

Curious Kids Childcare

505 E Walsh Centerville, Iowa 52544

Michelle Brooke, Owner/ Director

641 895-7488

Welcome to Curious Kids Childcare!

In this packet, you will find several pieces of information and links to explore that will help you understand our expectations and the rules we abide by. The Iowa Department of Human Service licenses us; their handbook is here. [www.ccmis.dhs.state.ia/providerportal/documentsandforms.aspx](http://www.ccmis.dhs.state.ia/providerportal/documentsandforms.aspx)

This packet will also find information about Iowa Child Care Assistance. I recommend you visit this site to see if you qualify for CCA. [www.ccmis.dhs.state.ia.us/clientportal/welcome.aspx](http://www.ccmis.dhs.state.ia.us/clientportal/welcome.aspx) or through the link at [www.mbcuriouskids.com](http://www.mbcuriouskids.com). (Sorry, the website is temporarily closed)

Please like and follow our Facebook page, Curious Kids Childcare. We will share information on Facebook, as well as by text messages and email. Here is a helpful hint. Assign a specific ringtone to our staff so you know when we are trying to get ahold of you.

It may appear that we are asking for a lot of information. Please know that three different entities check our paperwork annually, and the information we ask you is required by them and necessary to provide the best care possible to your child.

You will find many opportunities to be involved in your child’s education and activities at Curious Kids. Please read notes from your child’s teacher and check the bulletin boards and doors for information about events, activities, and things we may need from you. You are your child’s first teacher; with your help, we can make their experience at Curious Kids the best it can be! We are happy you have allowed us to partner with you in raising some amazing and curious kids! Welcome to our family!

What we need from you before your child’s first day:

* Immunization record and physical
* Registration fee of $25 per child or $45 per family and a refundable deposit of $50
* This completed enrollment packet
* Read our handbook, which is located at [www.mbcuriouskids.com](http://www.mbcuriouskids.com) (temporarily closed)
* Ask me questions! I want to make sure everything is clear for you!

CURIOUS KID’S CHILDCARE ENROLLMENT PACKET

Please fill out these forms completely. If a question does not apply to your child, write N/A. The forms and any required fee must be turned in on or before your child’s first day. Please tell Michelle Brooke if any of the information changes in the future.

Date of admission\_\_\_\_\_\_\_\_

Child's full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Special Diets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is more space on pages 3 and 4 to tell us about these allergies and special diets.

Name of Parent 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address ( ) √ if the same as above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's workplace and phone # during child care:

Parent 1 workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents will be simultaneously contacted if a child needs to be picked up or notified of a behavior we must discuss.

Emergency Contact/Authorized Pick-up Person

In the event of an emergency and I cannot be reached, the following individuals (in the order given) may pick up my child from the childcare.

(1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**People that cannot pickup your child**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of the restraining order or legal documentation must be provided.

**Anticipated schedule**

If your schedule is not consistent, please let your child’s care provider know when they will attend a week in advance. Let us know what your child’s first week’s attendance will be.

|  |  |  |
| --- | --- | --- |
|  | Drop off | Pick up |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**Child's Physician or Health Care Professional Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Dentist** or your family dentist if your child has not had a dental visit yet

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give us more information about your child’s allergies, special diets, chronic health conditions, special limitations, fears, or concerns you have. Including medications the child takes at home/school and possible side effects. Please note: Do not send medication not in its original bottle. If we must give medication to your child, you must fill out a Permission to Give Medication form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Information

Subscriber's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Copy of Insurance Card

**PERMISSIONS**

(Please circle) I GIVE / I DO NOT GIVE Curious Kid’s Childcare staff permission to take my child, \_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, off the premises for the following excursions: (Check the places your child is allowed to go) Walks around the block (infants in strollers) \_\_\_ Walks one mile or less in length \_\_\_\_\_\_\_\_\_

We will use the following forms of transportation: Wagons, strollers, and walking—NO motor vehicles.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parents of school-aged children, permit for us to take your child to school in our center vehicle if the school bus is missed by signing and dating here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CPR, First Aid, and Transportation for Medical Emergencies**

