



Office Use Only  
Campagna Kids

Start Date \_\_\_\_\_

CK Site \_\_\_\_\_

## CHILD AND PARENT INFORMATION

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female School Attending: \_\_\_\_\_

CK Site Requested: \_\_\_\_\_  Before Care  After Care  Both

Previous School Attended: \_\_\_\_\_ Expected days in care:  M  T  W  Th  F

### Snack\* is provided through the United States Department of Agriculture (USDA)

\*The snack contains at least two different components of the following four: a serving of fluid milk; a serving of meat or meat alternate; a serving of vegetable(s) or fruit(s) or full strength vegetable or fruit juice; a serving of whole grain or enriched bread or cereal. If you have a special need please identify on page 4.

### Race (Used for statistical purposes only.)

American Indian/Alaskan Native  African-American/Black  Caucasian/White  Hispanic/Spanish Origin  
 Asian/Pacific Islander  Native Hawaiian  Bi-racial  Unspecified

**Parent/Guardian Information:** Please complete the parent/guardian information for each parent who has custody. The first parent listed should be the parent with whom the child lives. **This parent will be held responsible for the timely payment of childcare fees.**

1<sup>st</sup> Parent Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**2<sup>nd</sup> Parent Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Street Address (if different from child):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMERGENCY CONTACTS/AUTHORIZED PICK-UP**

The state of Virginia requires all licensed child day centers to have at least **two** designated people (**other than the parent**) to call in an emergency if a parent cannot be reached. Although it is preferred that emergency contacts are persons who can pick up your child if you are unavailable, this is not a requirement. Any changes to this form must be in writing and presented to the administrative office.

I, \_\_\_\_\_ understand that that my child will not be released to anyone except individuals listed on this form. Additional names must be submitted in writing to the administrative office.

**1. Emergency Contact Name (Required):** \_\_\_\_\_

*(Please list someone other than parent.) Authorized to pick up child: Yes \_\_\_\_\_ No \_\_\_\_\_*

**Relationship to Child:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers**

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**2. Emergency Contact Name (Required):** \_\_\_\_\_

*(Please list someone other than parent.) Authorized to pick up child: Yes \_\_\_\_\_ No \_\_\_\_\_*

**Relationship to Child:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers**

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**3. Emergency Contact Name (Requested):** \_\_\_\_\_

(Please list someone other than parent.) Authorized to pick up child: Yes \_\_\_\_\_ No \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers**

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**PERSONS NOT AUTHORIZED TO PICK UP CHILD:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

I, \_\_\_\_\_ understand that it is my responsibility to keep contact information updated with current telephone numbers. I understand that I must submit any changes in writing to the administration office.

*Please note: We require appropriate legal documentation when you as the custodial parent request the Center not to release your child to the other parent. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or daycare center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or daycare activities.*

**PERMISSION/OPT OUT REQUESTS**

**Transportation & Field Trip Authorization**     **yes**     **no**

The parent/guardian gives authorization for the child to participate in the center's transportation and field trips.

**Video & Photo Release Form**     **yes**     **no**

The parent/guardian gives The Campagna Center permission to use the child's photograph in publicity and/or fundraising materials only.

**Emergency Transport Authorization**     **yes**     **no**

The parent/guardian gives authorization for The Campagna Center to obtain medical care if any emergency occurs when he/she cannot be located immediately. Decisions for emergency transportation will be made by EMS personnel.

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

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

**CHILD'S NAME:** \_\_\_\_\_

**MEDICAL INFORMATION**

Please complete **all** sections.

**Primary Care Physician:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Provider's Phone Number:** \_\_\_\_\_

**Name of Insured Party:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Please list any allergies and/ or dietary restrictions.**  **No Allergies or Dietary Restrictions**  
(Nut, Gluten free, Kosher, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Please list any medical conditions (asthma, diabetes, seizures, etc.)**  **No Medical Conditions**

\_\_\_\_\_  
\_\_\_\_\_

**Will any of the listed medical conditions, allergies, or dietary restrictions limit participation?**

**yes** If yes, please explain  **no**

\_\_\_\_\_  
\_\_\_\_\_

**Will the child require medication to be administered during program hours?**

If yes, please complete a Medication Authorization

**yes**  **no**

**Does your child have an Individualized Education Plan (IEP)?**  **yes**  **no**

If yes, please complete a child assessment form.

