



SPCS Foundation KidsCare

2017-2018
New Enrollment

DUE TO STATE REGULATIONS **ALL INFORMATION ON THIS FORM **MUST BE COMPLETED** PRIOR TO ATTENDING**

Children enrolling:

Gender

_____	Birthdate _____	Grade _____	M	F
_____	Birthdate _____	Grade _____	M	F
_____	Birthdate _____	Grade _____	M	F

School attending: Springfield Elementary Westmont Elementary

***CUSTODIAL PARENT CONTACT INFORMATION:**

Name: _____	Employer: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____
Home Phone: _____	Work Phone: _____
Email: _____	Cell Phone: _____

(preferred email to receive KIDS CARE communications)

Marital Status: Married Single Divorced Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pick Up

***PARENT 2 CONTACT INFORMATION:**

Name: _____	Employer: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____
Home Phone: _____	Work Phone: _____
Email: _____	Cell Phone: _____

(preferred email to receive KIDS CARE communications)

Marital Status: Married Single Divorced Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pick Up

Authorized Pickup Persons and Emergency Contacts OTHER THAN THE PARENTS/GUARDIANS (At least one person MUST be authorized as an emergency contact when the parent cannot be reached):

Name: _____ Relationship to Child: _____

Phone: Home: _____ Cell: _____ Work: _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Not Authorized to pick up the following children: _____

Name: _____ Relationship to Child: _____

Phone: Home: _____ Cell: _____ Work: _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Not Authorized to pick up the following children: _____

Name: _____ Relationship to Child: _____

Phone: Home: _____ Cell: _____ Work: _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Not Authorized to pick up the following children: _____

Consent to contact Physician in an emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to SPCS Foundation Kids Care to contact Doctor _____ at (phone#) _____ and, if necessary, call 911 and/or take my child to the nearest hospital.

Parent/Guardian Signature _____

Medication Competency Statement:

I, _____ have determined SPCS Foundation Kids Care and the Site Director competent to give or apply medication to my child(ren). I understand that all medication must be in the original container with the child's name, type of medication, date/time of dosage, & amount to be administered. Over the counter medication will only be allowed with a written doctor's recommendation.

Parent/Guardian Signature _____

Permission Release:

Off-site supervision permission

I give permission for my child to participate in supervised activities away from the site. This includes permission to be transported to activities by bus or vans. I understand that I will be notified in advance of activities that are away from the site. I agree to hold SPCS Foundation Kids Care and its employees harmless from any and all claims whatsoever for injuries/damage to child(ren) and/or property that may result from these activities.

I understand that SPCS Foundation Kids Care staff is in attendance for field trips and if I do not want my child to participate in the activity, I will provide alternative care for my child. I also understand that if my child is disrespectful or refuses to abide by the rules, I will be contacted and asked to remove my child for the remainder of the day.

Parent/Guardian Signature _____

Transportation Permission

I give permission for SPCS Foundation Kids Care to transport or arrange for transportation of my child(ren). This includes permission to be transported to activities by bus or vans.

Parent/Guardian Signature _____

Photo Permission

I give permission for my child(ren) to be photographed/filmed participating in activities at SPCS Foundation Kids Care. I consent to the use of my child(ren)'s photograph and artwork in promotion, publicity materials & social media published by SPCS Foundation Kids Care.

Parent/Guardian Signature _____

I decline permission for my children to be used in any promotion materials & social media: _____ (initial)

Child(ren) Medical Information: (if none, write none)

Any health problems that we should know: _____

Factors that may lead to a Medical Reaction: Allergies, Food Intolerance, Insect Bites or Stings etc.:

Instructions in the event of exposure above: _____

Any activity child(ren) should NOT engage in: _____

Any other medical concerns: _____

Any behavior disorders: _____

**Please note that SPCS Foundation Kids Care is unable to accommodate one on one care. If a child's behavior requires a specialized care plan during the school day we will ask to have a meeting with the parents/guardians to determine acceptance into the program. SPCS Foundation Kids Care staff has the right to reject or dismiss any student whose behavior is unacceptable in the program.

Enrollment Information choose only one option per child

Full Time Attendance

AM/PM AM only PM only

Drop – In (Attends intermittently if space is available.)

Non-School Days Only

Payment Information

Who is responsible for tuition payments? _____

Is your child eligible for Title XX Yes No

SPCS Schools Employee? Yes No

If tuition is split between two parties what is the percentage split:

Enrollment Fee \$20.00

Check number _____ Charge my Account _____

Please mail registration form and deposit to:

Springfield Platteview Foundation
Attn: KidsCare Program
14801 South 108th Street
Springfield, NE 68059

All registrations are date stamped and children will be placed in the program in order of receipt.

