



Effective Date: _____

Fee Start Date: _____

Go KIDS, INC.
ADMISSION AGREEMENT
(Certified)

Child (ren)'s Name: _____

Parent's Name(s): _____

Center/Provider: _____

Days and Hours of Care: _____

1. **BASIC SERVICES:** Go Kids Inc. operates childcare and development services for families with children ages 6 weeks - 12 years of age. No optional services are offered. Childcare centers are open on a year-round basis (except for seasonal programs), Monday through Friday, and will be closed on all holidays and in-service days observed by Go Kids Inc.
2. **ENROLLMENT FORMS:** I agree to fully complete and provide all forms and documents required for enrollment to my designated Go Kids Inc. Family Service Worker. Failure to complete the forms and documents required during the enrollment process will result in termination of services.
3. **FAMILY INFORMATION CHANGES:** I agree to notify my designated Family Service Worker within 5 days of any changes in status from the information provided at the time of Registration, such as a change of family size, employment, address, phone numbers, emergency contacts, etc. or other circumstances that may affect my eligibility and need. Failure to report changes within 5 days of a material change may result in termination of services.
4. **ATTENDANCE:** I agree that my child (ren) will be at the facility during assigned contracted days and hours as detailed on the Notice of Action. Occasionally, changes in times and days are acceptable but need to be prearranged with the appropriate Go Kids Inc. representative.

Parents are required to call the facility within one hour of contracted arrival time if the child will be absent. All absences require a full legal signature on the attendance sheet along with the specific reason for the absence. In addition to excusable absences, children

are allowed 10 best interest days and 15 unexcused absences per fiscal year (July 1-June 30). After 15 unexcused absences have been used, childcare services will be terminated (see Program Policy Manual under Absence Policies and Procedures).

5. **SIGN IN & SIGN OUT:** I agree to sign my child in and out each day of attendance with my **Full Legal Signature** as represented on the initial Confidential Application for Child Development Services and Certification of Eligibility (CD9600) or by the **Full Legal Signature** of an Authorized Family Representative as documented on the appropriate Go Kids Emergency Card or Release Form Addendum.

6. **FAMILY FEES:** I agree that family fees are due on the first day of the month and are considered delinquent after the 7th calendar day. If the 7th calendar day falls on a weekend, family fees are due by 6:00 pm on the preceding Friday. A notice of termination will be issued by the end of the 2nd business day of business after the payment is delinquent each month and mailed via certified mail. If a payment plan has been submitted and approved by the fiscal department prior to the date of termination, the Notice of Action will be rescinded. Failure to meet the terms of your payment plan will result in termination from the program.

An activity fee of \$25 per child will be due in June. These fees are non refundable.

Tuition/Family Fees paid late 3 times within a six month period will result in the termination of childcare services. In addition, the family will be ineligible for services with Go Kids Inc. for a period of six months and the outstanding balance must be paid in full prior to readmission. Readmission for services will be determined by placement on the Go Kids Inc. Waiting List

7. **METHOD OF PAYMENT:** I understand that Go Kids Inc. accepts checks, money orders, cashier checks, Visa, & Master Card. All checks and money orders shall be made payable to Go Kids Inc. and may be submitted via US mail to the Administrative Office in sufficient time to be received by the 7th calendar day of each month or delivered in person at the Administration Office by 6:00 pm on the 7th calendar day of the month. Please be sure to list your Go Kids account number on all checks. There will be a fee of \$25.00 for returned checks. If more than one check is returned money orders, credit card, or Cashier's Checks will be required for payment.

8. **LATE PICK UP FEE:** I understand Go Kids Inc's. Policy states that a parent pays a fee of \$15.00 (per child) for any part of each 15 minute period they are late picking up their child. (Example: 1 minute - 15 minutes late = \$15.00 per child, 16 minutes - 30 minutes late = \$30.00 per child). Parents or designated representative will be required to sign the Late Pick up Notice which documents occurrences of late pick up. Parents will be charged late pick-up fees in the month following the occurrence.

9. **EXCESSIVE ABSENCES AND LATE PICK UPS:** I understand that Go Kids Inc's Policy states that if my child is absent or pickup late excessively without a valid reason that my childcare services will be terminated.
10. **STATE REGULATIONS:** I understand the Department of Social Services shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the client.
11. **LICENSING CONTRACT:** I understand that the California Department of Social Services agencies for child care centers has the authority to interview many people, including me, my child, and Go Kids Inc. staff, and to inspect and audit client or facility records without prior consent. Go Kids Inc. is required to make provisions for private interviews with any clients, including children, or any staff members, and for the examination of all records relating to the operation of the facility.
12. **PERSONAL RIGHTS:** I understand that information (i.e. behavior, observations, etc) about my child will be kept strictly confidential among program personnel. I also understand that I may discuss my child's progress at any time. I agree to keep the Go Kids inc. staff informed of any life changes that may affect my child's behavior while at a facility.
13. **PARENT RESPONSIBILITES:** I agree as a parent to participate in activities coordinated by the Parent Advisory Committee. Parents are always welcome visitors and are expected to volunteer in any way possible.
14. **CODE OF CONDUCT:** I have the right to expect to be treated with respect and, in return, I agree to treat all employees, families and children with respect. I understand and agree to follow the Go Kids Code of Conduct, as stated in the Program Policy Manual.
- I, also, understand that improper conduct by me within the parameters of the Go Kids' childcare facility will result in the termination of childcare services.
15. **BEHAVIOR & SAFETY:** I understand that if my child's behavior threatens the immediate safety of other children, adults, staff or herself/himself I will be notified and agree to ensure my child will be picked up immediately (within one hour) by myself or an Authorized Family Representative. The teaching staff and parents will meet to discuss strategies to address the behavior issues in order to develop a plan. In the event that attempts to correct the behavior have not resulted in change, or the behavior continues to cause harm to the child, peers or staff, a formal behavior plan will be completed with

specific timelines. When all attempts have failed to result in desired behaviors, childcare services will be terminated.

If my child is suspended from the elementary school, I hereby ensure that my child will be picked up directly from the elementary school. School suspension will result in immediate suspension from Go Kids Inc. for the same time period and I will be responsible for the payment of full family fees to Go Kids during any suspension.

16. **PARENT MANUAL:** I have read and understand the Go Kids Inc. policies as stated in the Program Policy Manual. By signing below I agree to abide by them. I further understand that failure to follow the Go Kids Inc. policies and the California Department of Education Funding Terms and Conditions will result in the termination of childcare services.

Signature of Parent/Guardian _____
Date

Signature of Staff Representative _____
Date

<p>(Optional Agreements) My initials below allow my child's photographs to be:</p> <p>_____ Released to newspapers for stories</p> <p>_____ Posted on bulletin boards</p> <p>_____ Released for other media purposes (i.e. print, video, website, etc.)</p> <p>_____ Release to conduct Health Screenings by qualified professional</p>