CHILD'S NAME: \_\_\_\_\_

**CAMPAGNA KIDS POLICIES**

**Sunscreen Policy:** Sunscreen is an over-the-counter medicine. **If your child uses sunscreen, you will need to complete a medication authorization form every ten (10) days.** The sunscreen must be labeled with your child's name. The Campagna Center will store it in a locked place. Designated staff will retrieve sunscreen as needed. Your child may apply the sunscreen to him/herself. **However, children under the age of nine must be assisted with sunscreen application. Staff will apply the appropriate amount of sunscreen in the child's hands and oversee the application; they will not directly apply it to your child.**

**Insect Repellent Policy:** Insect repellent is an over-the-counter medicine. Insect repellent must be in the original container and labeled with your child's name. The Campagna Center will store it in a locked place. A record will be kept that includes date of use and frequency of applications as well as any adverse reactions. Manufacturer's instructions for age, duration, and dosage will be followed. Designated staff will retrieve insect repellent for your child as needed. Children will be assisted with the application of insect repellent. **If your child uses insects repellent, you will need to complete a medication authorization form every ten (10) days.**

**Reporting of Communicable Disease Policy:** The Campagna Center agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian will arrange to have the child picked up as soon as possible. The parent/guardian agrees to inform The Campagna Center within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease—such as **strep throat, pink eye, flu, ring worm, etc.**—as defined by the State Board of Health. Life-threatening diseases—such as tuberculosis (TB)—must be reported immediately.

**The Campagna Kids Behavior Policy and Procedures:** The primary objective of the Campagna Kids program is to provide a safe, pleasant, and productive environment for all children entrusted in our care. To accomplish this objective, certain guidelines have been developed.

Any behavior that could result in physical or psychological harm to a child or staff member constitutes unacceptable behavior. This includes, but is not limited to, continuous disruptive behavior (kicking, fighting, and abusive language); willful destruction of property; refusal to follow directions from a staff member; or leaving the center without permission.

The Campagna Kids staff will continue to document incidents as outlined in the Parent Manual. However, in the event of a behavior that results in harm to a child or staff member, immediate suspension may result. If this should occur, a meeting that includes the Director or Assistant Director, the Parent, the Site Director, and one other staff member will be necessary to determine whether the child will be permitted to return to the CK program.

**The Campagna Kids Program Suspension Policy and Procedures:** Children may be suspended from the program after reasonable attempts to remedy a situation have failed, parent notification will occur, and the Campagna Kids Administration will give final approval of the suspension. In the event an emergency situation occurs in which the child has endangered him/herself, others, or school property, immediate suspension will occur.

**I have read, understand and agree to adhere to the above policies.**

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

\_\_\_\_\_  
Date

CHILD'S NAME: \_\_\_\_\_

**Terms of Agreement:**

1. **Payment Policy.** Payment for services provided will be due by the 1st of each month. The Campagna Center accepts payments in the form of cash, money order, check and credit/debit card. **Parents are strongly encouraged to enroll in the automatic payment plan.**

I, \_\_\_\_\_ understand that the cost for services are due on the first of each month. If I do not receive a statement, I understand that I am still responsible for monthly fees.

2. **Non-Payment.** If your payment is not received by the last day of the current month, your account will be classified as delinquent and your child will be administratively withdrawn. In order to re-activate your account and enrollment in the program your account balance must be paid in **FULL**.

I, \_\_\_\_\_ understand that if payment is not received, my account will be considered delinquent and my child may be disenrolled.

3. **Returned/Declined Payments:** If your payment is returned, you will be charged a \$25.00 NSF Fee. Returned checks must be replaced by cash, money order, credit/debit card or certified check. After two declined/returned payments, the Campagna Center has the right to refuse your check/credit card as a form of payment

I, \_\_\_\_\_ understand if payment is returned for non – sufficient funds, my account will be charged a fee of \$25.00. After two declined/returned payments I understand I will have to pay by cash, or credit card.

