



2020-2021

# ENROLLMENT PACKET

GRACEPOINTE CHURCH  
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KIDZONEACADEMY@GRACEPOINTEDENTON.COM

## ENROLLMENT PACKET

Welcome to Kidzone Academy at Gracepointe Church! This entire packet is **required** for your child's file. Please complete and turn in to KZA office on or before Kidzone Kickoff night.

### Packet Contents and Checklist:

- Tuition and Fees
- Enrollment application
- Professional Health Statement
- Immunization records
- Handbook Agreement and Consent
- Potty Training Policy and Agreement (if child is two years old)
- Allergy Action Plan (if applicable)

You **MUST** attached your child's most current shot record to this packet before turning in to the KZA office

You **MUST** attach your child's hearing and vision screening results to this packet before turning in to the KZA office (if child is 4yrs old or older)

## TUITION AND FEES

Required Annual Enrollment and Supply Fee *Non-discounted and non-refundable	\$125
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Initial Child's Class Below	Days and Age Range	Monthly Tuition Amount
	2-day Two's	\$195
	2-day Three's	\$210
	3-day Three's	\$260
	3-day PreK	\$290
	3-day Jr. Kindergarten	\$305

\*10% discount for families with siblings (taken off youngest child's tuition)

Late Fee for Payments Received after the 10th	\$25
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Later Gator/Day (billed following month)	\$5
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(optional, limited spots available)

Child Name: \_\_\_\_\_

## ENROLLMENT APPLICATION

### Child's Basic Information:

Child's Name (first, middle, last): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Age (on Sept. 1, 2020): \_\_\_\_\_ Birth Date (mo./day/yr.): \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

### Information about the child's mother and father- Please PRINT legibly

	Mother:	Father:
Business Name		
Business Phone		
Cell Phone		
Driver's License #		
Email		

### Emergency Contact and/or Authorized to Pick-Up Child in addition to parents:

Name	Phone	DL #	Relationship	Emer. Contact		May Pickup	
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

### Additional Information

Does your child have any allergies (food, seasonal, pet hair, asthma, eczema, etc.), existing illnesses, previous serious illness, or had serious injuries in the last 12 months?: \_\_\_\_\_

Is there any evidence of hearing, vision, or speech difficulties? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Please list child's siblings and ages: \_\_\_\_\_

Do you actively attend a local church? \_\_\_\_\_ Church Name: \_\_\_\_\_

Is there any additional information that would be helpful for the teachers to know about your child? (fears, custodial issues, consoling belongings, social anxieties, or special needs? etc.):

\_\_\_\_\_  
\_\_\_\_\_

Child Name: \_\_\_\_\_

**Child's Physician**

Name	Address	Phone Number

**Authorization for Emergency Medical Attention**

In case of an emergency, such as serious illness or accident, and in the event that neither parent could be reached, I authorize Kidzone Academy at Gracepointe Church to contact my doctor and/or nearest hospital for emergency treatment.

Preferred Emergency Medical Care Facility (specific name required): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROFESSIONAL HEALTH STATEMENT**

Kidzone Academy at Gracepointe Church is a licensed childcare facility in which we are required to have documentation that a child is under a healthcare professionals care and is up to date on the state-mandated immunizations. With each annual well check, please make sure we have an updated copy of the immunization records. We appreciate your time and consideration for our preschool's safety.

\_\_\_\_\_  
Childs Full Name

\_\_\_\_\_  
Childs Date of Birth

I (healthcare professional) have examined the above-named child within the past year and find that he/she is in good health and able to take part in the preschool program.

\_\_\_\_\_  
Healthcare Professional's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Healthcare Professional's Address

\_\_\_\_\_  
Phone Number

Or attach a separate signed and dated health statement form provided by your doctor, check below.

