

KIDS SPOT ACADEMY ENROLLMENT FORM

CHILD INFORMATION	Start Date	End Date
Child Full Name	Child DOB	Nickname (if any)
Address		City, State, Zip

PARENT INFORMATION		
Primary Contact Parent/Guardian Name		Relationship to Student
Cell Phone	Home Phone	Work Phone
E-mail Address		
Address		City, State, Zip
Occupation	Employer	
Employer Address		City, State, Zip
2 nd Contact Parent/Guardian Name		Relationship to Student
Cell Phone	Home Phone	Work Phone
E-mail Address		
Address		City, State, Zip
Occupation	Employer	
Employer Address		City, State, Zip

EMERGENCY CONTACTS (REQUIRED)

Emergency Contact #1 Name		Relationship to Student	
Cell Phone	Home Phone		Work Phone
E-mail Address			
Address			City, State, Zip
Occupation	Employer		
Employer Address			City, State, Zip
Emergency Contact #2 Name		Relationship to Student	
Cell Phone	Home Phone		Work Phone
E-mail Address			
Address			City, State, Zip
Occupation	Employer		
Employer Address			City, State, Zip
Emergency Contact #3 Name		Relationship to Student	
Cell Phone	Home Phone		Work Phone
E-mail Address			
Address			City, State, Zip
Occupation	Employer		
Employer Address			City, State, Zip

CHILD SCHEDULE

(please place an X in applicable schedule)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
A.M. Session 8:45-11:15					
P.M. Session 12:00-2:30					

MEDICAL INFORMATION

Primary Doctor Name		Phone Number	
Address		City, State, Zip	
Allergies (Please list ALL allergies)			
Medications			
Dietary Needs			
Any Other Medical Information We Should Know			

Any Additional Information: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Kids Spot Academy Tuition Sheet

Child Name: _____

Parent Name(s): _____

Tuition agreement is made between Kids Spot Academy and _____.

Session A.M. (8:45-11:15) P.M. (12:00-2:30)

Class Section T/TH (3 & 4 y/o) M/W/F (4 & 5 y/o)

_____ I agree to pay the amount of \$250 (T/TH session) or \$275 (MWF session) before or on the 1st of every month for the following month.

_____ I will pay 1 full month of tuition for August before Monday, August 2nd, 2021 or my card on file will automatically be ran.

_____ I will pay a non-refundable registration fee of \$100 when enrolling at Kids Spot Academy.

_____ I will be automatically charged a late fee of 9% if payment is made after the 1st of each month.

_____ If my child is picked up after 11:20 (A.M. session) or 2:35 (P.M. session) I agree to pay an automatic \$5 late-pick up fee plus \$1 per minute after 11:20 or 2:35.

_____ I agree to pay a \$30 NSF credit card fee if my payment does not go through.

_____ If I receive a phone call to pick up my child if they are sick or misbehaving (after warnings), I understand I have an hour window to pick up my child otherwise my account will be charged an extra \$30/hour for one on one staffing.

_____ I understand am responsible for purchasing my child's uniform and gymnastic shoes at the cost of **\$70.04** total and it is not refundable.

_____ I understand that graduation cap & gown payment will be ran automatically with tuition on April 1st.

Parent Name (Printed): _____

Parent Signature: _____

Date: _____

KSA Uniform Order Form

Payment and order forms are due day of registration.



KSA Child's Polo (required) *\$27.50

Youth XS (4) _____

Youth S (6/8) _____

Youth M (10/12) _____

Youth L (14/16) _____



Additional Shirt? \$27.50 Yes/No _____

Gymnastics Shoes: Child sizes (required) *\$37.50

C8 _____

C9 _____

C10 _____

C11 _____

C 12 _____

C13 _____



Parent/Child Information

Child Name: _____ Parent Name: _____

Phone Number: _____ E-mail: _____

Address: _____

Class Information

MWF Session	TTH Session
AM	
PM	

Shirt \$27.50

Shoes \$37.50

Total \$65 + tax = \$70.04

Additional Shirt (\$27.50 + tax = \$29.63) _____

Total Included _____

For Office Use Only:

