

**RETURN COMPLETED FORMS BY AUGUST 1st**



**ENROLLMENT PACKET  
KIDS DAY INN**

Dear Parents,

Please use this letter as a check list for the information that is necessary and required for our files. **All forms must be filled out completely!**

- ❖ **HEALTH CERTIFICATE :** Please complete **ALL LINES**. All allergies and/or medical alerts need to be listed & discussed with the director **prior to enrollment.** Immunizations may be faxed to (316)722-4297, Attn: KDI

- ❖ All children ages 2 or 3 years old must have the following Immunizations:

<b>4 DPT</b>	<b>3 POLIO</b>	<b>1 VARICELLA</b>
<b>4 PCV7</b>	<b>3 HEP-B</b>	<b>1 MMR</b>
<b>4 HIB</b>	<b>2 HEP A</b>	

- ❖ Children 12-24 months need the following number of Immunizations:

<b>3-4 DPT</b>	<b>2-3 POLIO</b>	<b>1 VARICELLA</b>
<b>3-4 PCV7</b>	<b>2-3 HEP B</b>	<b>1 MMR</b>
<b>3-4 HIB</b>	<b>1-2 HEP A</b>	

- ✓ **“Authorized Pick-Up Person”** .....*this needs to be someone other than parents.* This is for an emergency contact in case parents are not able to respond. Please include pick-up person's **address** and **phone number**.

- ✓ This form should be signed and dated at the bottom on both the front and back.

- ❖ **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT :** *Please follow the instructions printed on this sheet carefully; if not accurate and complete, the form is voided.*
  - ✓ **Witness Signature:** Parent & witness signature need to have the SAME DATE.
  - ✓ **Permanent Permission Form:** Biological parents do not need to be listed. Please indicate the persons that have permission to pick-up your child at the close of any session of Kids Day Inn.
  - ✓ This form needs to be signed & dated at the bottom.

- ❖ **GETTING TO KNOW YOUR CHLD :** This form gives us insight about your child's interest and responses to situation. This information goes to the teachers and aids them in preparing the rooms for the children.
  - ✓ Please sign, date and double check phone numbers.

- ❖ **PATHWAY CHURCH LIABILITY RELESE FORM :** This form must be signed and dated before your child's first day of school.

**Enrollment Packet needs to be mailed or returned to the Kids Day Inn office on or before August 1st.**

Mail to: Kids Day Inn  
c/o Pathway Church  
2001 N. Maize Rd.  
Wichita, Kansas 67212



## Medical Record Medical History

In accordance with K.A.R. 28-4-117 and K.A.R. 28-4-430, a completed medical record shall be on file for all children in care. For a Family Child Care Home, children under 10 years of age and all children living in the home under 16 years of age, a medical record shall be completed. The Medical Record shall include a Medical History including current Immunizations and a Child Health Assessment. The Medical Record is transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care \_\_\_\_\_ Name of Child Care Facility \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Last MM/DD/YYYY M/F

### Parent/Guardian Information

### Parent/Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
Street City Zip Code Street City Zip Code

Home/Cell Phone Number \_\_\_\_\_ Home/Cell Phone Number \_\_\_\_\_

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

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Best way to contact \_\_\_\_\_ Best way to contact \_\_\_\_\_

### Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference (for emergencies): \_\_\_\_\_

Known allergies or medical conditions: \_\_\_\_\_

Major changes at home that might affect your child in care: \_\_\_\_\_

Additional information or special instructions that will help the person caring for your child: \_\_\_\_\_

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

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

# Medical Record:

## Medical History Cont. - Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/YYYY

**Section I.** For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
<b>Diphtheria, Tetanus, Pertussis</b> (DTaP)						
<b>Poliomyelitis</b> (IPV/OPV)						
<b>Measles, Mumps, Rubella</b> (MMR)						
<b>Hepatitis B</b> (HepB)						
<b>Varicella</b> (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
<b>Hemophilus Influenzae Type B</b> (Hib)						
<b>Pneumococcal Conjugate</b> (PCV)						
<b>Hepatitis A</b> (HepA)						
<b>Rotavirus</b> <small>*Recommended &lt;8 mo.; not required</small>						
<b>Influenza (Flu)</b> <small>*Recommended annually &gt;6 mo.; not required</small>						

### Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the ONLY exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:  
 Exempt from following immunizations:  
 \_\_\_\_\_DTaP/DT    \_\_\_\_\_Tdap/TD    \_\_\_\_\_Pertussis Only    \_\_\_\_\_Polio    \_\_\_\_\_MMR    \_\_\_\_\_Hep A    \_\_\_\_\_Hep B  
 \_\_\_\_\_Hib    \_\_\_\_\_PCV    \_\_\_\_\_Varicella    \_\_\_\_\_Other (describe): \_\_\_\_\_

**Physician's Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

### Section III.

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

# AUTHORIZATION FOR: EMERGENCY MEDICAL TREATMENT

I authorize **Kids Day Inn** (caregiver/staff) who is/are representative(s) of the above-named facility to give consent for all necessary emergency medical care for my child while the child is in the facility's custody.

