

START DATE \_\_\_\_\_

# Rogers Public Schools Kid's World

## Enrollment Application

Child's Name \_\_\_\_\_ Grade level \_\_\_\_\_

Child's Elementary School Site \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Home Phone # \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Home Phone # \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with: (check all that apply)  Mom and Dad  Mother only  Father only  other  Foster  
 step parent  legal guardian  grandparents

### Mother's Employment Information

Employer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Work Schedule \_\_\_\_\_

### Father's Employment Information

Employer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Work schedule \_\_\_\_\_

### EMERGENCY INFORMATION:

Name of person to call if parent or guardian cannot be reached: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Do you authorize this person to take the child from the center? \_\_\_\_\_

### Alternate Pick-up List

List all other adults (must be over 18) who are authorized to take child from the program. Children will not be released without written consent:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation to child: \_\_\_\_\_

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Registration Fee paid \_\_\_\_\_ cash/check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Handbook  All forms complete  Staff initials and date \_\_\_\_\_ Immunization Record \_\_\_\_\_

**Medical Emergency Information**

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

Address \_\_\_\_\_ City \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**Consent for Emergency Care:**

I/WE \_\_\_\_\_ Mother, Father, Guardian (circle which applies) of \_\_\_\_\_ do hereby request and give consent to "KID'S WORLD" Director, or the duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director or the duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

Emergency Medical Treatment Center preferred \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Does child take medication on a regular basis? If yes, please explain; can attach a letter with this application. \_\_\_\_\_

(Program must have signed permission on file to administer medication)

Does child have any special diet concerns? \_\_\_\_\_

Does child have any health concerns? \_\_\_\_\_ If yes, please explain procedures to follow in the event of an emergency. \_\_\_\_\_

Does child have any physical or emotional problems? \_\_\_\_\_

Please list any information that would be helpful in caring for your child below. Also, please attach their Immunization Record and any Action Plan(s) (allergy, asthma, food allergy, seizure, diabetes or notes from the medical doctor to the application at enrollment. \_\_\_\_\_

\*\*\*\*\*

**Permission for Photographs**

I/we \_\_\_\_\_ mother, father, guardian (circle which applies) of \_\_\_\_\_ give consent for my child's photograph to be taken for Kid's World. Photos of the children may be used for learning experiences, displayed for parent and children's enjoyment, or for publications.

# **ROGERS PUBLIC SCHOOLS**

## **KID'S WORLD**

**Dear Parent or Guardian,**

**Please sign this form with your child indicating that you have received and read the Kid's World 2021-2022 Parent Handbook.**

**Your cooperation is appreciated.**

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**I have received and read the 2021-2022 Kid's World Parent Handbook which includes the following:**

**Kids World Behavior Guidance Form**

**Discipline Procedures**

**Suspension Procedures**

**Tuition Procedures**

**Child's Name:** \_\_\_\_\_

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

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

# KIDS WORLD BEHAVIOR GUIDANCE FORM

In order to guarantee a safe, positive and enjoyable environment for your child as well as the other children in the program we are utilizing the following discipline plan. The Kid's World staff has the responsibility to carry out this system. Praise and recognition of good behavior are built into the everyday plan. The negative consequences have been developed in order to help each child **CHOOSE** to behave appropriately.

We are here to plan and lead activities that are safe, creative, and fun for the children, which will give you peace of mind about your child's participation in the Kid's World Program. Therefore, no child's behavior should interfere with our right to carry out this program, hinder another child's right to enjoy being here, nor go against the best interest either of him/herself or the group as a whole.

This may seem like a large undertaking, but with your support and cooperation, we will all receive very positive results.

## PROGRAM RULES

1. Follow directions
2. Use Inside Voices
3. Keep hands and feet to yourself
4. Stay with your assigned group
5. Respect people, property, and equipment

## CONSEQUENCES -- Should a child choose to break a rule

1. Warning
2. Calm down time(one minute per child's age) (Student may be given a behavior processing paper to help them work through their issues.)
3. Staff will report continual problems to program coordinator. Parents will be called and a conference held to find positive solutions. Continual unacceptable behavior will result in a one-day suspension.
4. Upon return to the program, behavior expectations will be reviewed with the child and parent. Continuation of unacceptable behavior will result in a 5-day suspension. To reserve your enrollment slot, tuition will be charged during the suspension period.
5. Kid's World reserves the right to remove a child from the program after the second suspension if unacceptable behavior continues.

Student Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

**KID'S WORLD**

# INCLEMENT WEATHER PROCEDURES

If school dismisses prior to the regular dismissal time due to inclement weather, KID'S WORLD will be closed. Parents will need to arrange transportation for their child for the early dismissal time. Parents will not be charged for the inclement weather day.

Your child's school will need to be informed of your alternate plan for dismissal. Please let the school know if you wish your child to be a car rider or bus rider.

To assist parents with information regarding dismissal plans, announcements are posted on the school web page, [www.rogersschools.net](http://www.rogersschools.net), as well as local television and radio stations.



