



ENROLLMENT PACKET CHECKLIST

Child's name: _____ DOB: _____ Age: _____

Circle: Full Time Part time Hourly
 26 – 45 hour 10-25 hours 9 or less hours
 \$150/week \$100.00 \$2.50-22.50/week

Check (√) the box that applies to you, the applicant.

SBC Student	SBC Employee	Outside employed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enrollment checklist	Parent initial	Director initial
Application for admission		
Application fee		
Parent's class schedule (each Semester)		
Proof of Income		
Official documentation of immunization		
Free/Reduced meal forms (USDA)		
Dental Screening forms		
Billing information sheet, payment plan, and agreement form		
Pickup and emergency information		
Handbook Sign off sheet		

Date received	Date completed	Date enrolled	Date withdrawal



Application form

(701) 854-8080
 FAX (701) 854-7171
 9299 HWY 24
 FORT YATES ND 58538

Student's information (Circle items that apply to the question)		
Child's name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Last Middle Nick name </div>		
Birthdate:	Gender: Male Female	Date of last immunization:
Name of Parent/Legal Guardian:	<div style="display: flex; justify-content: space-between; font-size: small;"> Father Mother Other: </div>	
	<div style="display: flex; justify-content: space-between; font-size: small;"> Address City State zip code </div>	
Relationship to child: Son Daughter Grandchild Other:	Phone: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Work home Cell# </div>	
	Email: _____	
	<div style="display: flex; justify-content: space-between; font-size: small;"> Work college </div>	
Does your child have any food, medication or environmental allergies: yes no		
If yes, list Allergies:	Describe Allergy Reaction:	Usual Treatment:
Is the child under current medical treatment? If yes, please list:		
Are there any medication that the child takes daily: If yes, please list:		
List special toys or security objects that gives your child comfort:		
List favorite foods:	List foods dislike:	
Does your child have siblings?	If yes, list siblings.	
Yes	Name: _____ age: _____ gender: _____ Name: _____ age: _____ gender: _____ Name: _____ age: _____ gender: _____	
No	Name: _____ age: _____ gender: _____	

Any other concerns or information about your child you want to share?	
What language is spoken in your home?	English Dakota/Lakota Other
Does your child have a disability or special needs?	Yes No
Can the Teacher Providers of Kampus Kids Learning Center have permission to take photos of your child to be use in classroom activities, label belongings such as cubbies, tables, and rugs, and / or theme wall display?	Yes No
Can the Teacher Providers make videos of your child in our learning center?	Yes No
Can the Teacher Providers take your child on campus walks?	Yes No
As one of our goals to have everyone feel welcome and have a sense of belonging, are you willing to take a family picture or provide a copy of your family to display on our family tree in the Bébelá Room?	Yes No
Can Kampus Kids use photo of your child on Social Media such as Facebook? Most pictures would be with no face shot but some might be group shots.	Yes No
Are you interested in volunteering in the Learning Center?	Yes No
<p>Labeling clothing: Please label all clothing or articles such as bottles, wipes, cups, shoes, etc., that belong to your child. Other children might have the same kind of item and it is hard to tell which belong to whom.</p> <p>Supplies: Parents/guardians will provide pampers/pull ups, extra set of clothing, bottles, formula, breast milk, changing accessories such as creams, powders, etc., and sippy cups.</p> <p>Custody: If separate households, we will need a copy of custody papers for your child's file.</p>	
I certify that the above information is true to the best of my knowledge.	
Parent or Legal Guardian's signature	Date:
Parent or Legal Guardian's signature	Date:



Non-Prescription Medication Products

Authorization Only

TO BE COMPLETED BY PARENT

Child's name: _____ Date of Birth: ___/___/___

Program Name: _____ Today's date: ___/___/___

The following external products may be applied to my child in accordance with the manufacturer's instruction on the original container:

