

Kid's Country/Kid's Corral Child Care

Registration Form

The goal of KCCC is to provide quality child care to the families of Johnson County. Therefore, we cannot allow any child to be harmful or disrespectful to others. All children are registered on a two week trial basis. Parents will be given a three day notice to allow time to make other child care arrangements if for some reason KCCC can no longer provide this service.

Full name of child _____

What does your child like to be called? _____

Grade _____ School _____ Birthdate _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Number _____ Cell Number _____

Place of Work _____ Place of Work _____

Address of Work _____ Address of Work _____

Work Phone _____ Work Phone _____

Work Days _____ Work Hours _____ Work Days _____ Work Hours _____

Transportation- Please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

Please list any adult who is **NOT** to have access to your child. To deny access to a parent we must have a copy of the court order that so indicates.

Emergency Information

In the event your child should become ill or be injured while attending the KCCC Program, every effort will be made to notify the parents. If we are not able to reach you, who should we contact?

(1) Name _____ Relation _____

Address _____

Phone Number _____ Cell Number _____

(2) Name _____ Relation _____

Address _____

Phone Number _____ Cell Number _____

(3) **Name of Physician** _____

Address _____

Phone Number _____

Please list any food, drug, or other allergies we should be aware of:

Medical Permission

In case of illness or accident, school personnel have our permission to transport the child to his/her home, a doctor's office, or any emergency room. The attending physician has our permission to treat our child, administering the best medical service available.

Parent/Guardian Signature _____ Date _____

Discipline Procedures

Serious and/or repeated discipline problems will result in suspension from the program for as much two weeks by the director of the program. Expulsion from the program will be a joint decision by the supervisor, the director, and principle of the school.

Parent/Guardian
Signature _____

Developmental Health History

Physical Health

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Other than what you listed above:

Does your child have any allergies? If so, to what? _____

How severe? _____

Does your child take any medication regularly? If so, what and when? _____

Has your child ever been hospitalized? If so, when and where? _____

Does your child have any recurring chronic illness or health problems such as:

asthma Cerebral palsy developmental delay seizure disorder

diabetes frequent ear aches hemophilia other (please list)

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem? _____

Do you have any other concerns about your child's health? _____

Developmental (compared to children this age)

Does your child have any problems with speech? Please explain _____

Does your child have any problems walking, running, using his/her hands or moving? Please explain _____

Does your child have any problems seeing or hearing? Please explain _____

Daily Living

What is your child's typical eating pattern? Foods your child likes and dislikes _____

Is your child on any special diet? _____

How well does your child use table utensils (cups, forks, spoons, knife)? _____

Social Relationships/Play

What grade is your child in school? _____

Is your child having any difficulties in school? Please explain _____

Does your child have trouble making friends? _____

How does your child get along with peers/friends? _____

Is your child involved in any sports/hobbies? Please describe _____

What does your child do when he/she is stressed, angry or frustrated? _____

What is the best way to discipline your child, **EXCLUDING** physical punishment? _____

Is there any other information that you wish to share that would assist in meeting your child's needs? _____

Parent/Guardian Signiture _____ Date _____

Payment Contract
Johnson County Schools
Kid's Country/Kid's Corral
Child Care Program

_____ has enrolled in the KCCC program
for _____ / _____ school year.

Care is needed on the days indicated below. I understand that single days missed **will not** be deducted from my fee.

I understand my weekly payment will be _____.

Parent/Guardian Signature _____ Date _____

I will need child care the following days:

Before School	___Monday	After School	___Monday
	___Tuesday		___Tuesday
	___Wednesday		___Wednesday
	___Thursday		___Thursday
	___Friday		___Friday

Our program is closed on snow days and abbreviated days (Delays and Early Dismissals)

Kid's Country/Kid's Corral Child Care

Late Pick-up Procedure

The KCCC Program closes promptly at 6:00 p.m. If you arrive late (within one hour after closing time), you will be charged an additional fee of \$5.00 for each 15 minutes. For example: 10 minutes late there would be a \$5.00 late fee; 17 minutes late there would be a \$10.00 late fee, etc...

If no contact is made with KCCC within one hour the police will be called. Keep in mind if authorities are contacted the Department of Human Services is notified and this could result in court procedures.

It is very important that KCCC have names and telephone numbers of people who we can contact in case you can not be reached. Emergency numbers must be people who have transportation to pick the child/children up if you are not available.

Telephone Number for Kid's Country Child Care is (423) 727-2634

Mountain City School office number is 727-262 1

Please keep these numbers with you at all times.

Telephone Number for Kid's Corral Child Care is (423) 727-2697

Roan Creek School office number is 727-4964

Please keep these numbers with you at all times.

I have read the above and I understand the procedures which will be followed if I am late and do not contact the child care center.

