

Zone Registration

Child's Name: _____
(First) (Middle) (Last)

Address: _____
(Street) D/O/B

_____ **Phone:** _____
(City) (State) (Zip)

Family Information:

Mother/Guardian	Father/Guardian
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Employer Address:	Employer Address:
Occupation:	Occupation:
Employer Phone:	Employer Phone:
Cell Phone:	Cell Phone:
E-Mail Address	E-mail address:

Marital Status: Married ___ Single ___ Divorced ___ Separated ___ Other ___

Siblings at home: Name/Age _____ Name/Age _____
 Name/Age _____ Name/Age _____

Has your child previously attended child care? _____ Where? _____

Pre-School? _____ Where? _____

Elementary _____ Where did you hear about us? _____

Office Use Only

Reg fee _____

Room enrolled _____

FT PT (circle enrolled days) M T W Th F

Child's Name _____ Mother/Father _____

Emergency Contact Information:

Family Physician: _____ Address: _____

Phone: _____

Hospital Preference: _____

Family Dentist _____ Address: _____

Phone: _____

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone # Hm:	Phone # Hm:	Phone # Hm:
Phone # Wk:	Phone # Wk:	Phone # Wk:
Anytime Pickup? YES NO	Anytime Pickup? YES NO	Anytime Pickup? YES NO

Others **authorized** to pick up the child (full name, relationship to child and telephone number):

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Anyone **NOT AUTHORIZED** (full name and relationship)

Please fill Part 1 or Part 2

1. I give Adventure Zone /Discover Zone of Florence Christian Church my permission to transport my child

_____, to the doctor, hospital, or dentist listed for emergency care if needed or nearest available source of assistance by ambulance.

Parent/ Guardian Signature _____ Date _____

2. Do not transport my child, _____ for emergency care.

Parent/ Guardian Signature _____ Date _____

Allergies: (food) _____ other _____

Any other information that would be helpful for staff: _____

I have received a copy of **199.898 Rights for Children in Childcare Programs And Their Parents, Custodians, or Guardians** attached to this registration form.

Parent Signature Date

Walking Permission:

_____ has my permission to participate in spontaneous,
Child's Name
walking trips outside throughout the year. I understand that each walking trip will be on Discover Zone/Florence Christian Church property, and the teachers will always accompany children.

Photo Permission:

We will take pictures of your child for classroom projects, to display in the child care program, and parent social media, this is set to view by active enrollees . We will **NOT** publish any photographs for marketing purposes or on our website without your permission.

Child's Name

Parent Signature

Date

Emergency Contact Information

Child's Full Name: _____

D.O.B. _____

Address: _____

Phone: _____

Family Information

Mother/Guardian	Father/Guardian
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Name of Employer and Phone Number	Name of Employer and Phone Number
Cell Phone:	Cell Phone:

Anyone authorized to pick up the child in the event parents/guardians can not be reached

Name:	Name:	Name:
Relationship;	Relationship;	Relationship;
Home Phone:	Home Phone:	Home Phone:
Work Phone;	Work Phone;	Work Phone;
Cell Phone:	Cell Phone:	Cell Phone:
Anytime Pickup? YES NO	Anytime Pickup? YES NO	Anytime Pickup? YES NO

Emergency Contact Information

Child's Full Name: _____

D.O.B.: _____

Address: _____

Phone: _____

Family Information

Mother/Guardian	Father/Guardian
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Name of Employer and Phone Number	Name of Employer and Phone Number
Cell Phone:	Cell Phone:

Anyone authorized to pick up the child in the event parents/guardians can not be reached

Name:	Name:	Name:
Relationship;	Relationship;	Relationship;
Home Phone:	Home Phone:	Home Phone:
Work Phone;	Work Phone;	Work Phone;
Cell Phone:	Cell Phone:	Cell Phone:
Anytime Pickup? YES NO	Anytime Pickup? YES NO	Anytime Pickup? YES NO

CHILDREN AND PARENT RIGHTS
PURSUANT TO KRS 199.898

All children receiving child care services..... in a Department for Social Services certified family child care home or from a provider or program receiving public funds shall have the following rights:

- (a) The right to be free from physical or mental abuse;
- (b) The right not to be subjected to abusive language or abusive punishment; and
- (c) The right to be in the care of adults who shall meet their health, safety, and developmental needs.

Parents, custodians, or guardians of these children shall have the following rights:

- (a) The right to have access to their children at all times the child is in care and access to the provider caring for their children during normal hours of provider operation and whenever the children are in the care of the provider;
- (b) The right to be provided with information about child-care regulatory standards, if applicable; where to direct questions about regulatory standards; and how to file a complaint;
- (c) The right to file a complaint against a child-care provider without any retribution against the parent, custodian, guardian, or child; and
- (d) The right to review and discuss with the provider any State reports and deficiencies revealed by such report

USDA Non-Discrimination Statement

“The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director , Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250 9410, by fax (202) 690 7442 or email at program.intake@usda.gov Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer

The Zone

Payment Agreement

This payment agreement (the "Agreement") is made by and between Florence Christian Church d/b/a The Discover Zone, 300 Main Street, Florence, KY (the "Zone") and _____, _____ (the "Client") this ____ day of ____ 201_.

Drop Off and Pick Up

The Zone's hours of operation are Monday through Friday, 6:30 a.m. to 6:00 p.m. Client agrees to pick up each child on or before 6:00 p.m. If Client does not timely pickup the child/children, Client shall pay a late fee of \$1.00 per minute. Such amount shall be paid directly to the teacher who is attending your child.

Financial Agreement

Client agrees to pay the Zone \$_____ per week for _____ child care services for _____ (the "Weekly Payment"). Client agrees to pay for child care services on or before the first day of attendance of the current week (the "Due Date").

Payment not received within 14 days of the Due Date is considered past due. The Zone reserves the right in its sole discretion to charge a late fee of three percent (3%) or \$25.00 for all amounts past due, whichever is less, if Client's account is not paid in full after five days written notice. Client further agrees to pay all expenses, costs, legal fees, and attorney fees incurred by the Zone in collecting any such past due amounts.

Client agrees that the Weekly Payment shall not vary due to Client voluntarily withholding the child/children from child care for holidays, illness, or vacation (with the exception of 2 weeks pro-rated each July-June. Client shall submit written notice to The Zone for each day of vacation per child.

Illness

The Zone may call the Client and ask Client to pick up the child if the child is ill. In all instances, the Zone will call Client if the child's fever is 100.0 degrees Fahrenheit or higher. Client agrees to keep child out of daycare for at least 24 hours from the date of fever OR until a doctor's note is provided to the Zone clearing the child to return to daycare.

Notice and Termination

The rates for care and policies may be subject to change with prior notice.

Client may change the day care services elected with one week prior written notice to The Zone.

Client agrees to provide The Zone at least two weeks prior written notice before terminating child care services. Payment will be made for the last two weeks of child care services even if the child is not in attendance.

Jurisdiction and Governing Law

This Agreement shall in all respects be governed by the laws of the Commonwealth of Kentucky. The parties hereby agree that all disputes arising out of this Agreement shall be subject to the exclusive jurisdiction of and venue in the state courts within Boone County, Kentucky. The parties hereby consent to, and waive defenses of, the personal and exclusive jurisdiction and venue of these courts.

I have read, understand and agree to adhere to all of the policies stated herein. I also understand that failure to adhere to this Agreement may result in termination of child care services.

Signed this _____ day of _____ 201_.

Printed Name:_____

Printed Name:_____

Florence Christian Church d/b/a
The Discover Zone
By: Julie Linville, Discover Zone Director