



TWIN FALLS REFORMED CHURCH
Kids' Zone Preschool,
Childcare, & After-school Care

1631 Grandview Drive N Twin Falls, ID 83301
Phone: (208) 733-6128

**REGISTRATION FORM
2023-2024**

Office Use Only

Date Received: _____

Copies Given To:

Director /File

Teacher

Registration

Paid Date: _____

Health Records

Immunizations/Waiver

Start Date: _____

Code: _____

Class: _____

CHILD

Name (Last) _____ (First) _____ (Middle) _____ Date of Birth _____

Preferred Name _____

Child's Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Email address: _____

Does your child have any health/medical conditions we should be aware of (allergies, special medication, learning disabilities, etc.?)

If yes, are there any special instructions for the teachers to follow?

PARENT/GUARDIAN

Mother/Guardian's Name _____

Address: Same as above ___ If different from child's _____

Employer _____ Occupation _____

Cell phone #: _____ Work Phone #: _____

Father/Guardian's Name _____

Address: Same as above ___ If different from child's _____

Employer _____ Occupation _____

Cell Phone #: _____ Work phone #: _____

If the child does NOT live with both natural parents, with which parent or legal guardian does the child live? _____

By what name to they refer to you? _____

Names of other adults in the household	Relationship to child	Names of other children in the household	Birth Date	Gender (M/F)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY INFORMATION

Emergency Medical Treatment Procedure and Consent for Treatment

It is the general policy of TFRC Kids' Zone Preschool and Childcare to call 911 and request an ambulance to transport to the local emergency room if it is needed by any child who is injured while in our care and requires emergency treatment. Twin Falls Reformed Church and the TFRC Kids' Zone Preschool and Childcare are not liable for injury or medical treatment. We will follow this general policy if the person in charge judges that a delay in securing treatment would not be in the best interest of the child.

Whenever possible, parents/guardians will be notified and asked to take the child to their family physician for medical treatment.

____ YES, I would like the above procedure followed for _____ (child's name). In the event that I cannot be reached, I hereby authorize the calling of our family physician, or if not available, another licensed physician or ambulance, at my expense to provide whatever emergency or medical or surgical treatment necessary.

Signature of Parent/Guardian _____ **Date:** _____

____ NO, I do not want the above procedure followed for _____ (child's name). I prefer the following procedure: _____

Signature of Parent/Guardian _____ **Date:** _____

EMERGENCY CONTACTS: In case of emergency, and the parents/guardians cannot be reached, please notify:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

FAMILY OR CHILD'S DOCTOR

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

INSURANCE PROVIDER

Name of company _____ Policy Number _____

PICKUP AUTHORIZATION

Please list those persons authorized to pick up your child. **Your child will only be released to these people.**

Name _____ Relationship _____ Name _____ Relationship _____

Name _____ Relationship _____ Name _____ Relationship _____

Are you concerned that any unauthorized person may try to pick up your child? Yes: _____ No: _____

If yes, please explain and attach a copy of any legal documents pertaining to this if applicable. _____

VIDEOTAPES & PHOTOGRAPHS

In the TFRC Kids' Zone Preschool and Childcare, teachers will videotape & photograph classroom events, field trips, family gatherings, and visitors on a regular basis. These videotapes and photographs will be used to supplement documentation of children's growth and learning, analyzing teaching situations, practicing observing and recording children's actions, for displays, presentations, and other Twin Falls Reformed Church marketing and information tools.

Please complete the **TWIN FALLS REFORMED CHURCH KIDS' ZONE PRESCHOOL & CHILDCARE CONSENT RELEASE** below:

I _____ (parent/guardian) allow Twin Falls Reformed Church Preschool and Childcare to use my image, and the image of

my child _____. This consent also extends to any persons or agencies employed by Twin Falls Reformed Church use, re-use, publish or re-publish my image/my child's image.

I understand that my image/my child's image may be used in whole, part or in a composite with or without my name for illustration, promotion, art, advertising, and marketing or any other purpose deemed necessary by Twin Falls Reformed Church.

I understand that my image/my child's image may be used in, but not limited to, TFRC brochures, TFRC Program brochures, TFRC leaflets or posters, the TFRC Website or TFRC advertising.

I waive any right to inspect or approve the finished product that may be used in conjunction with my image. I release Twin Falls Reformed Church from any liability in the use of my image, including all claims of libel or invasion of privacy.

I understand and agree that no financial compensation is offered or expected now or in the future for the use of my image.

Parent/Guardian printed name _____

Child's printed name _____

Address _____

Phone(s) _____

Signature of Parent/Guardian _____ **Date:** _____

ILLNESS EXCLUSION POLICY

I _____ (parent/guardian) agree to exclude my child _____ from TFRC Kids' Zone Preschool and Childcare when they have an illness or symptoms that may be related to an illness. Symptoms include but are not limited to: high temperature, diarrhea, vomiting, infestation, rash, difficult breathing, and uncontrolled coughing. Please see the TFRC Kids' Zone Preschool and Childcare Handbook for further information.