Charge Category: Other: Preschool: Preschool – Uniform

CA CK CC Amount: _____

Initials: _____



State of Illinois
Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#							
Last First Middle				Month/Day/Year										
Address Street City Zip Code				Parent/Guardian Telephone # Home Work										
IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.														
Vaccine / Dose	1 MO DA YR		2 MO DA YR		3 MO DA YR		4 MO DA YR		5 MO DA YR		6 MO DA YR			
DTP or DTaP														
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV			
Hib Haemophilus influenza type b														
Hepatitis B (HB)														
Varicella (Chickenpox)									COMMENTS:					
MMR Combined Measles Mumps. Rubella														
Single Antigen Vaccines	Measles		Rubella		Mumps									
Pneumococcal Conjugate														
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza														
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)														
Signature				Title				Date						
Signature				Title				Date						
ALTERNATIVE PROOF OF IMMUNITY														
1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)														
*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature														
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.														
Date of Disease				Signature				Title				Date		
3. Laboratory confirmation (check one) ** <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella Lab Results Date MO DA YR (Attach copy of lab result)														

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date												Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts	
Age/ Grade													
	R	L	R	L	R	L	R	L	R	L	R		L
Vision													
Hearing													

Student's Name			Birth Date		Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year				
HEALTH HISTORY							
TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER							
ALLERGIES (Food, drug, insect, other)				MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Child wakes during the night	Yes	No					
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes	No	
Developmental delay?	Yes	No					
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Surgery? (List all.) When? What for?	Yes	No	
Diabetes?	Yes	No		Serious injury or illness?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No		TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Seizures? What are they like?	Yes	No		TB disease (past or present)?	Yes*	No	
Heart problem/Shortness of breath?	Yes	No		Tobacco use (type, frequency)?	Yes	No	
Heart murmur/High blood pressure?	Yes	No		Alcohol/Drug use?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No	
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Dental <input type="checkbox"/> Braces <input type="checkbox"/> • Bridge <input type="checkbox"/> • Plate Other			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.			
Ear/Hearing problems?	Yes	No		Parent/Guardian Signature			
Bone/Joint problem/injury/scoliosis?	Yes	No		Date			
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA							
HEAD CIRCUMFERENCE		HEIGHT		WEIGHT		BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>							
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered ? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date (Blood test required if resides in Chicago.)							
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>							
Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____							
Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____							
LAB TESTS (Recommended)		Date	Results			Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)			
Urinalysis				Developmental Screening Tool			
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs			Normal	Comments/Follow-up/Needs	
Skin				Endocrine			
Ears				Gastrointestinal			
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Genito-Urinary		LMP	
Nose				Neurological			
Throat				Musculoskeletal			
Mouth/Dental				Spinal Exam			
Cardiovascular/HTN				Nutritional status			
Respiratory		<input type="checkbox"/> Diagnosis of Asthma		Mental Health			
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g.Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)				Other			
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions			
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup							
MENTAL HEALTH/OTHER Is there anything else the school should know about this student?							
If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?							
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.							
On the basis of the examination on this day, I approve this child's participation in (If No or Modified,please attach explanation.)							
PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>				INTERSCHOLASTIC SPORTS (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>			
Print Name		(MD,DO, APN, PA)		Signature		Date	
Address				Phone			

(Complete both sides)



9461 N. Second St. Roscoe IL 61073 • 815-623-5437

Waiver

Parent/Guardian Name: _____ 2nd Parent/Guardian: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ 2nd Phone: _____

Email: _____ 2nd Email: _____

Emergency Contact: _____ Emergency Phone: _____

I agree to let KIDS SPOT Inc., use my child's name and photo in marketing, public news releases and in-house publications. Guardian Initials: _____

Student First Name	Student Last Name	Date of Birth	Age	M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about us? (please circle one)

