

_____ **Pick Up:** Children will **only** be released to parents and other adult persons designated on the registration form; siblings younger than 18 years of age may not pick up the children. Children must be signed out and the time of pick up listed. Release will be from the Director's Office on the Milton St. side of the Church or the Chapel. If a child is not picked up and we are unable to reach parents, we will call emergency contacts. If we are unable to reach parents or emergency contacts or if after contact has been made it is clear that the pick-up of the child is not going to occur in a timely manner, *we reserve the right to call CPS for pick-up of your child.*
(initials)

_____ I agree to **call KidConnect** by **noon** on any day that my child is absent from school, is picked up early, or any other time when a child is not to be picked up by KidConnect.
(initials)

_____ **School Closing:** In the event of inclement weather or any unforeseen occurrence, if HOUSTON ISD is closed, then KidConnect will be closed as well.
(initials)

_____ **Illness and Exclusion:** Children must be picked up as soon as possible when the child's oral *temperature reaches 100.0 and is excluded until the child is free of fever for 24 hours without the use of suppressive medicines.* Children must be picked up following the first episode of vomiting and/or diarrhea and is excluded until the child is free of vomiting and/or diarrhea for 24 hours.
(initials)

Signature of Parent/Legal Guardian: _____ Date: _____

KidConnect Financial & Operational Policies (pg 2)

Please continue **reading and initialing** the following guidelines to indicate that you understand and agree to the requirements, and sign at the bottom of the page.

(initials) **Procedure for Dispensing Medication:** Medication will be given only when prescribed by a physician and must be taken during KidConnect hours of operation according to the prescribing physician. Medication must be in the original container and contain the child's name, the dosage and directions for use, and the doctor's name. A medication form must be signed.

(initials) **Medical Emergencies:** For serious emergencies, 911 will be called followed by notification of parents. For any other emergency, the parents will be called following assessment of the child by the caregiver. For minor accidents, first aid will be given and parents will be notified when picking up their child.

(initials) **Parent Communication:** Notices to parents will be posted above the sign-out table or passed out when children are picked up.

(initials) I understand that KidConnect is a **nut-free** environment and I will honor this policy.

(initials) **Transportation:** Caregivers will walk children to and from West University Elementary School, except during inclement weather, at which time vans or buses will be provided by KidConnect. Children at Horn Academy will be picked up in vans or buses provided by KidConnect. Children will be walked or driven to and picked up from extracurricular activities at West University Elementary School with a signed permission slip.

(initials) **Immunizations, Tuberculin Testing and Hearing & Vision Screening:** Requirements and records will be kept at the elementary school the child attends. Parents must sign the application form stating that immunizations and tests are current and on file at the elementary school.

(initials) **Parent Visits to KidConnect and Procedure for Parental Review and Discussion of Policies and Procedures:** Parents should call or go to the Director's Office at any time during regular business hours to visit the program or discuss policies and procedures.

(initials) **Procedure to Review Minimum Standard Rules or Licensing Report:** Parents should go to the Director's Office to review the Minimum Standard Rules or to view a copy of the Licensing Report.

(initials) **Procedure for Contacting the Licensing Office, the Child Abuse Hotline, or the Department of Protective and Regulatory Services and the PRS Website:** Phone numbers and the website address are available in the Director's Office.

(initials) **Form Reproduction:** This form may be photocopied for trips away from the West U. Campus.

(initials) **Parent Handbook:** I have read and understand the KidConnect Parent Handbook and will abide by the policies therein.

(initials) I have read the above statements and agree that I will abide by them during the 2015-2016 school year.

Signature of Parent/Legal Guardian: _____ Date: _____