Child's Name _____

Parent's Name _____

Date _____

Parent/Staff Agreement

I have read the parent handbook and understand the policies and guidelines of the KCCC program.

I have received a copy of the RULEMAKING HEARING RULES OF THE STATE BOARD OF EDUCATION CHAPTER 0520-12-1 FOR SCHOOL ADMINISTERED CHILD CARE.

Parent/Guardian Signature

Staff's Signature

Date

I have been given the opportunity to visit the program to review the program's policies and procedures before I enroll my child.

Parent/Guardian Signature _____

According to RULE 0520-12-05 part 12C

Children should not be released to anyone whose behavior, as deemed by a reasonable person, may place the child(ren) in imminent risk. Immediately call 911, the local law enforcement agency or other emergency services number prior to the release of children to a parent. If the person, displaying risky behavior, is not the parent, the program shall not release the child and the parent shall be called immediately.

Parent/Guardian Signature _____

Date _____

Parental Permission for Field Trips

Johnson County Schools

Kid's Country/Kid's Corral Child Care Program

Field trips are planned to enrich the child care program and reward all the students who exhibit a positive attitude and good behavior. The large number of children in our child care center requires that all children be on their best behavior as well as on field trips. Children who choose not to earn the trip will not be incited. We want every child to attend every field trip; however, we must think of the safety of each child when problems exist. Child care will be provided at the center for those children who choose not to go on field trips. Please encourage your child/children to behave appropriately to avoid this situation. Your cooperation is appreciated.

I understand that field trips are earned by students who exhibit a positive attitude and good behavior at Kid's Country/Kid's Corral and on field trips and that child care will be provided at the center if my child makes a choice not to attend.

I understand that if my child attends field trips that I will be charged the **WEEKLY RATE** which is necessary to cover the cost of the trips.

_____ has my permission to make off campus field trips with Kid's Country/Kid's Corral Child Care. I waive liability against Johnson County Board of Education or any employee of said board, in the event of accident or injury, or death. I hereby give permission to the leaders of the trips to authorize medical treatment after an attempt had been made to notify me or the emergency number and no one can be reached.

Parent/Guardian Signature

Phone Number

Emergency Number

Dear parent/guardian:

I would like to take this opportunity to share with you the medications we have available for the first aid needs of your children. Would you please take a few minutes and review these items and mark the ones you would like us to use for your child. Any item left unmarked and without a signature at the bottom of this form will not be used for your child.

Triple antibiotic or Bacitracin ointment for minor scrapes/abrasions.

May use burn gel for burns.

May use over the counter Antihistamines (topical) for itches, Poison Ivy, Poison Oak,
(Caladryl, Calagel).

May use hydrocortisone cream on rash or insect bites.

May use bee sting kill swab for bee stings/insect bites.

May use lip balm, Blistex or Vaseline for dry/chap lips.

May give Benadryl by mouth only for severe allergic reaction.

Thank you,

Kid's Country/Kid's Corral staff

Student Name _____

Parent Signature _____

Date _____

My Child's immunization records can be located at:

Mountain City Elementary School _____

301 Donnelly St.

Mtn. City, TN.

727-2621

Roan Creek Elementary _____

2410 Roan Creek Rd.

Mtn. City, TN

727-4964

Doe Elementary _____

7164 Hwy. 67 W.

Mtn. City, TN

727-2682

Laurel Elementary _____

Mtn. City, TN

727-2685

Other:

School: _____

Address: _____

Phone Number: _____



Johnson County Schools
 211 North Church Street
 Mountain City, TN 37683
 423-727-2640

Roan Creek Elementary
 2410 Roan Creek RD
 Mountain City, TN 37683
 423-7274964 Fax# 423-727-2164

Parent Name:				
Street Address:				
City:		State:		Zip:
Student's Name (As on Birth Certificate)	Student ID	School	Date of Birth	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Number in Household: _____ (Fill in the Blank)				
Please check the box below that represents your Annual Gross Income:				
<input type="checkbox"/> Less than \$21,775		<input type="checkbox"/> Between \$67,951 and \$75,647		
<input type="checkbox"/> Between \$21,775 and \$29,471		<input type="checkbox"/> Between \$75,647 and \$83,343		
<input type="checkbox"/> Between \$29,471 and \$37,167		<input type="checkbox"/> Between \$83,343 and \$91,039		
<input type="checkbox"/> Between \$37,167 and \$44,863		<input type="checkbox"/> Between \$91,039 and \$98,735		
<input type="checkbox"/> Between \$44,863 and \$52,559		<input type="checkbox"/> Between \$98,735 and 106,431		
<input type="checkbox"/> Between \$52,559 and \$60,255		<input type="checkbox"/> Over \$106,431		
<input type="checkbox"/> Between \$60,255 and \$67,951				
Signature: An adult household member must sign application:				
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funding and state funding based on information provided.				
Sign here:				Date: