



# CHILD CARE APPLICATION

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

Please complete all forms contained in this packet and return to  
Creative Kids or mail to:

**Creative Kids of Clinton**  
457 East Northside Drive  
Clinton, MS 39056  
(601) 924-2273 (CARE)

**Owner / Director**  
Shauna Peacock

### Office Use Only

Date Received		Registration Fee	
Application Completed		Date of Enrollment	
Immunization Form		Tuition agreement signed	
Parent Handbook signed		Date of Dismissal	
Office Center for Windows		Accepted/Denied	

Last Updated: 08/12/2019

# Creative Kids of Clinton

Application must be complete and returned to Creative Kids for approval.  
 Registration fee needs to be turned in with application.

Date:	Child's Birth Date:
<b>Child's Name:</b>	<b>Nickname:</b>
Home Address:	Mail Address:
City:	State:                      Zip:
Home Phone:	Proposed Start Date:
<b>Father's Name:</b>	<b>SSN:</b>
Place of Employment:	Occupation:
Address:	Work Phone:
Cell Phone:	Work hours:
Email Address:	
<b>Mother's Name:</b>	<b>SSN:</b>
Place of Employment:	Occupation:
Address:	Work Phone:
Cell Phone:	Work hours:
Email Address:	
Marital Status: Married    Single    Divorced    Widowed	
List any Siblings:	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

**MEDICAL INFORMATION:** I authorize *Creative Kids* to contact the physician listed below, or any other competent physician or emergency service, if I cannot be immediately contacted should my child be injured or become ill, I hereby consent and give my permission to *Creative Kids*, its representatives, or any attending physician, to make decisions and to provide such medical treatments upon my child which may in their sole discretion be necessary and proper under the circumstances.

**Physician:**

**Phone:**

**PARENT / GUARDIAN SIGNATURE:**

I do release, acquit, discharge, and covenant to hold blameless *Creative Kids*, its representatives, or any attending physician, from any and all actions, damages, and liabilities, arising out of treatment of any sickness or accident incurred by my child while with *Creative Kids* of Clinton. It is the intent of this release to hold blameless the center and any attending physician so that no liability whatsoever is incurred while attending to the responsible and necessary treatments, and any medical need that may in their sole discretion be needed by my child or children while with *Creative Kids*.

**PARENT / GUARDIAN SIGNATURE:**

**CHILDS INFORMATION:** Please list any critical information concerning your child's medical, psychological, or social needs that you feel we should be aware of. Also, list any special needs or abilities of your child. (fears, asthma, **allergies to food or drugs**, etc..)

I authorize *Creative kids* to photograph my child for advertisements, web-site, newspaper, etc..

**PARENT / GUARDIAN SIGNATURE:**

I authorize my child to participate in all regularly scheduled activities, playground, or field trips sponsored by *Creative Kids*.

**PARENT / GUARDIAN SIGNATURE:**

I agree to the discipline policy of *Creative Kids* and understand that misbehavior may result in my child being removed from the program.

**PARENT / GUARDIAN SIGNATURE:**

I understand and agree that *Creative Kids* is a private childcare facility and has the authority and right to deny this application for any reason other than race, sex, religion, or national origin.

**PARENT / GUARDIAN SIGNATURE:**

## **AFTER SCHOOL INFORMATION**

School Attending:

Teacher's Name:

I authorize *Creative Kids* to provide transportation for my child from school to the childcare facility. I also agree to a \$15.00 courtesy call fee if I fail to notify *Creative Kids* that my child will not need to be picked up.

**PARENT / GUARDIAN SIGNATURE:**

## Creative Kids of Clinton

I authorize the following people who can/cannot pick up my child at anytime. **Photo ID will be required from anyone who picks up children from Creative Kids whom staff is not familiar with.** State regulations will not allow us to accept verbal permission or over the phone permission for anyone not authorized on this list.

CAN	CANNOT
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**PARENT / GUARDIAN SIGNATURE:**

I understand and accept the information contained in the Creative Kids Handbook. I also have been given a copy of the Child Care Regulation Summary from the MS Department of Health.

**PARENT / GUARDIAN SIGNATURE:**

### EMERGENCY CARD

Child's Name:	Birth Date:
Parent's Name:	Home Phone:
Address:	City: <span style="float: right;">Zip:</span>
Mother Employment:	Work Phone:
Father Employment:	Work Phone:
Mother Cell:	Father Cell:

**List any other person to be contacted in case of Emergency:**

Name	Relationship	Number
1.		
2.		
3.		

**Physician to be called in case of Emergency:**

Name:		
Address:	City:	Phone:

# Creative Kids of Clinton

## MANDATORY

### IMMUNIZATION FORM (121 FORM)

A current 121 form from your doctor or local Health Department must be turned in with application. Also, any updated immunization will need to be turned in to the office following the day of the visit. Health Department Regulations will not allow a child to enter a childcare facility without an updated immunization form.

### Breakfast Policy Documentation

State Board of Health Regulations requires that parents be informed of the breakfast policy of a childcare facility. Furthermore, the administrative staff and teachers of Creative Kids Childcare Center would like to make certain that each parent understands that our morning snack is not intended to be a breakfast meal. **It is only a snack.**

Please sign the following statement for your child's files. This insures that you as a parent are aware that our center wants your child to have his/her nutritional needs met and that you are providing a meal for your child prior to bringing them to Creative Kids.