4. **Monthly Childcare Fees.** Fees are determined at time of registration. Fees will not be reduced for absences, illnesses, closings due to emergencies or inclement weather. Fees will be prorated for months that have holidays (winter & spring break).

5. **Termination of Services.** Services are provided continuously throughout the school year unless terminated as follows:

- a. **Notice of withdrawal.** If you wish to withdraw your child from the program before the end of school year, a **TWO (2) WEEKS WRITTEN** notice must be provided to the **Billing Administrator** at the Campagna Center. If your withdrawal notice is not received two (2) weeks prior to the desired withdrawal date, your account will be charged for two (2) weeks of services as of the date, the notice was received.

I, \_\_\_\_\_ understand that a two weeks WRITTEN notice must be submitted to withdraw my child from the Campagna Kids Program.

- b. **Administrative withdrawal due to absences.** If your child has five (5) consecutive unapproved absences from the program, an administrative withdrawal will occur. Your account will be charged for two (2) additional weeks of service as of the date the administrative withdrawal occurred.

- c. **Termination due to non-payment.** If your payment is not received by the end of the current month, the Campagna Center will immediately withdraw your child/children from the program. Your account will be charged for two (2) additional weeks of service, as of the date the withdrawal occurred.

I, \_\_\_\_\_ understand that if payment is not received by the end of the month my child will be dis-enrolled from the program and my account will be charged for two weeks in accordance with the withdrawal policy.

**CHILD'S NAME:** \_\_\_\_\_

6. **Collections Policy.** All delinquent accounts will be referred to our collection agency, Glasser and Glasser, P.L.C. Any account sent to the collection's agency will not be eligible for any further services by Campagna Center staff. Once in good standing, in order to re-activate your account and enroll in the program a \$35.00 registration fee will be assessed.

I, \_\_\_\_\_ understand that if payment is not made, my account may be referred to collections. I also understand that until my account is in good standing I am unable to use Campagna Center (Campagna Kids and/ or Head Start) services.

**Fee Schedule:**

1. **Registration Fee.** A \$35.00 non-refundable registration fee will be charged per child.
2. **Late Pick-up Fee.** Children must be picked up by 6:00 p.m. A \$10.00 late fee per 15 minutes (or any portion thereof) delays in picking up your child will be assessed beginning at 6:01pm. Continuous late pick – ups may result in the removal of your child from the program.
3. **Late Payment Fee.** A \$25.00 fee will be charged for payment not received by the 15th of each month.
4. **NSF Fee:** A \$25.00 fee will be charged to your account in the event of a returned check or declined credit card.

I, \_\_\_\_\_ understand fees will be assessed for registration, late pick – up, late payment, and returned check or declined credit charge

**I have read and understood the terms of this agreement:**

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

**I have fully explained the above agreement to the parent/legal guardian.**

\_\_\_\_\_  
**CK Representative Signature** \_\_\_\_\_  
**Date**

**CHILD'S NAME:** \_\_\_\_\_

**SLIDING FEE SCALE**

Campagna Kids operates under an annual Cooperative Grant Agreement with the City of Alexandria Department of Community and Human Services. Charges and fees are based on a sliding scale that is subsidized by one of the City of Alexandria child care assistance programs. Families who have been found eligible for the one of the City's child care assistance programs should contact the city of Alexandria Department of Community and Human Services program.

- Parent(s) with household income from all sources of \$165,000 or less annually, are eligible to use the sliding fee scale to determine their monthly fee.
- Parent(s) must be employed or be a full-time student
- Income verification is required only if you wish to use the fee scale.
- Annual household income includes wages of both parents, child support, social security payments, interest, dividends and any other income, including nontaxable income.

