



Welcome Letter

Dear Parents,

We are so excited that your family enrolled in our program! We would like to let you know that Kiddie Kampus Learning Center always has management on the premises. If you ever have any questions or problems, please feel free to talk to one of our friendly members of the management staff. This team has worked in our facility for many years and is fully trained in all our policies and procedures. In most situations, they usually can help you out right away. If there is ever a situation in which they cannot assist you, they will contact the owners and get back to you within 24 hours.

Below is a list of our management team:

Yasmine Farah – Director

Sajde Osmani – Office Manager

Please feel free to ask to speak to any one of them. Our management staff is always available during our regular business hours.

What to bring on your child's first day:

1. A certified copy of the child/ren's birth certificate (we will make a copy and give back the original) and other forms that have not yet been turned into the center.
2. A complete change of clothes (shirt, pants, socks, underwear) that can stay at the center. We have a no shoe policy, please bring in a pair of slippers for your child to wear while in the classroom.
3. A small pillow, blanket and crib sheet (crib sheets are used for your child's cot or crib). These items will remain at the center and sent home to be washed every Friday.
4. Sunscreen, if you are enrolling during spring, summer or fall.
5. Your first week's tuition payment as well as your registration fee, if it has not already been paid.
6. If your child is in diapers, please bring a full package of diapers and wipes. We will notify you when your child is running low and is in need of more. Diaper rash ointment must also be provided, if needed.
7. If your child is an infant, please bring in breast milk or formula that you use to feed your child. If your child is on jar food, you will need to provide that as well. Also, please submit a typed breakdown of your infant's daily schedule to your classroom teacher so that we can help make this transition as smooth as possible.

****Upon arriving each day parents must wash their child/ren hands in our sinks using soap. This is a requirement of DCFS.***

*****All personal belongings left at the center need to be labeled with your child's first initial and last name.***



Child Information
Help us get to know your child

Child's Name: _____
(Last Name) (First Name) (Middle)

Date of Birth: ____/____/____

Doctor's/Certified Licensed Practitioner's Name: _____

Hospital preference: _____

If the child has any of the following please explain:

Any allergies: _____

Medical problems: _____

Physical handicaps: _____

Does the child regularly take medication? _____ If yes, what kind and directions: _____

Is your child toilet trained? _____ Yes _____ No , If yes, does he/she use the restroom facilities by him/

herself? _____ Yes _____ No Tells an adult? _____ Needs Reminding? _____

Food likes: _____

Food dislikes: _____

What kind of eater is your child? _____ Good _____ Fair _____ Poor

Are there any difficulties with eating? _____

How long does your child usually nap? _____ Time: _____

Does your child need help: _____ Dressing _____ Eating _____ Washing Hands

What is your child's favorite book, toy and or game? _____

Restrictions for play - outdoor: _____

Restriction for play - indoor: _____

Has your child been cared for by anyone other than the parents? _____ Yes _____ No

If yes, by whom? _____

Does your child have any siblings? _____ What are their names and ages? _____

Do you have any pets? _____ Yes _____ No If yes, what kind and what are their names? _____

Is your child afraid of _____ Storms _____ Dark _____ Animals _____ Bathroom

_____ Being Alone _____ Loud Noises _____ Other, please list _____

Other information that will help caring for your child: _____

Comments: _____



Enrollment Application
Please fill in application completely and legibly

Child's Name: _____
(Last Name) (First Name) (Middle Initial)

Child's Address: _____

City: _____ State: _____ Zip: _____ Phone#: (____) _____

Date of Birth: ____/____/____ Sex: ____ M ____ F

Days to Attend: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Arrival Time: _____ Departure Time: _____

Start Date: _____ Termination Date: _____



Father or Guardian's Name: _____
(Last Name) (First Name) (Middle Initial)

Cell #: (____) _____ Email Address: _____

Father's Address (if different from child): _____

Father's Employer: _____ Occupation: _____ Work Hours: _____

Work Address: _____ Work #: (____) _____

Mother or Guardian's Name: _____
(Last Name) (First Name) (Middle Initial)