I have received information showing Kid's World Inclement Weather Procedures and understand I am responsible to arrange transportation for my child should school be dismissed early.

Child's Name: \_\_\_\_\_

Email address for inclement weather information: \_\_\_\_\_

Contact phone number for inclement weather information: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# **Rogers Public Schools Kid's World After-School Care Program Agreement**

**Parent or Guardian agrees that:**

**Tuition payments will be made in advance on Monday of each week. I am responsible for ensuring tuition and fees are paid on time. Delinquency of payment may result in removal from program.**

**I understand I am responsible for weekly tuition, regardless of how many days child attends.**

**Upon showing symptoms of illness, child will be isolated and parent or guardian will be called. If parent/guardian cannot be reached, emergency name on child's registration form will be called to pick up child. I agree to come to the program, or to send a representative to pick up child within 30 minutes.**

**In the event child has a contagious illness, I will notify the center, and he/she will not be allowed to return to program until all danger of contagion has passed.**

**Any medication administered in program must have written authorization showing dosage and time to be given. Medication must be in original container or prescription bottle showing child's name on label. I agree to provide all information concerning epi-pens and inhalers.**

**I have read and agree with the program policy for discipline as outlined in the After School Care Parent Policy Handbook. I agree "Kid's World" reserves the privilege of dismissing child, if, after entering he/she presents an uncontrollable discipline problem.**

**I agree that, should child deliberately injure another child or staff, a one-day suspension from program will occur. A conference with parent/guardian, staff, and child shall occur.**

**I agree to give notice to program when child is to be withdrawn from program. If I fail to give notice, I am still responsible for paying tuition for that period.**

**I am aware that under Arkansas Law, all childcare workers are mandated reporters of suspected child abuse or neglect.**

**I have received a parent handbook at the time of registration.**

\_\_\_\_\_  
**School:**

\_\_\_\_\_  
**Childs name:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Witness Signature**

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

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

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

# Rogers Public Schools

## Kid's World

### Late Pick-up Policy

\*\*The Rogers Public Schools Kid's World After-School Program operates Monday through Friday; end of school until 5:30 pm. The program has a policy that all students must be picked up no later than 5:30 pm.

\*\*In the event that a student is picked up later than 5:30 pm, **parents/caregivers will be charged \$1.00 per minute that they are late**. Parents/Caregivers will also be given a Late Warning Form to sign. If a student receives three (3) Late Warning Forms, the student will be asked to leave the Kid's World After-School Program.

\*\*We realize that sometimes circumstances are beyond our control. Therefore, it is imperative that you notified the Kid's World After School Program site that your child attends if you are going be late. **If a student is still in the care of Kid's World After School Program at 6:00pm, and staff is unable to reach a parent/caregiver for the student, authorities will be notified to pick up the child.**

SCHOOL	SCHOOL PHONE	KW CELL PHONE NUMBER
Fairview	479-631-3524	479-631-3696
Bellview	479-721-2852	479-631-3605
Darr	479-202-2654	479-248-2008
Bonnie Grimes	479-721-2854	479-631-3660
Eastside	479-721-2853	479-631-3630
Jones	479-270-4556	479-631-3535
Lowell	479-721-2857	479-631-3610
Mathias	479-721-2858	479-631-3530
Northside	479-721-2856	479-631-3650
Old Wire	479-721-2815	479-631-3510
Reagan	479-721-2860	479-631-3680
Tillery	479-721-2861	479-631-3520
Tucker	479-721-2862	479-631-3561
Westside	479-721-2864	479-631-3640

If you have any questions of concerns, or if you are not able to reach a staff person at your child's Kid's World Site, please contact LeaAnn Creekmore, Kid's World Director, at 479-631-3696 or email [leaann.creekmore@rpsar.net](mailto:leaann.creekmore@rpsar.net). The Kids World staff can be reached from 1:15-5:30 on the cell# listed above. If call school office number after 3:15pm the office is closed by then you will have to call the Kids World cell number.

**KID'S WORLD**  
**Sunscreen Permission Form**



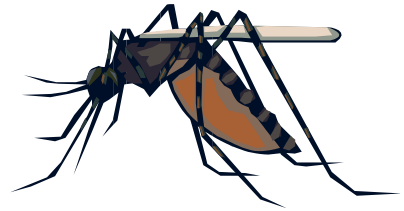
Child's Name: \_\_\_\_\_ Program Site: \_\_\_\_\_

\_\_\_\_\_ I give permission for Kid's World staff to apply sunscreen my child as needed throughout the school day. I understand that I must supply the sunscreen and label it with my child's name.

\_\_\_\_\_ I do *not* give permission for Kid's World staff to apply sunscreen to my child.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**KID'S WORLD**  
**Insect Repellent Permission Form**



Child's Name: \_\_\_\_\_ Program Site: \_\_\_\_\_

\_\_\_\_\_ I give permission for Kid's World staff to apply insect repellent to my child as needed throughout the school day. I understand that I must supply the insect repellent and label it with my child's name.

\_\_\_\_\_ I do *not* give permission for Kid's World staff to apply insect repellent to my child.

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_