**Monthly Before & After Care Sliding Fee Scale**

ANNUAL INCOME	BEFORE SCHOOL PROGRAM		AFTER SCHOOL PROGRAM		BEFORE & AFTERSCHOOL PROGRAM	
	1 <sup>ST</sup> Child	Each additional child	1 <sup>ST</sup> Child	Each additional child	1 <sup>ST</sup> Child	Each additional child
<b>\$12,000 &amp; under</b>	\$12	\$5	\$22	\$12	\$34	\$17
<b>\$12001 - \$14,000</b>	\$15	\$7	\$34	\$17	\$49	\$24
<b>\$14,001 - \$17,000</b>	\$22	\$12	\$66	\$34	\$88	\$46
<b>\$17,001 - \$22,000</b>	\$30	\$16	\$88	\$44	\$118	\$60
<b>\$22,000 - \$27,000</b>	\$44	\$22	\$110	\$56	\$154	\$78
<b>\$27,001 - \$33,000</b>	\$61	\$30	\$144	\$71	\$205	\$101
<b>\$33,001 - \$40,000</b>	\$83	\$41	\$176	\$88	\$259	\$129
<b>\$40,001 - \$48,000</b>	\$93	\$47	\$210	\$105	\$303	\$152
<b>\$48,001 - \$57,000</b>	\$105	\$53	\$248	\$124	\$353	\$177
<b>\$57,001 - \$67,000</b>	\$127	\$63	\$281	\$141	\$408	\$204
<b>\$67,001 - \$80,000</b>	\$132	\$66	\$314	\$158	\$446	\$224
<b>\$80,001 - \$100,000</b>	\$149	\$75	\$336	\$168	\$485	\$243
<b>\$100,001 - \$125,000</b>	\$154	\$78	\$353	\$176	\$507	\$254
<b>\$125,001 - \$140,000</b>	\$160	\$80	\$364	\$182	\$524	\$262
<b>\$140,001 - \$165,000</b>	\$166	\$83	\$375	\$188	\$541	\$271
<b>\$165,001 &amp; above</b>	\$171	\$85	\$386	\$193	\$557	\$278

**Monthly Fees:**

The monthly fee(s) payable to the Campagna Center, Inc. for the current school year was determined based on the sliding fee scale above.

**Before School Care:** \$ \_\_\_\_\_  
**After School Care:** \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

**Reporting of Income:**

I understand that as part of my eligibility for the sliding fee scale, I am required to notify The Campagna Center when my household income changes. I also understand that if the Campagna Center deems any answer or statement to be false or misleading, childcare services granted by The Campagna Center may be cancelled.

I, \_\_\_\_\_ understand to be eligible for the sliding fee scale, I am required to notify The Campagna Center when my household income changes.

**CAMPAGNA CENTER OFFICE USE ONLY**

**Parent/Guardian Name:** \_\_\_\_\_ **CHILDS NAME:** \_\_\_\_\_

**1. Income Verification**

**Documentation Provided**

Parent #1 Annual Income: \_\_\_\_\_ Pay stub W2 1040 Other: \_\_\_\_\_

Parent #2 Annual Income: \_\_\_\_\_ Pay stub W2 1040 Other: \_\_\_\_\_

Additional Household Income: \_\_\_\_\_ Child Support 1040 Other: \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Other Income: \_\_\_\_\_

**Total Household Income:** \_\_\_\_\_ Sliding fee scale waived: \_\_\_\_\_

**2. Household Information:**

Number of Parents/Legal Guardians in Household \_\_\_\_\_  
 Number of children in Household \_\_\_\_\_  
 Number of Other Members of the Household \_\_\_\_\_  
 Number of Children in CK Program \_\_\_\_\_

**3. DCHS/CCDF Information:**

Provider Notification Verified \_\_\_\_\_

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Registration. fee \$ _____ | Check # _____ Amt. \$ _____ |
| <input type="checkbox"/> Co-pay \$ _____            | Cash Amt. \$ _____          |
| <input type="checkbox"/> Pro-Rate B/C \$ _____      | Credit Card Amt. \$ _____   |
| <input type="checkbox"/> Pro-Rate A/C \$ _____      | Money Order Amt. \$ _____   |
| <input type="checkbox"/> Before Care \$ _____       |                             |
| <input type="checkbox"/> After Care \$ _____        |                             |
| <input type="checkbox"/> <b>TOTAL</b> \$ _____      |                             |

**I certify that the information I have provided to The Campagna Center in this application process regarding my household income is true and complete to the best of my knowledge. I also agree to pay the monthly fee as noted above in compliance with the terms of the agreement.**

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

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