Friend Flyer Website Facebook Newspaper Stateline News Former Student School
 Birthday Party Yellow Pages Home pages Drive by Radio School: _____
 Parade: _____ Other: _____

Please inform Staff of allergies and/or medical conditions. _____

Office Use Only: Entered in iClass _____ Staff Initials: _____ Date: _____

Kids SPOT Minor Participation

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (“Agreement”) In consideration of participating in the Kids Spot Inc. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Kids Spot, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant(s)

Date

Parental Consent
And I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent / or Legal Guardian

Date

Signature of Parent / or Legal Guardian

Please use the following waiver:

If the parent decides to participate in the same activity as the minor please make sure the parent Also signs this Waiver in addition to the minor waiver. Also use this waiver FOR BIRTHDAY PARTIES, MOMMY AND ME, OPEN GYM, SLEEP OVERS and Special Events (basically any Adult Participation Activity).

_____ Parent or Legal Guardian or Sibling or Caregiver or Adult Participant

Kids SPOT Adult Participation

Release & Waiver of Liability, Assumption of Risk, and Indemnity Agreement (“Agreement”)
In consideration of participating in the Kids Spot, Inc. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Kids Spot, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which, any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant(s)

Date

Signature of Participant(s)



Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments, and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Kids Spot, Inc. ("Kids Spot") cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while engaging in its programs. While Kids Spot will have certain measures in place intended to reduce the possibility of spreading COVID-19, Kids Spot cannot guarantee that exposure will not occur. If you choose to have your child(ren) participate in one or more Kids Spot activities, you acknowledge that you may be exposing your child(ren) or yourself to an increased risk of contracting or spreading COVID-19 and you agree that you are assuming the risk, waiving any liability, and releasing Kids Spot, as described in this document. You also agree that you and your child(ren) will follow the safety procedures and protocols established by Kids Spot, including consenting to a thermo-scan upon arrival.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Kids Spot and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Kids Spot may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Kid Spot employees, volunteers, owners, and program participants (including their families).

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Kids Spot or participation in Kids Spot programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Kids Spot, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, expenses, or attorney's fees of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Kids Spot, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Kids Spot program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant(s)

BEHAVIOR GUIDANCE AND DISCIPLINE POLICY

Together, at Kids Spot Academy, we will work together to ensure a lifetime of loving and developing a passion for learning with Kids Spot Academy. We have clear expectations for children in our classes on how to properly behave in class. However, while teaching your child, we may have to respond to your child's misbehavior.

In response to misbehaving, we will use our 3 step-process to reverse the behavior.

1. Use positivity to teach the child to correct the behavior. E.g. Child is teasing a friend, we say to the student "we do not tease friends" and make the student repeat the sentence
2. Mini-Talk. E.g. Child is still teasing a friend, we pull the child aside and talk to them about why it is not right to show such behavior. At this age, we believe children know right from wrong.
3. We use redirection to redirect the student. E.g. Child is teasing a friend and step 1 and 2 do not work, we redirect the student to another center/part of the gym to continue with a different activity away from the friend whom he/she was teasing

If child does not respond well to redirection and is still misbehaving, they will receive behavior form. This will explain exactly what happened and what we did to ensure the behavior would stop. Under certain circumstances, this may lead to child being sent home for the rest of class.

We will communicate behaviors and ensure that we work together to stop consistent misbehaving before it gets worse.

If consistent misbehaviors cannot be resolved after constant communication between parent and Kids Spot Academy and Kids Spot Academy has done all that they feel they could to stop consistent misbehaviors, Kids Spot Academy does have the right to terminate the attendance of a child. At any time that we feel behavior is out of control, we do have the right to terminate attendance of a child from our program.

There are sometimes unique circumstances in which we will terminate the attendance of a child immediately. Some examples might include:

- Physical or mental safety of self, students, or teachers
- Bullying children or teachers; including harmful threats, foul language, or inappropriate language
- Hostile or harassing behavior to a child or adult by a parent or guardian at the center.
- An account is not paid within 5 days of due date.
- Late pick-ups become excessive

If your child is terminated of attendance, there will be no refunds given.