Cell #: (____) _____ Email Address: _____

Mother's Address (if different from child): _____

Mother's Employer: _____ Occupation: _____ Work Hours: _____

Work Address: _____ Work #: (____) _____

Parents Marital Status: ____ Married ____ Divorced ____ Single If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? ____ Yes ____ No

Kiddie Kampus Learning Center, Inc. must be provided with court issued papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

Persons Who May Pick Up Your Child On A Regular Basis

1 Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

1 Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

1 Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Persons Who May Pick Up Your Child Occasionally
List any contingencies

1 Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Contingent upon: _____

1 Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Contingent upon: _____

1 Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Contingent upon: _____

Persons To Be Notified In Case Of An Emergency
If neither parent can be reached in case of an emergency call

1. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

2. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

3. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Doctor's/Certified Licensed Practitioner's Name: _____

Phone #: (____) _____ Address: _____

Dentist Name: _____ Phone #: (____) _____

Address: _____

Signature of parent or other person placing child

Date

KKLC Representative Signature

Date

How did you hear about us? _____

All information shall be regarded and handled confidentially



Parent Authorization to Kiddie Kampus Learning Center, Inc.

Please fill in application completely and legibly

I hereby authorize the staff and director representing Kiddie Kampus Learning Center, Inc to give consent for any and all necessary emergency medical and First Aid care for my child, _____, while he/she is in KKLC's custody.

SIGNATURE OF PARENT /GUARDIAN: _____ DATE: _____

RELATIONSHIP TO CHILD: _____

I hereby authorize the staff and director representing Kiddie Kampus Learning Center, Inc. to administer prescribed medicine to my child, _____ as specified in the prescription directions for administration.

SIGNATURE OF PARENT /GUARDIAN: _____ DATE: _____

RELATIONSHIP TO CHILD: _____

I hereby authorize the staff and director representing Kiddie Kampus Learning Center, Inc. to administer patient medicine to my child, _____ as specified in written instructions.

SIGNATURE OF PARENT /GUARDIAN: _____ DATE: _____

RELATIONSHIP TO CHILD: _____



CENTER PERMISSIONS

Please circle is or is not

- Permission (is/is not) given for photography for classroom project purposes.
Signature of parent/guardian: _____ Date: _____
- Permission (is/is not) given for photography to be used on KKLC website or social media.
Signature of parent/guardian: _____ Date: _____
- Permission (is/is not) given for additional sunscreen (provided by me) to be put on my child if necessary.
Signature of parent/guardian: _____ Date: _____
- Permission (is/is not) given to go on walks with my child's teacher and classmates.
Signature of parent/guardian: _____ Date: _____



Late Pick Up Policy

I _____, understand that Kiddie Kampus Learning Center, Inc. closes at 6:30pm. If I know I'm going to be late, I must call the center to notify the director immediately. I understand that I am responsible for late charges as follows:

6:40pm - 6:50pm - \$10.00

6:50pm - 7:00pm - \$15.00

\$1.00 per minute past 7:00pm

For example, if you are late picking up your child and do not arrive until 7:04PM, you will owe a late fee of \$19.00.

I am aware that if I do not arrive to pick up my child(ren) by 6:45pm, Kiddie Kampus will try to contact me by phone. If KKLC has not reached me by 7:00pm, the emergency contacts will be called until 7:30 PM. If my child has not been picked up by 7:30pm, the staff will notify the Channahon Police Department and/or DCFS.

Staff members understand that the child is not responsible for the situation. Therefore, any conversations related to the situation will only be discussed with you, never the child.

Families who are habitually late in picking up their child/ren will have an increase in their late fee charges.

Parent/Guardian Signature

Date

Acknowledgement and Receipt of Parent Handbook

I, _____, acknowledge that I have received a copy of Kiddie Kampus Learning Center, Inc.'s Parent Handbook. I understand that it contains the Center's important policies and procedures. I understand that this handbook is not intended to cover every situation which may arise, but is simply used for a general guideline.

I understand that it is my responsibility to familiarize myself with the materials outlined in the handbook and I agree with the provisions and any other policies or rules of the Center.

