

Child's Name:	DOB:	Confirmation#	Group #	Agent
Parent/ Guardian Name:		Deposit Amount:	Deposit Due Date:	
Address: _____ _____ _____		Deposit Paid Date:		
		Deposit Collected <input type="checkbox"/>	Refunded <input type="checkbox"/>	
		Collector X _____		
Phone: Home		Pay Schedule:		
Cell		Payment Amount:		
Office		First Due Date:		
FAX				
Email:				

	Provider: Cutie Pie Academy			
	Category:	Infant <input type="checkbox"/>	Toddler <input type="checkbox"/>	School Age <input type="checkbox"/>

Official Check List:

Child's Birth Certificate/ Adoption Papers			
Payment Agreement			
Parent Agreement			
Child Medical Form			
Learning Contract			
Alternative Contacts Form			
Parent/Guardian Copies		X _____	X _____

<i>Special Notes</i>

Alternative Contact Form

Name	Telepnone	Address	Relation

This form is to provide the names and contact information for individuals who your child can be released to in times that you are not able to pick them up.

All individuals must be of age (18 years or older)

All individuals must show a picture ID

Original Date:
Dates Revised:

MEDICAL HISTORY & INSURANCE

All questions contained in this questionnaire are strictly confidential

Child's Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Parent(s)/Guardian(s) Name(s):	Date of last physical exam:	

PERSONAL HEALTH HISTORY

Childhood illness:	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio		
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia	
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox	
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>	

Surgeries		
Year	Reason	Hospital

List Allergies (Food, Medication, etc.)		

List prescribed drugs and over-the-counter drugs, such as vitamins and inhalers		
Name the Drug	Strength	Frequency Taken

*Insert Additional Pages if Necessary

**Please Attach a copy of medical card and/or insurance information

Parent Contract

Please Initial each section of the contract

- _____ *I understand and comply with the terms of the rate policy.*
- _____ *I understand and comply with the terms of the fees policy.*
- _____ *I understand and comply with the terms of the attendance policy.*
- _____ *I understand and comply with the terms of the child illness policy.*
- _____ *I understand and comply with the terms of the termination policy.*
- _____ *I understand and comply with the terms of the Alternative Contact form.*
- _____ *I have read and understand the Parent Bill of Rights.*

I, _____, Parent or Guardian of _____, formally consent to Cutie Pie Academy, and it's employee, caring for my child in a professional daycare setting and whatever that may entail, including but not limited to; Transportation and Medical Care for minor injuries.

I waive the right to bring litigation against Cutie Pie Academy, owner, and employees for any injury or illness my child may gain from attending daycare, excluding cases of gross negligence.

I understand that this contract is legally binding and may be use in a court of law.

Parent or Guardian _____
Date

Shanita Williams, Founder _____
Date

Witness _____
Date



C.P.A. Policies

Hours of Operation

Monday through Friday 7:00 am to 10:00 pm

Daycare Closings

Cutie Pie Academy will be closed on the following holidays:

- New Years Day
- Martin Luther King Day
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving and Black Friday
- Christmas Eve and Christmas Day

These will be PAID holidays. If the holidays fall on weekends, they will be observed by the daycare on the Friday before or the Monday after. Parents will be informed well in advance.

Attendance

Children are required to attend on the days scheduled. There is no discount for choosing to keep your child at home. If your child will not be attending please give notice.



Child Illness

If a child is absent for a full week due to illness, a 50% discount will be given with proper documentation (Doctor's note).

Children who show any of the following symptoms should not be brought to daycare:

- High Fever (100°F)
- Contagious Coughing
- Influenza Symptoms
- Vomiting
- Unexplained Diarrhea

Discipline

Children will never be treated with harshness but with love. A stern tone will sometimes be required but never yelling. Corporal punishment will not be administered EVER. Child punishments will include time-outs, restriction of privileges, and parent meetings.

Termination

Childcare can be terminated at anytime by the childcare provider, for any reason, including but not limited to; chronic late pick-ups, chronic late payments, child and/or parent is verbally or physically abusive to workers and/or other children.

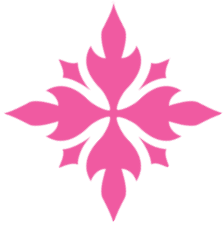
CHILDREN AND PARENT RIGHTS PURSUANT TO KRS 199.898

All children receiving child-care services in a day-care center licensed pursuant to KRS 199.896, a family child-care home certified pursuant to KRS 199.8982, or from a provider or program receiving public funds shall have the following rights:

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

Parents, custodians or guardians of children specified in subsection (1) of this section shall have the following rights:

- *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;*
- *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;*



- *The right to file a complaint against a child-care provider without any retribution against the parent, custodian, guardian or child;*
- *The right to obtain information from the cabinet regarding any type of licensure denial, suspension, or revocation of an operator, and cabinet reports that have found abuse or neglect by any child-care provider or any employee of a child-care provider. Identifying information regarding children and their families shall remain confidential;*
- *The right to obtain information from the cabinet regarding the inspections and plans of correction of the day-care center, the family child care home, or the provider or program receiving public funds within the past year; and*
- *The right to review and discuss with the provider any state reports and deficiencies revealed by such reports;*

The child-care provider who is licensed pursuant to KRS 199.896 or certified pursuant to KRS 199.8982 shall post these rights in a prominent place and shall provide a copy of these rights to the parent, custodian or guardian of the child at the time of the child's enrollment in the program.