I understand and have received a copy of the behavior guidance and discipline form for Kids Spot Academy.

I understand that at any time Kids Spot Academy has the right to terminate my child of attendance.

Child Name: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

I acknowledge that I have received a copy of Kids Spot Academy's parent handbook. I understand that these are policies under Kids Spot Academy and I agree to abide by these policies as my child continues enrollment at KSA.

Child Name: _____

Parent Signature: _____

Date: _____

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



2021-2022

Parent Handbook

Welcome to Kids Spot Academy! We are so excited for the 2021-2022 school year! Our director, Claire Hofman is here to answer any questions you may have in regards to this program.

Mission

Our mission statement at Kids Spot Academy is for children to use their body and mind to ensure maximum learning by nurturing each child's physical, intellectual, and social emotional development in a fitness and academic-rich environment.

Philosophy

We use active elements in our curriculum to get your child's brain moving before working towards our learning goals to ensure maximum learning. Our goal is for each child to meet and exceed the kindergarten standards in Illinois. Our daily curriculum includes phonics, reading, writing, sound and letter recognition, and math. Our loving teachers create a safe, positive, and healthy environment for your child to academically and physically excel.

There are multiple studies indicating that exercise boosts cognitive performance, helps stimulate brain growth and focus, thus making learning easier. Other benefits can include getting better sleep and decreasing the risk of health problems such as obesity.

We believe our gymnastics, tumbling, and dance incorporated into our program at the start of each day will create a better, calmer, and more focused learning environment. Not only will physical activity promote exceptional learning, it will also help your child feel more confident.

Staff

Our Kids Spot Academy staff are all trained professionals who love what they do. Each staff member is CPR and First Aid certified, background checked and fingerprinted, have an education and background in early childhood, and continue to learn more about the field as they continue to through yearly trainings to keep them fresh.

Our director, Claire Hofman, has a long history of experience and schooling in early childhood. Claire has worked in early childhood for 9 years and has 4 years experience as a director. Claire loves the field and is committed to making your experience with Kids Spot Academy excellent. She will be available between the hours of 8:00AM-3:00PM to answer any and all questions, comments, or concerns you may have with Kids Spot Academy. Her e-mail address is claire@kidsspotinc.com

State exemption

Kids Spot Academy is monitored by IDHS (Illinois Department of Human Services). We are a license exempt center in Illinois – this simply means we are not licensed or regulated through DCFS. Our number 1 goal is to ensure safety and health of your child(ren).

Class Descriptions

Our classes are offered for 2 ½ hours a day either 2 or 3 days a week. We offer a morning session from 8:45AM-11:15AM and an afternoon session from 12:00PM-2:30PM. We start the class with different physical activities including gymnastics, tumbling, dance, and music and movement. We jump into different educational centers and rotations focusing on phonics, literacy, writing, and math. These rotations may include usage of our classroom computer lab or classroom iPads.

Classroom Schedule

Time	Activity	Description
45 minutes	Physical activity	Gymnastics, tumbling, dance, or music & movement
20 minutes	Circle Time & Spanish	Calendar, days of the week, months, counting, states, presidents, sight words, and simple Spanish phrases
75 minutes	Curriculum Rotations	Structured rotations including phonics, literacy, writing, and math (some iPad and computer time may be included)
10 minutes	Story Time	Reading a story to the students

Homework

Each child will have a folder provided that will be sent home daily and will need to be returned the next class day. One folder pocket will be for “take home” including: finished homework and projects, parent notes, and important memos. The second pocket in the folder will include daily homework. This homework includes worksheets or projects based upon the materials we are going over in class. This is simple review for your child. Though the homework is not mandatory, we highly recommend you review the content with your child.

Attendance & Closures

Kids Spot Academy's 2021 school year will run from Wednesday, September 8th – Wednesday, May 18th.