\_\_\_\_\_  
Child's first and last name

\_\_\_\_\_  
Parent's signature Date



**PERMANENT  
PERMISSION  
FORM**

You do not need to list biological parents - we release to parents unless we have court documents instructing otherwise!

The following person(s) have permission to pick up \_\_\_\_\_  
(Child's Name)

at the close of any session of Kids Day Inn:

	Name	Relationship to child	List <b>BEST</b> phone # (Cell / Home Phone)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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

*(Parent or Guardian)*



## GETTING TO KNOW YOUR CHILD

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Name by which child is most often called \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone \_\_\_\_\_

### CHILD LIVES WITH:

Both parents \_\_\_\_\_

Father only \_\_\_\_\_

Mother only \_\_\_\_\_

Shared custody \_\_\_\_\_

Blended step-family \_\_\_\_\_

Other \_\_\_\_\_

### OTHER CHILDREN IN FAMILY:

Name & age \_\_\_\_\_

Name & age \_\_\_\_\_

Name & age \_\_\_\_\_

### OTHER ADULTS IN THE HOME:

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

### CHILD'S DAY CARE PROVIDER:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Any previous group experience    YES    NO    Where \_\_\_\_\_

Does child attend church?    YES    NO    Where? \_\_\_\_\_

Does child have nervous habits?    YES    NO    Describe \_\_\_\_\_

What brings them on? \_\_\_\_\_

What type of discipline is used in the home? \_\_\_\_\_

How old are the children he/she plays with the most? \_\_\_\_\_

In your child's play is he/she:

Aggressive \_\_\_\_\_    Hostile \_\_\_\_\_    Shy \_\_\_\_\_    Loud/active \_\_\_\_\_

Quiet/slow to warm up \_\_\_\_\_    Cooperative/sharing \_\_\_\_\_    Other \_\_\_\_\_

What are your child's favorite play things? \_\_\_\_\_

What pets does he/she have? \_\_\_\_\_

How would you describe your child's language ability? \_\_\_\_\_

Does your child experience separation anxiety? YES NO

Describe \_\_\_\_\_

At what stage of potty training is your child at?

DIAPERS PULL-UPS UNDERWEAR COMPLETED

Does your child have allergies or medical alerts? YES NO

Describe \_\_\_\_\_

If yes, have you visited with the director about this? YES NO

- ***If you have not already visited with the Director, please do so immediately. Kids Day Inn policy requires that allergy/medical alerts are discussed with the director prior to enrollment.***

Are there any other special things about your child you think we should know?

Where did you find out about Kids Day Inn?

- Friend, neighbor or co-worker
- Sign in front of church
- Sibling attended Kidslink Preschool or Kids Day Inn
- Church's web site
- If other, please state \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in the following activity: Kids Day Inn(the "Activity) and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Pathway Church located at 2001 North Maize Road, Wichita, Kansas 67212, and its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF PATHWAY CHURCH, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, NOW KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless Pathway Church against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf, INCLUDING FOR CLAIMS OF DAMAGE ARISING SOLELY OUT OF THE NEGLIGENCE OF PATHWAY CHURCH. If Pathway Church incurs any of these types of expenses, I agree to reimburse Pathway Church.

I acknowledge that Pathway Church and their directors, officers, employees, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Pathway Church.

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or procedures of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE PATHWAY CHURCH AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION, INCLUDING CLAIMS ARISING OUT OF THEIR OWN NEGLIGENCE AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST PATHWAY CHURCH FOR PERONAL INJURY OR PROPERTY DAMAGE.**

**WAIVER AND RELEASE OF LIABILITY**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Pathway Church and its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

I also give permission to use my name, likeness, image, voice, and/or appearance as such as may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Pathway Church. I agree that Pathway Church has complete ownership of such pictures, photos, video recordings, audiotapes, digital images, and the like, including the entire copyright, and may use them for any purpose consistent with the programs and activities of Pathway Church. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, photos, video recordings, audiotapes, digital images, and the like, and hereby release Pathway Church and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

This Agreement was entered into at arm's length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the participant and Pathway Church, agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing the agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

**I hereby certify that I am the parent or guardian of \_\_\_\_\_, and do hereby give my consent without reservation to the foregoing on behalf of this individual.**

**Parent / Guardian Name:**

**Relationship to Minor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

\_\_\_\_\_