I give Curious Kids Childcare staff permission to administer basic first aid and CPR to my child and take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. If the injury is life-threatening, 911 will be called, and CPR/FA will be administered until medical professionals arrive.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Topical Medication/Ointments** (Please check medications/ointments that you will allow the care providers to administer to your child's skin)

Sunscreen\_\_\_\_\_\_\_\_\_ Insect repellent \_\_\_\_\_\_\_\_\_ Diapering ointment \_\_\_\_\_\_\_\_\_ Anti-itch cream \_\_\_\_\_

Lotion for dry skin\_\_\_\_\_\_\_\_\_ Vaseline for chapped lips\_\_\_\_\_\_\_\_\_\_\_\_ Antibiotic cream for cuts \_\_\_\_\_\_\_

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**Pain Medication**

I give Curious Kids Childcare permission to give pain medications such as Tylenol or Motrin. Circle one if you have a preference. Please know that we always ask you if medication has been given before proceeding, even with your permission. This is so a double dose of medication is not given.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for use of photos**

I permit Curious Kids Childcare to take pictures of my child. I have placed a check mark indicating where I permit my child’s picture to be used. Pictures of my child may be used on bulletin boards in the building \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Facebook posts\_\_\_\_\_\_\_\_\_\_\_\_. No names will be given in social media posts. The purpose of picture displays and posts is to show our activities with the kids at our childcare center.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Card Information**

This emergency card information is for the caregiver’s first aid kit. The caregiver must take first aid materials when leaving the building.

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_

Parents will be simultaneously contacted if a child needs to be picked up or notified of a behavior we must discuss.

Contact Information for Physician or Health Care Professional

Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person. We will call this person if parents can’t be contacted.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_

**CPR, First Aid, and Transportation for Medical Emergencies**

I give Curious Kids Childcare staff permission to administer basic first aid and CPR to my child and take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. If the injury is life-threatening, 911 will be called, and CPR/FA will be administered until medical professionals arrive.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Information

Subscriber's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Copy of insurance card

Other pertinent medical information, such as medical allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Curious Kids Childcare Payment Policy and Contract**

**Registration and Deposit fee**

We have a registration fee of $25 per child or $45 per family and a refundable deposit of $50. Both are due when you return your enrollment forms, which must be returned to hold your child’s spot before their first day of attendance. Your deposit can be used toward your final childcare payment if all payment terms of this contract have been kept and you have given us a 2-week notice when you plan to withdraw your child. If you pull your child out before their 10-day trial period, this refund will not be made. Half days are up to 5 hours. Full days are up to 10 hours. Hours beyond ten will be charged the hourly rate.

**Childcare Fees**

A 10% discount is given for two or more kids.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Infant | Preschool | School Age | Special needs |
| ½ Day | 18.75 | 15.50 | 15.00 | Talk with the Director |
| Full Day | 37.50 | 31.00 | 30.00 |  |
| Hourly rate over 10 hours | 3.75 | 3.10 | 3.00 |  |
| Before and After School |  |  | 3.00 |  |

Curious Kids reserves the right to increase tuition and other charges upon one month’s prior written notice.

**Payments and Due Date**

Full payment for the week of childcare is due Monday of the following week. Our preferred form of payment is automatic payments through your checking, savings, debit, or credit account. We can help you set that up. You can also make payments at our sign-in computer with a card, online at [www.myprocare.com](http://www.myprocare.com), or in the office by check or cash. A $5 handling fee will be added to accounts once a month to accounts that continue to pay by check or cash.

**Iowa Child Care Assistance**

Please see your enrollment packet, talk to Michelle Brooke, or visit [www.mbcuriouskids.com](http://www.mbcuriouskids.com) (temporarily closed) for the link to determine if you qualify for CCA. More information about CCA is included in this enrollment packet.

**Late and insufficient funds**

A late payment fee of $10 will be added to unpaid accounts on Tuesday morning by 10:00. We have several ways for you to make your payment, and we do not ask that you make payments in advance of care, so we believe this is fair. If you forget to pay your bills on time or would appreciate the convenience of automatic payments, please fill out the automatic payment papers in this packet. You can check your account and make payments online at [www.myprocare.com](http://www.myprocare.com).