We follow the Kinnikinnick School District days off calendar. Some holidays may include Columbus Day, Veterans Day, Thanksgiving Break, Winter Break, Martin Luther King Day, Presidents Day, Casimir Pulaski Day, Spring Break, and Good Friday. As the school year approaches, we will the 2021-2022 calendar on our website.

Absence & Sick Policy

We believe your child gets the most out of Kids Spot Academy by being present. Though we expect your child to attend, we also want to ensure the health and safety of our preschool. Please do not send your sick child to school if they exhibit any signs of illness. If your child is exhibiting any of the following symptoms, please do not bring them to school:

- • Fever or chills
- • Cough
- • Shortness of breath or difficulty breathing
- • Fatigue
- • Muscle or body aches
- • Headache
- • New loss of taste or smell
- • Sore throat
- • Congestion or runny nose
- • Nausea or vomiting
- • Diarrhea

We also require that you call Kids Spot Academy to notify us that your child will not be in attendance that day. If your child is showing any of the above symptoms, children will be required to get a COVID-19 test or quarantine for 14 days before returning to school. Please keep in mind if someone in your immediately family or household is exhibiting symptoms of COVID-19 that it is in the best interest of Kids Spot Academy students and staff to keep your child home until cleared.

You are required to immediately notify Kids Spot Academy of any illnesses that are considered communicable diseases or other contagious illnesses including: chicken pox, pink eye, strep throat, head lice, fifth's disease, measles, or hand, foot, and mouth. All of these illnesses will also require a doctor's note to return to school.

If a child is sent home due to an illness during school, we will notify the parent that their child needs to be picked up within the hour. If the child is not picked up within the hour of the notification, Kids Spot Academy will charge a \$30 fee for one on one staffing. We will continue to charge \$30/hour until the child is picked up.

Daily arrival and departure procedure

At Kids Spot Academy we want to ensure your child has a smooth drop-off with us so we can move quickly to ensure the most time learning with us with no distractions. Drop-offs can be a hard time for your child, making it hard for you to leave. At Kids Spot Academy you will pull up to our main Kids Spot gym and our teachers will get your child out of your car for you. Drop off time is from 8:35AM-8:40AM for the morning session and from 11:50AM-11:55AM for our afternoon session. We will start in the main gym for our exercise portion and then move to the preschool classroom. You will pick your child up at the main door of Kids Spot Academy. Pick up time is at 11:15AM and 2:30PM. Each child will require an adult on the pick-up list to pick up their child. At this time, the teacher will mention to you how the child's day was.

Masks

Students will be required to wear a mask at school. We do seat students as far apart as possible, however they are not always able to be 6 feet apart, therefore we require masks. At our gym, we require masks for athletes as well, so we will require students to wear masks during dance, music and movement, and gym.

Hand Washing & Cleaning

Students will be required to wash their hands upon entry to our facility. We will require hand washing before and after activities. Hand sanitizer will be dispensed to students throughout the day. We provide hand sanitizer but recognize if you would like your student to have a specific brand. In this case, they are allowed to bring their own hand sanitizer. We are going through extreme measures to ensure the cleanliness and sanitation of every space our students are in. This includes disinfection of every surface before and after each activity. We will be using a disinfectant that is on the CDC's list of approved disinfectants to kill COVID-19.

Methods of Communication

At Kids Spot Academy our goal is to keep you fully informed on how your child is doing. Communication is key at Kids Spot Academy. Each child will have a folder provided by us that will be sent home daily and that will need to be returned daily. One folder pocket will be for "take home" including: finished homework and projects, parent notes, and important memos.

Curriculum

At Kids Spot Academy we use our local school district's (Kinnikinnick) curriculum as a basis for ours. We mentally prepare each and every student to go into Kindergarten feeling confident and excited for what's to come next. We tailor each and every child's needs—meaning if your child falls a little behind or does not understand a concept, we will continue to work with the child on the concept. With that being said, we will be completely honest with

you as to where your child falls and if we believe they are ready to move on to Kindergarten or not.