- I have attached a separate signed and dated form provided by my doctor

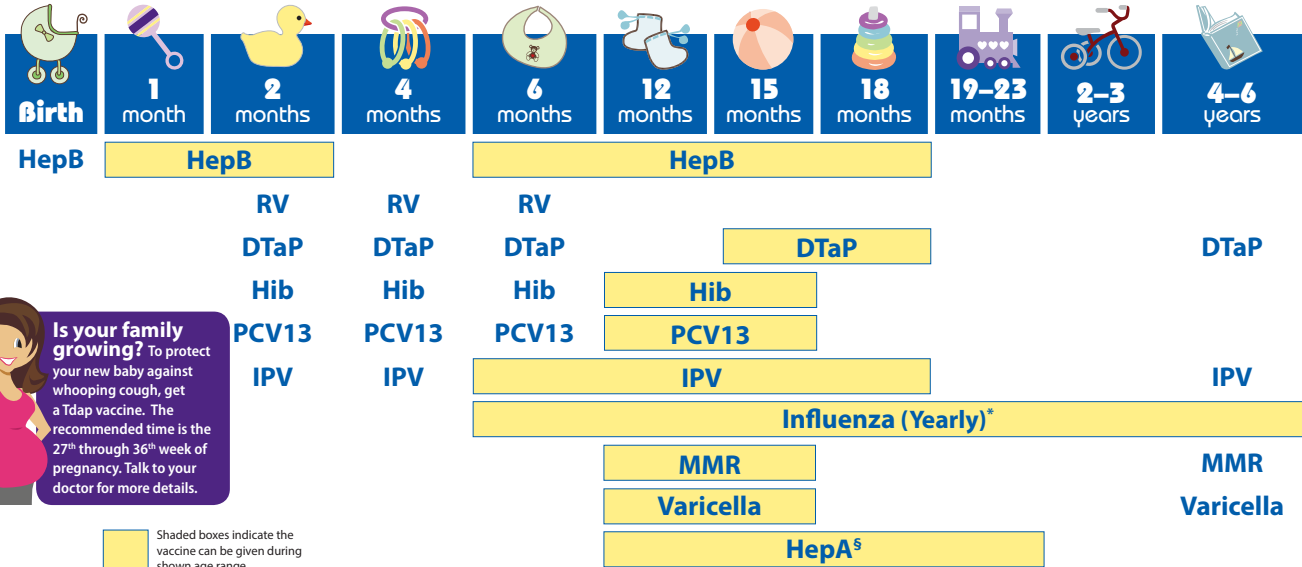
# IMMUNIZATION RECORDS

**Please Check One:**

- I have attached or provided Kidzone Academy at Gracepointe Church a copy of my child's most current immunization record.
- I am excluding my child from the immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand that this affidavit is valid for 2 years.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2019 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:**

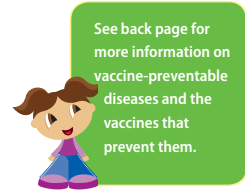
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

\* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

<sup>5</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*



See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free  
**1-800-CDC-INFO** (1-800-232-4636)  
or visit  
[www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of  
**Health and Human Services**  
Centers for Disease  
Control and Prevention



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Date: \_\_\_\_\_

Child Name: \_\_\_\_\_

## HANDBOOK AGREEMENT AND CONSENT

Read KZA's Parent/Student Handbook provided in your red folder. Keep handbook at home for reference.

### 1. Policy Acknowledgement

I have read through the Parent/Student Handbook and acknowledge and understand all of KZA policies and requirements. Parent initial \_\_\_\_\_

### 2. Child Illness Acknowledgement

When my child is ill, I understand that my child will not be accepted in school. In the event of illness or rash, a doctor's note may be required upon return. Parent initial \_\_\_\_\_

### 3. Class Directory

I allow KZA to give out my child's name and phone number to other children in his or her classroom in a "Class Directory" This directory will be used for making play dates, birthday invites, etc.

Please initial where you give consent. Yes \_\_\_\_\_ No \_\_\_\_\_

### 4. Photo Consent

Consent is on a completely voluntary basis. You may withdraw consent at any time, if you withdraw consent, please state your request in writing with a signature and date. Please initial where you give consent.

\_\_\_\_\_ Yes, I will allow photographs of my child/self to be used in display, printed material, and on social media put out by KZA.

\_\_\_\_\_ No, I will not allow photographs of my child to be used.

### 5. Withdrawal Acknowledgement

I understand that I need to give 30 days' notice if I wish to withdrawal my child from the program.

Parent Initial \_\_\_\_\_

### 6. Hours of Operation Acknowledgment

I understand that our school day begins at 9 A.M. and ends at 2 P.M. I understand I will be charged a late fee of \$1 per minute if my child is not picked up by 2:10 P.M. Unless enrolled in Later Gator. Later Gator Participants MUST be picked up no later than 3 P.M. Parent Initial \_\_\_\_\_

### 7. Inclement Weather Acknowledgement

I understand that if KZA is cancelled due to inclement weather, there is not a change in tuition payment. KZA follows the Denton ISD school calendar for holidays and weather-related closings. Inclement weather updates will be emailed and posted on our social media pages and Remind app. Parent Initial \_\_\_\_\_

### 8. Tuition Acknowledgement

I understand that tuition is due the first school day of each month. If payment is not received by the 10<sup>th</sup> of the month, a late fee of \$25 will be added to your tuition cost for that month. Parent initial \_\_\_\_\_

### 9. Water Activity Permission

I give my child permission to participate in the end of the year SPLASH DAY. Parent Initial \_\_\_\_\_

## POTTY TRAINING POLICY AND AGREEMENT (2 YR OLDS)

Please read entire policy and sign agreement at the bottom.

PLEASE NOTE: We will only assist your child in potty training if you have successfully begin training at home for TWO weeks prior. When you feel your child is ready for potty training, we ask that you begin teaching at home during a weekend or vacation.

We Will follow through and encourage your child while in our care. Potty training will be done in a relaxed manner with the cooperation of the family. We require that the child be at least 2 years of age and must also show signs of readiness. Please read the potty-training readiness checklist below. Positive reinforcements and consistency must be continued at home.

The child must always be kept in pull-ups. Please keep in mind that the activity level here at the center can distract your child from responding to an urge to use the potty, more so than at your home. Therefore, we will use diapers until your child can and will announce that he or she must use the bathroom and can control his or her bladder and bowels for a few minutes beyond that announcement. It is required that parents provide pull-ups, diapers (until ready for pull ups only), and at least two changes of clothing.

