

RETURN COMPLETED FORMS BY AUGUST 1st



**ENROLLMENT PACKET
KIDS DAY INN**

Dear Parents,

Please use this letter as a check list for the information that is necessary and required for our files. **All forms must be filled out completely!**

- ❖ **HEALTH CERTIFICATE** : Please complete **ALL LINES**. All allergies and/or medical alerts need to be listed & discussed with the director **prior to enrollment**. Immunizations may be faxed to (316)722-4297, Attn: KDI

- ❖ All children ages 2 or 3 years old must have the following Immunizations:

4 DPT	3 POLIO	1 VARICELLA
4 PCV7	3 HEP-B	1 MMR
4 HIB	2 HEP A	

- ❖ Children 12-24 months need the following number of Immunizations:

3-4 DPT	2-3 POLIO	1 VARICELLA
3-4 PCV7	2-3 HEP B	1 MMR
3-4 HIB	1-2 HEP A	

- ✓ **“Authorized Pick-Up Person”***this needs to be someone other than parents*. This is for an emergency contact in case parents are not able to respond. Please include pick-up person's **address** and **phone number**.

- ✓ This form should be signed and dated at the bottom on both the front and back.

- ❖ **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT** : *Please follow the instructions printed on this sheet carefully; if not accurate and complete, the form is voided.*
 - ✓ **Witness Signature**: Parent & witness signature need to have the SAME DATE.
 - ✓ **Permanent Permission Form**: Biological parents do not need to be listed. Please indicate the persons that have permission to pick-up your child at the close of any session of Kids Day Inn.
 - ✓ This form needs to be signed & dated at the bottom.

- ❖ **GETTING TO KNOW YOUR CHLD** : This form gives us insight about your child's interest and responses to situation. This information goes to the teachers and aids them in preparing the rooms for the children.
 - ✓ Please sign, date and double check phone numbers.

- ❖ **PATHWAY CHURCH LIABILITY RELESE FORM** : This form must be signed and dated before your child's first day of school.

Enrollment Packet needs to be mailed or returned to the Kids Day Inn office on or before August 1st.

Mail to: Kids Day Inn
c/o Pathway Church
2001 N. Maize Rd.
Wichita, Kansas 67212



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Employer _____

Employer _____

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____
Address _____
Phone Number _____

Name _____
Address _____
Phone Number _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No Yes, as follows: _____

Any known allergies or medical conditions of child:

Any major changes at home that might affect your child in care:

Please provide additional information or special instructions that will help the person caring for your child:

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

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

(A) Certification from licensed physician stating that immunization would endanger child's life:

Exempt from following immunizations:

____DTaP/DT ____Tdap/TD ____Pertussis Only ____Polio ____MMR ____HepA ____HepB ____Hib
 ____PCV ____Varicella ____Other

Physician's Signature (required): _____ **Date:** _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

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

AUTHORIZATION FOR: EMERGENCY MEDICAL TREATMENT

****Please note: **Your signature needs to be witnessed on this page.** Please have this done by an adult who knows you (i.e. – spouse, relative, neighbor, or friend). Kids Day Inn / Kidslink staff may not be a witness for you.

****Please note: **Parent and Witness signatures must have the same date.** Otherwise, this form is voided.

Child's name	Birth date
Parent's signature	Date
Witness	Date



**PERMANENT
PERMISSION
FORM**

You do not need to list biological parents -we release to parents unless we have court documents instructing otherwise!

The following persons have permission to pick up _____
(Child's Name)
at the close of any session of Kids Day Inn:

Name	Relationship to child	List BEST phone #: (Cell / Home Phone)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Signed: _____ Date: _____
(Parent or Guardian)



GETTING TO KNOW YOUR CHILD

Child's Name _____ Date of birth _____ M/F ____

Name **by** which child is most often called _____

Address _____

Father's Name _____

Phone _____

Mother's Name _____

Phone _____

CHILD LIVES WITH:

Both parents _____

Father only _____

Mother only _____

Shared custody _____

Blended step-family _____

Other _____

OTHER CHILDREN IN FAMILY:

Name & age _____

Name & age _____

Name & age _____

OTHER ADULTS IN THE HOME:

Name & relationship _____

Name & relationship _____

CHILD'S DAY CARE PROVIDER:

Name _____ Phone _____

Any previous group experience YES NO Where _____

Does child attend church? YES NO Where? _____

Does child have nervous habits? YES NO Describe _____

What brings them on? _____

What type of discipline is used in the home? _____

How old are the children he/she plays with the most? _____

In your child's play is he/she:

Aggressive _____ Hostile _____ Shy _____ Loud/active _____

Quiet/slow to warm up _____ Cooperative/sharing _____ Other _____

What are your child's favorite play things? _____

What pets does he/she have? _____

How would you describe your child's language ability? _____

Does your child experience separation anxiety? YES NO

Describe _____

At what stage of pottting training is your child at?

DIAPERS PULL-UPS UNDERWEAR COMPLETED

Does your child have allergies or medical alerts? YES NO

Describe _____

If yes, have you visited with the director about this? YES NO

- ***If you have not already visited with the Director, please do so immediately. Kids Day Inn policy requires that allergy/medical alerts are discussed with the director prior to enrollment.***

Are there any other special things about your child you think we should know?

Where did you find out about Kids Day Inn?

- Friend, neighbor or co-worker
- Sign in front of church
- Sibling attended Kidslink Preschool or Kids Day Inn
- Church's web site

If other, please state _____

Parent/Guardian Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in the following activity: Kids Day Inn(the "Activity) and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Pathway Church located at 2001 North Maize Road, Wichita, Kansas 67212, and its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF PATHWAY CHURCH, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, NOW KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Pathway Church against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf, INCLUDING FOR CLAIMS OF DAMAGE ARISING SOLELY OUT OF THE NEGLIGENCE OF PATHWAY CHURCH. If Pathway Church incurs any of these types of expenses, I agree to reimburse Pathway Church.

I acknowledge that Pathway Church and their directors, officers, employees, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Pathway Church.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or procedures of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE PATHWAY CHURCH AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION, INCLUDING CLAIMS ARISING OUT OF THEIR OWN NEGLIGENCE AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST PATHWAY CHURCH FOR PERONAL INJURY OR PROPERTY DAMAGE.

WAIVER AND RELEASE OF LIABILITY

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Pathway Church and its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

I also give permission to use my name, likeness, image, voice, and/or appearance as such as may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Pathway Church. I agree that Pathway Church has complete ownership of such pictures, photos, video recordings, audiotapes, digital images, and the like, including the entire copyright, and may use them for any purpose consistent with the programs and activities of Pathway Church. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, photos, video recordings, audiotapes, digital images, and the like, and hereby release Pathway Church and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

This Agreement was entered into at arm's length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the participant and Pathway Church, agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing the agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

I hereby certify that I am the parent or guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name:

Relationship to Minor: _____

Signature: _____

Date: _____
