



## Permissions/Waivers

Please Initial	
	<p><b>Medical/Emergency Procedures</b>            I give my permission to Kids' Place to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the Kids' Place staff. In case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local resource (police/rescue squad) deems it necessary. I will be responsible for the cost of the transportation and any and all medical charges. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent and/or another adult acting on the parent's behalf. Medical insurance coverage for children is the responsibility of the child's family or guardian.</p>
	<p><b>Data Practice Procedures and Exchange of Information</b>            Kids' Place complies with State and Federal data laws. Information gathered from registration and medical forms is shared with the teachers in the program to best serve your child's needs. I give my consent to an exchange of information between my Kids' Place site staff and other St. Louis Park Schools professional staff whenever it would be beneficial to my child.</p>
	<p><b>Meals and Snacks (Children 12 months+)</b>            I understand that my child needs to bring a breakfast and lunch from home each day unless I have purchased meals through the school food service program. An afternoon snack will be provided by Kids' Place and is included in the daily fee.</p>
	<p><b>Publicity</b>            I give permission for Kids' Place to use video taping, tape recording, photography or any other media to record events for educational or publicity purposes.</p>
	<p><b>Sunscreen</b>            I understand that my child should arrive at Kids' Place with sunscreen already applied in the morning.</p> <p> <input type="checkbox"/> I give permission for Kids' Place staff to apply any brand of sunscreen on my (our) child as needed throughout the day.  <input type="checkbox"/> I have provided sunscreen for my child. Only apply the sunscreen I have provided.  <input type="checkbox"/> DO NOT apply any sunscreen on my child.  <input type="checkbox"/> Other: _____         </p>
	<p><b>Insect Repellent</b>  <input type="checkbox"/> I give permission for Kids' Place staff to apply insect repellent on my child as needed.  <input type="checkbox"/> I have provided insect repellent for my child. Only apply the repellent I have provided.  <input type="checkbox"/> DO NOT apply any insect repellent on my child.</p>
	<p><b>Antibacterial Hand Soap/Lotion</b>  <input type="checkbox"/> I give permission for Kids' Place staff to apply antibacterial soap/lotion on my child as needed.  <input type="checkbox"/> DO NOT apply antibacterial soap/lotion on my child.</p>

## Payment Information

- I am currently receiving child care assistance. Case worker name \_\_\_\_\_ Phone: \_\_\_\_\_
- Special instructions to consider when creating our family's billing account: \_\_\_\_\_
- \_\_\_\_\_
- Please send me an Annual Credit Card Authorization. This form must be signed and updated annually in order to initiate automatic credit card payments.

### **Kids' Place Pre-K Contract Terms**

By signing this contract for services, I agree to the following:

I understand that my child can not begin at Kids' Place until I receive a written or oral confirmation from the Kids' Place office. In order to properly prepare for student/staff ratios, Kids' Place reserves the right to not accept or process any registration for up to 5 business days prior to and after the start of any session.

### **Billing and Fees:**

1. A non-refundable registration fee of \$50.00 per child will be billed to your account at the time of registration and then annually after July 1 of each year, while your child is enrolled in the Pre-K program.
2. You will receive a billing statement at the beginning of each month. Invoices will be placed in your child's parent folder in the classroom. Statements include all charges and payments from the previous month as well as charges for the month ahead. For instance, at the beginning of October, you will receive an invoice noting the charges and payments made in September as well as all charges for October. Your total balance each month must be paid in full by the statement due date. Failure to do so may result in suspension of services. If you have a question or concern about your billing statement, please contact our main office.
3. There will be no refunds for absence due to illness, vacation, holidays or school closing due to inclement weather/emergency.
4. A late fee of \$1.00 per minute will be assessed for picking up a child after 6 pm. After the third incident, services may be terminated.
5. There will be no charges incurred when Kids' Place is closed for four staff restructuring days, two days in June and two in August each year. Please see the current Non-Service Days calendar for exact dates.
6. Kids' Place sites or components may be closed or moved due to enrollment/staffing needs. In this event, you will be given two weeks notice.
7. The Department of Community Education reserves the right to cancel this letter of agreement at any time. In this event, you will be given two-weeks notice.
8. I understand that my child's enrollment will be terminated and my account may be turned over for collection if it is in default. I will be held responsible for all costs related to collections, including legal fees.

### **Please review the Kids' Place Pre-K Contract Terms above before signing.**

By signing, I confirm that I have read, understand and agree to the Kids' Place Contract Terms as stated on this form.

Parent/Guardian Signatures	Date

### **Return this form to:**

Kids' Place Main Office  
Central Community Center  
6300 Walker Street  
St. Louis Park, MN 55416  
(952) 928-6764  
FAX (952) 928-6728  
kidsplace@slpschools.org