I also understand that from time to time, Kiddie Kampus Learning Center, Inc. may change, add to and or delete any policies or procedures in its sole discretion, with or without prior notice. I also understand that Kiddie Kampus may make exceptions to, interpret, depart from and apply the provisions in this Parent Handbook as it see fit in its sole judgment and discretion.

I further understand that this Parent Handbook supersedes and replaces any and all prior handbooks or materials previously distributed.

Child's Name

Parent's/Guardian's Signature

Date



Guidance & Discipline Policy

Discipline is the on-going process of helping children to develop control so that they can manage their own behavior in socially approved/acceptable ways.

Appropriate discipline techniques will include:

- Avoid problems by offering an organized, stimulating program
- Reinforcement for positive behavior
- Modeling
- Redirection to a more acceptable behavior
- Setting clear limits
- Offering choices
- Ignoring negative behavior (when appropriate)
- Acknowledging good behavior
- Time-out or removal of the child from the area, for short periods of time (one minute per year of age of child)
- Including the child in the resolution of conflict

Children will be aware of the classroom guidelines. They will be reminded of the guidelines throughout the day. Older children will be involved in creating the class rules. Preschool children will have reasonable opportunity to resolve their own conflict.

The director or teacher will verbally notify the child's parents if a pattern of unacceptable behavior is noted. As needed, the teacher will discuss with the parent(s) the child's behavior. If an unacceptable behavior occurs during the day, or a behavior is uncharacteristic of the child, a behavior report will be completed, signed by the parent, and a copy will be placed in the child's file. The director may request a formal conference with the parents. If deemed necessary, the parent may be asked to pick up the child from the center and/or remove the child for the next business day.

No child will be subjected, under any circumstances, to corporal punishment inflicted on the body or to verbal abuse in any form. Children will never be deprived of regularly scheduled meals or have food withheld as a punishment in any way. Children will not be punished or reprimanded for toilet accidents.

At Kiddie Kampus Learning Center we will do our best to meet the needs of all children. However, there will be circumstances where it may be in the best interest of the child to be in a program other than ours. We follow the licensing standards of DCFS regarding termination of the child's enrollment: "Any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged from the facility."

In the event that a child is terminated from the center we will attempt to give parents referrals to other agencies or facilities. Parents will be held responsible for any loss, damage or destruction by their child to KKLC property and will be liable or chargeable for his/her child's actions.

I, _____, parent(s) of _____,
Print Name Child's Name

have read and understand Kiddie Kampus Learning Center, Inc's, Guidance and Discipline Policy.

Parent's/Guardian's Signature

Date



Illness Policy

Kiddie Kampus is not licensed to care for sick children. You will be asked to keep your child home if he/she has any of the following illness. Your child must be free of all of these specified symptoms for at least 24 hours and not on any medication (Tylenol, etc) before he/she can be admitted back into Kiddie Kampus.

- A fever of 100 degrees or more
- Vomiting and or diarrhea within the previous 24 hour period
- Earache
- Unexplained rash
- Sore throat; strep throat
- Persistent cough and/ or thick nasal drainage
- Contagious infestations such as lice, scabies, impetigo or ringworm
- Measles, Mumps, Chickenpox, or Rubella - must have release from doctor before returning to the center
- Fussy, cranky behavior and generally not himself/herself
- Eye infections; including severe redness and drainage from eyes

Following an illness, your child may return to school once he/she has either been seen by a doctor or it has been determined that the illness is not contagious (a doctor's clearance may be requested).

If your child becomes ill **AFTER** arriving at the center, he/she will be given a cot to lie on in the director's office until you arrive. This provides your child a quiet environment and keeps him/her isolated from the other children to prevent the spread of illness. Staff will try to contact you first, based on information currently on the application form. If you cannot be reached we will try to contact the parties listed on the child's alternate/emergency pick-up form. It will then become that party's responsibility to notify you that they have picked up your child. **You will have one hour to pick-up your child.**

If you think or know that your child has been exposed to a communicable childhood disease, please notify the center director right away so that we can take necessary precautions. **The director reserves the right to determine if a child is too ill to remain at the center or if his/her health is endangering the health of the other children.** It is your responsibility to keep sick kids home.