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PARENT/GAURDIAN SIGNATURE

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DATE

# CREATIVE KIDS TUITION AND FEE SCHEDULE

## Infants

Annual Registration	\$ 75.00
Weekly Tuition	\$145.00

## Toddlers

Annual Registration	\$ 75.00
Weekly Tuition	\$145.00
Activity/Supply Fee	\$ 50.00

(\$25.00 due 1st Monday in Aug. and \$20.00 due 1st Monday in Jan)

## Two Year Olds

Annual Registration	\$ 75.00
Weekly Tuition	\$145.00
Activity/Supply Fee	\$ 50.00

(\$25.00 due 1st Monday in Aug. and \$20.00 due 1st Monday in Jan)

## Three Year Olds

Annual Registration	\$ 75.00
Weekly Tuition	\$145.00
Activity/Supply Fee	\$ 50.00

(\$25.00 due 1st Monday in Aug. and \$25.00 due 1st Monday in Jan)

## Four Year Olds

Annual Registration	\$ 75.00
Weekly Tuition	\$145.00
Activity/Supply Fee	\$ 50.00

(\$25.00 due 1st Monday in Aug. and \$25.00 due 1st Monday in Jan)

## After-School

Annual Registration	\$ 75.00
Weekly Tuition	\$ 70.00
Summer	\$145.00
Activity/Supply Fee	\$ 50.00

(\$25.00 due 1st Monday in Aug. and \$25.00 due 1st Monday in Jan)

# CREATIVE KIDS TUITION AGREEMENT

*Please initial beside each number and sign at the page of this bottom to signify the tuition agreement has been read and understood.*

1. \_\_\_\_\_ Childcare tuition is to be paid in advance of service provided. Tuition is due on Monday and will be considered late at close of business. Payments may be made weekly, biweekly or monthly. If you choose to pay bi-weekly or monthly your account must be paid ahead.
2. \_\_\_\_\_ Should an emergency arise causing a parent to be unable to pay tuition at the due time, he/she should call the center on or before the due date to make arrangements for payments.
3. \_\_\_\_\_ A \$25.00 late fee, per child, will be applied to all accounts with a balance on Tuesday.
4. \_\_\_\_\_ A child will be removed from the rolls of the Childcare Center if an account is two weeks past due.
5. \_\_\_\_\_ If a check is returned for insufficient funds, a \$30.00 charge will be posted to the account. If two checks are returned for insufficient funds, only cash payments will be accepted by the center.
6. \_\_\_\_\_ Tuition must be paid whether a child attends or is absent. Tuition is paid the entire year including holidays observed by the center and days missed for inclement weather.
7. \_\_\_\_\_ If withdrawal from the Childcare Center is needed, the parent shall provide a written two weeks notice to the center. If circumstances prevent the parent from supplying a two-week notice, the parent will be required to pay the center two weeks tuition in lieu of notice.
8. \_\_\_\_\_ Checks should be made payable to Creative Kids of Clinton. The memo portion of the check should supply the name of the child.
9. \_\_\_\_\_ A receipt should be received for all cash payments.
10. \_\_\_\_\_ Creative Kids of Clinton operates during the hours of 7:00 am to 6:00 pm. If a child is not picked up by 6:00 pm, a late charge of \$15.00 will be added to the account. After fifteen minutes, the charge will be an additional \$2.00 per minute. Should an emergency occur, causing a tardy pick-up, please call the center.
11. \_\_\_\_\_ A thirty day notice will be supplied for the parents of Creative Kids if there is to be an increase in tuition charges.
12. \_\_\_\_\_ Annual registration will be due in August of every year and supply fees will be due at the beginning of August and January.
13. \_\_\_\_\_ Registration fee is \$75 dollars per child during initial sign-up.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# Non-Prescription Medication Consent Form

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

By my signature below, I give permission for the staff at Creative Kids of Clinton to apply and / or use any lotion, diaper cream / ointment, ear drops, eye drops, bug spray, sunscreen, orajel, teething tablets or any other non-prescription treatment that I provide for my child.

I also give Creative Kids of Clinton permission to apply first aid treatment for my child in case of minor injuries.

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Parent / Guardian Signature

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Date





**Check-In / Check-Out  
Authorization Codes**

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

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

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

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

**PLEASE INSURE EACH PERSON WHO REGULARLY PICKS UP YOUR CHILD/CHILDREN IS LISTED BELOW AND HAS HIS/HER OWN 6 DIGIT PIN.**

Also, please specify with "yes" or "no" whether you want each person listed to have access to account information (account balance and payment history).

<u>NAME</u>	<u>Relationship</u>	<u>6 Digit Code</u>	<u>Account Access</u>
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By my signature below, I authorize the above listed individuals to check my child in or out of Creative Kids, and remove him/her from the premises without any further contact or permission from administration.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



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

**My child/children need care for the following times:**

From: \_\_\_\_ a.m. to \_\_\_\_ p.m. Days Needed: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

**Meals needed:**

Breakfast\_\_\_\_ A.M. Snack\_\_\_\_ Lunch\_\_\_\_ P.M. Snack\_\_\_\_ Supper\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_