**Meal Fees and Other Services**

We do not provide lunch for our children. Please provide a nutritious cold lunch for your child if they attend between 11:30 and 12:30. Please keep food warm-up time to one minute or less. We provide breakfast upon request and two healthy snacks daily at no cost. You can see our snack calendar on our main bulletin board by the bathrooms. Teachers may have it posted outside their classrooms, too. Please include food from all groups: Meat or meat alternative, fruit, vegetable, and grain. We provide milk. We will charge $1 for each component we must amend to your child’s lunch or $5 if we must provide the complete meal. Please do not send prepackaged Lunchable type meals. They are not nutritionally adequate. Ask if you need quick and healthy meal ideas for your child.

A fee of $1 per diaper/pull-up will be added to your bill if you have not provided them.

A fee of $5 will be added to your account if the borrowed clothing has not been washed and returned within one week.

Reimbursement of the cost of the formula plus a $5 purchase fee will be added to your bill if it is not provided.

Reimbursement for damage done to another’s personal property, such as but not limited to phones, eyeglasses, clothing, toys, and furniture. Fees for these damages will be added to your bill if it is Curious Kid's property or paid directly to the item's owner.

**Attendance Policy**

You will pay a minimum of 20 hours per week per child whether your child attends. This fee is to pay for space that is held for your child. If we are closed more than two consecutive days in the week for a holiday or other event that is out of our control, you will be charged only for the days your child attended.

**Closures for Holiday**

Curious Kids will be closed on the following holidays:

|  |
| --- |
| New Year’s Day, closing at 3:30 New Year’s Eve |
| Memorial Day |
| Independence Day |
| Labor Day |
| Thanksgiving Day and Black Friday |
| Christmas Day, closing at 3:30 Christmas Eve. Additional closing days for the Christmas holiday will be posted when they are known. |

**Termination After Trial Period**

We consider the first ten days of childcare a trial period for the child, provider, and family. Sometimes, things just aren’t the right fit. This trial period gives us the chance to admit that. If, at some time during the ten days, you feel Curious Kids isn’t the right place for your child, please have a conversation with us to tell us why you would like to terminate this contract, and I will do the same.

**Child Care Assistance Recipient Fee and Deposits**

You are encouraged to check if you qualify for CCA. However, you will be required to make the deposit, registration payment, and pay regular fees as stated above until I receive a confirmation letter from Child Care Assistance stating that you have been approved. You may ask for a co-payer to help you with these fees. Child care fees will be reimbursed back to the payer after I receive the CCA payment for your child. The deposit will be kept until you give a 2-week notice of termination. You or your co-payer will be responsible for paying your portion of the childcare bill if CCA doesn’t pay it in full.

**Open Door Policy**

You may visit the Curious Kids Childcare unannounced at any time during regular business hours.

**Our DHS Licensing Consultant:**

Jill Seibert Childcare Licensing Consultant Iowa Department of Human Services Wapello County DHS 120 E Main St PO Box 457 Ottumwa Iowa 52501 641-684-3951

**Curious Kids Childcare Contract**

By signing this contract, you acknowledge that you have read and understand the policies of Curious Kids and agree to follow them. Curious Kids policies may be amended at any time by giving you a copy of the new policies at least one month before they go into effect. Please sign this contract and return it to the Director. It will be kept in your child’s file.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Co-payer Signature, made in the presence of the Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

\* By signing above, the co-payer states that they understand the policies and fees of Curious Kids Childcare and agree to take responsibility for all childcare fees for a client applying for but not yet receiving Child Care Assistance. If the applicant is approved, reimbursement of all covered payments, minus any portion not paid by Child Care Assistance, if any, will be paid back to the co-payer. The co-payer signature must be made in the presence of the director.

If the Director fails to enforce one or more of the terms in this contract, it is likely to your benefit and does not waive their right to enforce the other terms.

1.1.2023 Curious Kids Childcare and Preschool Contract and Policies