Parent's/Guardian's Signature

Date



Holiday Policy

The following is a list of early closings and closed days for Kiddie Kampus Learning Center. Tuition is continuous throughout the year and guarantees a reservation for your child. There will NOT be a refund for Holiday closings. This policy applies to full and part time children, therefore your weekly payment will NOT be reduced because of Holiday closings.

Early Closings: New Years Eve - 1:00pm
 Halloween - 4:00pm

Closed: New Years Day
 Memorial Day
 Independence Day
 Labor Day
 Thanksgiving Day
 The Friday after Thanksgiving
 Christmas Eve
 Christmas Day

If New Years Day, Independence Day, Christmas Eve or Christmas Day fall on a Saturday KKLC will be closed the Friday before. If any of these holidays fall on a Sunday, KKLC will be closed the following Monday.

I _____, acknowledge that I have received a copy of Kiddie Kampus Learning Center, Inc's. holiday policy.

Parent/Guardian Signature

Date

Dear Parent or Guardian,

This facility is required by the Department of Children and Family Services to provide you with this written notice requesting that you provide a certified copy of your child's birth certificate, or other reliable proof of identity and age of your child within the 30 days of enrollment. . We will make a duplicate copy and return the original certified copy to you no later than at the end of the next business day after receipt.

If a certified copy of a birth certificate is not available, you must submit a passport, visa or other governmental documentation as proof of the child's identity and age and an affidavit or notarized letter explaining the inability to produce a certified copy of the birth certificate.

This facility is required by law to notify the Illinois State Police or local law enforcement agency if you fail to submit proof of the child's identity within the 30 day time frame. If we must contact the Illinois State Police or local law enforcement we are required by law to notify you in writing, that we have contacted them as required, and you have 10 additional days to comply by submitting the required documentation.

We are also required to report to the Illinois State Police or local law enforcement agency any affidavit received which appears inaccurate or suspicious in form or content. The center shall flag the record of a child enrolled at the day care who is reported by the Illinois State Police as a missing person, and shall immediately report to the Illinois State Police any request concerning flagged records or knowledge as to the whereabouts of any missing child. [325 ILCS 50/5]

If you have any questions about this procedure please feel free to contact Kiddie Kampus at 815-467-9890.

Thank you,

Margaret Loughran

Name of Owner or Director

Parent/Legal Guardian Signature

Date

COPY SIGNED NOTICE AND PLACE IN CHILD'S FILE



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle		Month/Day/Year			
Address				Parent/Guardian		Telephone # Home	
Street	City	Zip Code					Work

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date																			Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade																			
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																			
Hearing																			

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma? Child wakes during the night	Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes	No
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes*	No
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes	No
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Dizziness or chest pain with exercise?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Eye/Vision problems? _____Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____	Information may be shared with appropriate personnel for health and educational purposes.					
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)	Parent/Guardian Signature					
Ear/Hearing problems?	Yes	No		Date		
Bone/Joint problem/injury/scoliosis?	Yes	No				

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered ? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ (Blood test required if resides in Chicago.)				
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>				
Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____				
Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____				

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in **PHYSICAL EDUCATION** Yes No **Modified** **INTERSCHOLASTIC SPORTS** (for one year) Yes No **Limited** (If No or Modified, please attach explanation.)

Print Name	(MD,DO, APN, PA)	Signature	Date
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Address	Phone
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(Complete both sides)



We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
----------------------	------

For Official Use Only

Date Received
Employee Signature





Hi there,

You've been added to _____'s profile on brightwheel. We use brightwheel to communicate with parents and guardians and to keep you connected to your child's day! Brightwheel is a secure tool for check-in, photos, messaging and more. There is a \$2.00 monthly charge per child that will be added to your tuition. If you have three or more children enrolled the max we will charge is \$4.00 (so basically you will not be charged for your third or fourth child and so on)

To get started:

1. Download the free iPhone/iPad or Android app or sign up on the web.
2. Choose create an **Account, Parent**, and then **Join Your School**. That's it!

Important: When signing up, be sure to use the same email by which you received this invite. Your secure invitation is assigned to your email address only.

Thanks,

KKLC Team