***A copy of current immunization record or a parent signed waiver will need to be on file for enrollment.

Signature of Parent/Guardian _____ **Date:** _____

PERMISSION SLIP

I hereby give permission to TFRC Kids' Zone Preschool and Childcare to transport my child to an emergency relocation site for staff, teachers, and children when it is unsafe to remain at the childcare facility. I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

Signature of Parent/Guardian _____ **Date:** _____

I hereby give my permission for my child to go on supervised (by a staff member) field trips and to be transported by the church van or by walking.

I hereby give my permission for my child to use all of the play equipment and participate in all of the activities of the school.

Signature of Parent/Guardian _____ **Date:** _____

I understand that late fees will be added to by bill if any of the following occur.

- Late pick-up of my child will result in additional fees added to my bill. Pick-up after 6:00 (11:30 for part-day preschool) will result in an additional charge of \$1.00 per minute.
- 10% of outstanding balance late fee will be charged to late payments. Payments are due on the 1st; payments are considered late on the 5th of the month, children will not be able to return on the 10th if payment has not been received.
- There is a \$15 charge assessed on all returned checks.

I agree to make tuition payments on time and to promptly meet any other financial obligation occurring in connection with my child's attendance, as they arise.

Signature of Parent/Guardian _____ **Date:** _____

Signature of Parent/Guardian _____ **Date:** _____

Behavioral Exclusion Policy

Our ultimate goal in discipline is to teach children to self-discipline, self-control, and self-direct. It is in part our responsibility to teach your child to participate, cooperate, and be a responsible member of a group. On occasion a child's behavior may place the child and/or others in danger or interfere with the care of the rest of the center.

In order to have no or few situations of inappropriate or unacceptable behavior, the staff must first consider the following principles of discipline:

1. Positive methods of guidance and discipline are used.
2. Tell a child what they CAN do, rather than what they can't do. Focus on the do's instead of the don'ts.
3. Protect and preserve children's feeling that they are lovable and capable.
4. Offer children choices only when the staff is able to abide by the child's decision.
5. Give the child safe limits they can understand.

In the event that a child presents unacceptable behavior with the potential of hurting themselves, others, or property, staff will intervene immediately by:

1. The teacher will remind the child that their behavior is not acceptable and will present the child with appropriate options.
2. If the behavior continues, the child will be asked to sit in a chair for the amount of time that is appropriate for their age.
3. If the child refuses to go to the area on their own, the teacher will give them the choice to go on their own or be assisted by a teacher. If they refuse, the teacher will gently guide them to the area.
4. In the event that the child is not cooperating with the instructions of the teacher, the director or the director's assistants will be called into the classroom to help guide the situation.
5. If child's behavior continues through the day, a parent or guardian will be called and the child will have to leave the center for the remainder of the day.
(Teacher will log all incidents.)

Kids' Zone staff will:

- Use positive reinforcement.
- Not exceed gentle physical guidance.
- Present child with options of doing it themselves or getting help from a teacher.

- Only hold child long enough to get them to a safe place.
- NEVER be left alone with a child. They may leave the room but another staff member must be able to see them at all times.
- Not use physical restraint of a child.
- Not withhold food or use of the bathroom as a punishment nor shall a staff member name call or demean the child in anyway.
- Inform parent/guardian of any and all behaviors during the child's day so parents/guardians are aware.

Inappropriate and Unacceptable Behavior may include but is not limited to:

-Child's actions

- Aggressive, physical, or verbally threatening actions towards another individual.
- Refusal to comply with a teacher's instructions or requests.
- Treating Kids' Zone property with a lack of respect.
- Disrespecting another child or Kids' Zone staff.
- Hitting, kicking, spitting, or biting a staff member or child.
- Inability to adjust to the program after a reasonable amount of time.
- Ongoing uncontrollable tantrums or angry outbursts.

-Parent/Guardian actions

- Fails to abide by Kids' Zone policies or requirements.
- Demands special services that are not provided to other children and cannot reasonably be delivered by the staff.
- Physically or verbally abusive or intimidating behaviors towards staff or children.

If a child is continuing aggressive, violent or disruptive behavior with no improvement the following options are available:

- Parent/Guardian meeting to discuss and implement a behavior plan which may include additional professional services and assessments.
- Parent/Guardian's may seek alternate care arrangements for their child if they believe Kids' Zone is no longer a good fit for them.
- If parents/guardians support does not improve the child's behavior, we reserve the right to terminate enrollment.

Parent/Guardian signature: _____ **Date:** _____