- _____ Diaper wipes
- _____ Diaper creams, ointments
- _____ Skin lotions/creams/Vaseline: specify if special brand: _____
- _____ Baby oil; (baby powder is not recommended due to inhalation hazards)
- _____ Soap, Brand Name: _____
- _____ Sunscreen: specify if special brand: _____
- _____ Insect repellants: specify if special brand: _____
- _____ Lip Balm
- _____ Chemical hand sanitizers
- _____ Toothpaste (an internal product but does fall under this category)
- _____ Other-paste specify: _____

Note: Teething gels are considered OTC medications and gels are not recommended and need to be used with extreme caution. They have been known to numb the throat which causes a potential choking hazard.

Parents/ Guardian's signature required: _____

Unused Products will be returned to the parents.

Payment Plan agreement

Parents/Guardians Name: _____

Child/Children Name: _____

Please check the care that you will need from the Sitting Bull College Kampus Kids Learning Center. Please keep in mind that with full time and part time care you **will** be charged regardless if your child/children are in Kampus Kids Learning Center care.

_____ Full time services: A weekly rate of \$150.00 will be charged for services ranging from 26-45 hours per week. Any services beyond 45 hours will be charged at a \$2.50 per hour rate.

_____ Part time services: A weekly rate of \$100.00 will be charged for services ranging from 10-25 hours per week. Any service beyond 25 hours will be charged at the hourly rate of \$2.50 per hour.

_____ Hourly services of 9 hours or less per week will be charged \$2.50 per hour. Payment for Hourly is due by the end of the month.

- All rates for full time and part time will be charged regardless of whether the child is physically present at the Kampus Kids Learning Center during scheduled hours that week or not. It is not allowable to change from the status of the services when a parent knows the family will be on vacation or if the child is sick for a period of time.
- If a child exceeds the part time hours for a period of two weeks then the child will be placed into a full time category and charged at the full time rate.
- If Kampus Kids is full and unable to accept a child on a given day who is a full-time or part-time status, the parent will not be charged for the day they are unable to have their child in the Kampus Kids Learning Center.
- Due to bills reaching amounts that become too hard for parents/guardians to pay, Kampus Kids will not allow the parents'/guardians' bill to go higher than **\$450.00**. Once the bill has reached **\$450.00**, **the parent will have five working days to make a payment or** services will be suspended. The Kampus Kids Director will be notified when the bill has exceeded **\$450.00** and will also be notified when it has been paid.
- Kampus Kids Daycare Center will not tolerate unpaid bills. Should a bill go unpaid or Kampus Kids has had no contact from the parent to make any sort of arrangements to pay the bill, Sitting Bull College will have no choice but to take the parent to court for any unpaid balances. Should this measure have to be taken, services are automatically suspended and the parent may not be able to utilize the daycare services in the future.

By signing I agree to the terms and conditions of the Payment Plan Agreement between the signer and the Kampus Kids Learning Center.