### Proper Clothing

During potty training, your child needs to be dressed in "user friendly" clothing as much as possible. The best items are shorts and pants with elastic waist. Do not bring your child in panties or underwear until he or she has naptime and bedtime control established.

Please DO NOT dress your child in the following: tight clothes, shirts that snag at the crotch, pants with snaps or zippers, overalls or bib type clothing, belts, or one-piece outfits. These clothes can hinder your child's ability to pull his/her pants up and down and will make it difficult for your child to reach the potty time.

Required supplies: The following items are to be left in their backpack and replaced as needed. Soiled clothes will be returned in a plastic bag at the end of the day.

- Two (2) changes of clothing including socks (and extra pair of shoes in available)
- A bag of pullups. You will be notified when the supply is running low

### Potty Learning Schedule:

For the first weeks the child will be scheduled to use the potty at consistent times of the day, whether the child indicates the need to use the potty or not.

- Upon arrival at the center
- Before and after snack
- Before and after going outside
- Before and after lunch
- Before and after nap
- Just before going home

## Potty-training readiness checklist:

### Verbal stages of readiness

Basic verbal skills. The child is able to speak in three to four-word sentences.

Stage 1: the child tells you he/she has a wet diaper, recognized when he/she is wet.

Stage 2: The child tells you he/she is wetting, recognizes the sensation of being wet.

Stage 3: The child tells you he/she will wet, can control himself and uses the potty.

### Physical and Psychological signs of readiness

- Stays dry for a long period of time (the child is able to "hold" his/her urine and bowel movement)
- Can recognize when diaper is wet or soiled
- Has bowel movement at regular times (the child chooses when to move its bowels)
- Adult can recognize when child is moving his/her bowels (the child is deliberately moving bowels)
- Can undress and pull up his/her pants (important because this is the work of the child not the caregiver)
- Initiates interest in using the potty and asks to wear underwear
- Wants to be independent which is very important for the learning process
- The child is emotionally ready and open to learning (is the child generally cooperative)
- The child has an awareness and knowledge of the world beyond himself. (this sign may seem unrelated to potty training, but it is a behavior that has been seen in children ready to use the potty)
- He/she can follow three and four step instructions (this is critical for learning to urinate or move bowels, wipe himself and wash hands)
- Can use consistent words or gestures to communicate
- Is able to physically get to the potty and sit on it without help
- The child shows a willingness to want to sit on the potty and can understand its function

I have read the POTTY-TRAINING POLICY in its entirety and I agree to abide by the policy set forth.

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

Parent Signature:	Date:
Parent Signature:	Date:



If your child has an allergy, please complete this action plan with your child's doctor.

www.AllerMates.com

# +allergy action plan

NAME:

DATE OF BIRTH:

ALLERGIES:

AT RISK FOR SEVERE ALLERGIC REACTION TO THE FOLLOWING:

ASTHMA      YES      NO

Place  
Photo  
Here

## CONTACT INFORMATION

PRIMARY EMERGENCY CONTACT NAME

PHONE #s

SECONDARY EMERGENCY CONTACT NAME

PHONE #s

## PHYSICIAN INFORMATION

PHYSICIAN

PHYSICIAN CONTACT PHONE

## SYMPTOMS:

- + Hives /itching
- + Runny nose/sneezing
- + Itchy mouth
- + Mild nausea/discomfort
- + Shortness of breath, wheezing, coughing
- + Trouble breathing or swallowing
- + Hives break out in different areas over body
- + Swelling of face, eyes, lips
- + Face turning blue, weak pulse, dizziness, confusion
- + Severe vomiting, diarrhea or pain

## IF EXPOSED TO ALLERGENS PLEASE DO THE FOLLOWING:

### GIVE EPINEPHRINE

Medical guidelines suggest giving epinephrine immediately if...

1. If the child is at risk for anaphylaxis
2. If the child is experiencing severe allergic symptoms
3. If multiple symptoms (including mild ones) are occurring simultaneously.

### 1. INJECT EPINEPHRINE INTO THE THIGH IMMEDIATELY!

#### CHECK ONE:

EpiPen Jr. (0.15 mg)

EpiPen (.3mg)

Auvi-Q (.15mg)

Auvi-Q (.3 mg)

Other \_\_\_\_\_

### 2. CALL 911 ASAP

Request an ambulance with epinephrine

Note time when epinephrine was given

A 2nd dose of epinephrine can be given if symptoms do not subside after five minutes or more

### ADDITIONAL COMMENTS OR INSTRUCTIONS

### GIVE ANTIHISTAMINE

Give antihistamine in addition to epinephrine.

Give antihistamine only for mild symptoms (i.e. a few hives). If symptoms persist or worsen, give epinephrine.

#### 1. GIVE ANTIHISTAMINE

Benadryl/Diphenhydramine      dosage

Other      dosage

2. Alert healthcare professional and parents

3. Monitor child for at least 30 minutes to see if symptoms progress

PARENT SIGNATURE:

PHYSICIAN SIGNATURE:



This information has been reviewed by:  
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Saddle River, NJ 07458