Parent Teacher Conferences

At Kids Spot Academy we will have two parent teacher conferences a year. One conference will take place in the fall and one will take place in the spring. During conferences, we will show you some of your child's work for the year and let you know how we feel they are developing in class. This is a great time to review any behavior or curriculum challenges within class or at home.

Dress & Attire

Our uniform includes a polo shirt and gymnastic shoes that will be purchased at registration. Pants and shorts must be black. We do not allow clothes with buckles, zippers, or belts. Hair clips, barrettes and other hair accessories are not permitted. Hair clips, hair barrettes or other hair accessories. Hair glitter, gel, spray-on hair color, or excessive oily hair products are a safety hazard in the gym and can cause someone to slip and fall when they get on the mats.

Potty Training

We require all students to be potty trained at Kids Spot Academy, though we do realize that accidents happen. Please make sure that your child always has a spare pair of underwear, pants, socks, and shirt. Please place these clothes in a zip-lock bag with their name on the bag and keep this in their backpack at all times.

Withdrawal & Disenrollment by Kids Spot Academy

If your child will be withdrawing from the school year, **we require a two week written notice.**

Kids Spot Academy understands that bringing your child into a new environment can be difficult. Kids Spot Academy will help transition and guide your child into this new environment and experience.

Kids Spot Academy has the right to terminate the attendance of a child. There are sometimes unique circumstances in which we will terminate the attendance of a child. Some examples, not limited to, include:

- Physical or mental safety of self, students, or teachers
- Bullying children or teachers; including harmful threats, foul language, or inappropriate language
- Hostile or harassing behavior to a child or adult by a parent or guardian at the center
- An account is not paid within 5 days of due date

- Excessive late pick-up

If your child is terminated from attending, there will be no refunds given.

Supplies to be Provided by Parents

- Spare pair of underwear, pants, socks, shirt (kept in backpack at all times)
- Purchased polo (uniform) and gymnastics shoes from Pro Shop
- School Supplies
 - Backpack
 - Pencil Box
 - Pencils
 - Erasers
 - Colored pencils
 - Markers (Washable)
 - Crayons
 - 2 Elmer's Glue Sticks
 - 1 pair of small 5" scissors
 - 2 boxes of Kleenex
 - Pack of whiteboard markers
 - 2 Highlighters
 - 2 Sharpie Marker
 - Large bottle of sanitizer
 - Extra masks (2)

Emergency Medical Care Procedure (Life-Threatening)

If a child has an accident or a life threatening-illness your child will be transported to Javon Bea Hospital on Riverside Rd. in Rockford. We will first call paramedics at 911 and then call you to let you know that situation occurred. All other minor first-aid treatment will be done by our certified staff (ex: cuts, scrapes, etc.).

Prohibited Firearms

Kids Spot Academy would like the safest environment for your child. Kids Spot Academy strictly prohibits firearms on our premises.

General Information & Important Reminders

- Snacks or lunch needs to be finished before entering the building
- It is not permitted to bring toys from home
- Drop-off will take place at Kids Spot and pick-up will take place at Kids Spot Academy

- Parents will be informed of special monthly activities, events, etc. via monthly newsletter
- We strongly encourage parent involvement with activities and events outside of class-time
- Kids Spot Academy is not responsible for any lost, damage, or stolen items of any kind that are brought to the center
- Remember to bring regular shoes for class after gym time is over
- Please make sure to notify the office if your address, phone number, or e-mail address changes—we want to be able to contact you if there is an emergency!

2021 – 2022 KSA School Supply List



Backpack	2 Elmer's Glue Sticks
Pencil Box	1 pair of small 5" scissors
Pencils	2 boxes of Kleenex
2 Large Erasers	Pack of whiteboard markers
Colored pencils	2 Sharpie Marker
Markers (Washable)	2 Highlighters
Crayons	1 Glue Bottle
Mask & extra mask	Hand sanitizer
Sanitizing Clorox Wipes (2)	