Parents/ Guardians Signature: _____ Date: _____

Parents/ Guardians Signature: _____ Date: _____

Kampus Kids Learning Center Director: _____



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AGREEMENT FORM

Child's name:						
First		Middle		Last		
Parent / Guardian						
First		Middle		Last		
Parent / Guardian						
First		Middle		Last		
Day and times my child will receive care:						
√ Check days of care.	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Arrival time						
Departure time						
Total hours						
Total per week						
Kampus Kids Learning Center rates:						
Type of fee:		Rate per week				
Full time (26-45 hours)		\$150.				
Part time (10-25 hours)		\$100.				
Hourly (1-9 hours)		\$2.50-22.50				
Week one	Week two	Week three	Week four	Week five	Total	
\$150	\$150	\$150	\$150	\$130	\$730	
\$100	\$100	\$100	\$100	\$80	\$480	
\$22.50	\$22.50	\$22.50	\$22.50	\$22.50	\$113	
Payment is due:						
Full time 26-45 hours		Part Time 10-25 hours		Hourly 1-9 hours		
Every two weeks or \$450 mark.		End of the month or \$450 mark		End of the month		
Which rate do you choose? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> hourly						
<p>I understand that even if my child does not attend on the regular schedule. I am still responsible for payment of weekly charges. Parents will be required reimbursed the College for returned or NSF Check Fees.</p> <p>I agree to promptly notify the Kampus Kids Learning Center of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</p> <p>The terms of this agreement are subject for review after one month.</p> <p>As specify in the Parent handbook, the director can terminate agreement if the policy and/or agreement is not being followed.</p> <p>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Kampus Kids Learning Center.</p>						
Parent or guardian signature Date			Parent or guardian signature Date			
The Kampus Kids Learning Center agrees to provide services according to the above plan. The Director agrees to promptly notify the parents/guardians of any changes to above information.						
Sign:			Date:			
Director of Kampus Kids Learning Center						



Billing Information

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Child's name:					
First		Middle		Last	
				() SBC Student	
				() SBC Employee	
Parent's/Guardian's name				() Outside employee	
Home #:		Work #:		Cell # :	
If other, list place of employment:				email:	
				() SBC Student	
				() SBC Employee	
Parent's/Guardian's name				() Outside employee	
Home #:		Work #:		Cell # :	
If other, list place of employment:				email:	
List names of other children in your care:					
1.					
2.					
3.					
4.					
Current Address: (If on Campus)			Permanent Address:		
Street/Apt./PO Box			Street/Apt./PO Box		
City		State	City		State
Zip code			Zip code		
How will you be making your payments? Payment is due base on rate of:					
(Full time is biweekly)		(Part time is end of the month)		(Hourly is end of the month)	
<input type="checkbox"/> Self - If you are a SBC student, by checking self, you give permission to withdraw from Financial Aid. (Payment will be made accordingly to time line set by Kampus Kids Director)					
I have Childcare Assistance from:					
<input type="checkbox"/> (A copy of your letter must be submitted to the Business Office with this form before your child can attend the Kampus Kids Learning Center)					
<input type="checkbox"/> Salary Deductions (Available for SBC employees)					
<i>Student's note: Transcripts and/or diplomas will not be released if you have financial obligations with Sitting Bull College including outstanding bill with Kampus Kids Learning Center.</i>					
By signing this form I am aware I will be responsible for payment on the listed child's daycare bill.					
Parent or guardian signature			Parent or guardian signature		
Date			Date		

() Parent/guardian Copy () Business Office () Kampus Kids Learning Center

AUTHORIZATION for _____ (child's name)

AUTHORIZATION TO RELEASE CHILD

The parent/guardian is required to sign their child/children out each day. The child will only be released to his/her parents, or someone the parent designates on the Pick Up Authorization form.

- Children will be released only to those people age 14 and over whose names appear on the Pick-up Authorization form.
- If there are Custody issues, KKLC requires a copy of the Custody Paper to have on file.
- If someone other than the people on the Pick Up Authorization is going to pick up the child/children, parent needs to notify the KKLC staff ahead of time in writing or verbally. The person picking up the child will be required to show a picture ID.

Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
These people are NOT allowed to pick up my child.			
Name:		Relationship to child:	
Name:		Relationship to child:	

EMERGENCY AUTHORIZATION

In case of an emergency and parents /guardians cannot be reached, who should be contacted?

Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Name:		Relationship to child:	
Work #:	Home #:	Cell #:	
Physician to call in an emergency:			
Name:		Clinic Telephone number:	
Dentist to call in an emergency:			
Name:		Clinic Telephone number:	
Clinic to call in an emergency:		Hospital to call in an emergency:	
Name:		Name:	

I hereby authorize the Kampus Kids Learning Center to secure emergency medical treatment for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and
2. Reasonable attempts to contact me have failed.

Parent Signature:	Date:	Parent Signature	Date:
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