Parent/Guardian Signature _____

Date: _____

PLEASE NOTE, YOU WILL ALSO NEED TO COMPLETE ADDITIONAL FORMS ONCE YOUR STUDENT HAS BEEN ACCEPTED INTO THE PROGRAM

Office:
Received: _____
Entered in Accounting System: _____
Paid by Check# _____

Receipt of Parent Information Brochure

Child Care Program Name: _____

Enrolled Child(ren)'s names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____ Date: _____

Sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care provider must retain this Receipt on site for review.

Contact Information for Child Care Licensing

The following information may be of help in gathering information about Child Care Licensing and includes a mailing address, phone numbers and websites.

For questions regarding Child Care Licensing:
800-600-1289 (toll free)
Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Review or request a copy of Child Care Licensing Regulations:
dhhs.ne.gov/Pages/reg_1391.aspx
Phone: 800-600-1289

Request copies of Compliance Reviews, the results of Licensing visits to the provider:
Douglas, Sarpy, Washington, Cass
County—402-595-3343
All other counties—800-600-1289

Review Negative Actions:
dhhs.ne.gov/publichealth/Pages/crl_monthlydisciplinereports.aspx

Make a complaint:
dhhs.ne.gov/publichealth/Pages/crl_childcare_complaints.aspx
Phone: 800-600-1289

Review or request a roster of Licensed Child Care Providers:

dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf

Phone: 800-600-1289

Additional Resources

These resources may be of additional interest to you.

Child Abuse/Neglect Hotline
800-652-1999

Child and Adult Care Food Program:
800-731-2266
www.education.ne.gov/NS/cacfp/index.html

Child Care Subsidy (ACCESS Nebraska)
accessnebraska.ne.gov

Nebraska Dept of Health and Human Services
dhhs.ne.gov

Nebraska Immunization
dhhs.ne.gov/publichealth/Pages/immunization_index.aspx

State of Nebraska
nebraska.gov

Child Care Licensing
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

National Children's Coalition
teenzeen.org



Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children.

According to Nebraska State law (Neb. Rev. Statute 71-1909), the licensing and regulation of Child Care programs exists to protect children and to assist parents in making informed decisions about the enrollment and care of their children in Child Care programs. These licensing and regulatory responsibilities are within the Department of Health and Human Services (DHHS).

Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed.

The Types of Licensed Child Care in Nebraska are:

- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Roles and Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care provider's staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure,

which Child Care providers are required to share with you, provides information that might be helpful in those situations. Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Providers

Licensed Child Care providers should:

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any question or concerns they may have.
800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Expectations of

Child Care Consumers

As a consumer of Licensed Child Care you should:

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Be informed of the child care regulations. Make sure you know what your licensed child care provider is regulated to do or not do.

Contact Child Care Licensing with any questions or concerns you may have.
800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx



Complete other side and
return to your
Child Care Provider



Automated Payment Processing Safe – Convenient – Easy

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) **SPCS Foundation KidsCare** 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. _____ (initial) 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)

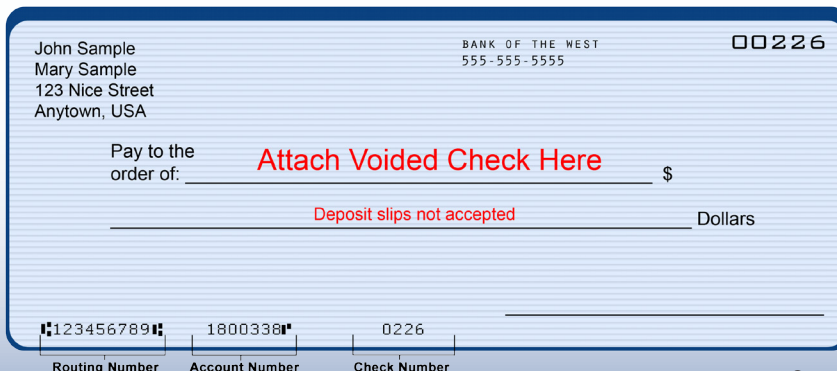
_____		_____	
Cardholder Name		Phone #	
_____		_____	_____
Cardholder Address		City	State Zip
_____		_____	
Account Number		Expiration Date	
_____		_____	
Cardholder Signature		Date	

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



A service of





*Convenient and Safe
On-time Payments*



PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It's easy to sign up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128-bit encryption.

What if the child care center makes a mistake and takes out too much money?

Report the error to your child care center immediately – it was most likely an honest mistake. The child care center will then adjust your account accordingly.

What if my child care center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your child care provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the child care center access to my account?

Nobody at the child care center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider, when it is due and payable.

How will I know when a payment was taken out of my account?

Your child care expenses will be taken out of your account on a schedule that you and the child care center agree upon. Your child care center has the ability to print statements for your records, prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my child care provider?

Your child care provider has chosen to offer automatic payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, automatic payments reduce the amount of time your child care center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your child care provider. They will do the rest!

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.