



Child's Name _____

Date of Birth: _____ Date of Enrollment: _____

Gender: M F Native Language: _____

Lives with: 2 parents 1 parent grandparents foster Other

Payment: Self Pay Vouchers Workforce Other

4 Digit Check In Code: _____ Date Of Withdrawal: _____

Child Information

My child has (check all that apply)

__ Siblings # _____ List Names: _____

__ Allergies __ Special Diet __ A Medical Plan __ Social/emotional needs __ An IEP __ Special Needs

Please Explain: _____

A History of: Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____
Seizures _____ Biting: _____ Defective Heart _____ Diabetes _____ Sun Sensitivity _____ Frequent Colds _____ Fainting Spells _____

Temper Tantrums _____ Contracted Tuberculosis _____ Frequent Ear Infections _____ Frequent Throat Infections: _____

Is there a custody agreement or restraining order pertaining to this child? Yes No

A copy of any paper regarding custody must be on file with the school in order to enforce the order.

Schedule of Care—Please be as accurate as possible to help plan for staffing

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Drop Off Time						
Pick up Time						

Family Information

Primary Caregiver: _____ Relationship to child: _____

Home Address: _____ City, State, Zip: _____

Primary Phone: _____ Email Address: _____

Place of employment: _____ Work Phone: _____ Work hours: _____

Secondary Caregiver: _____ Relationship to child: _____

Home Address: _____ City, State, Zip: _____

Primary Phone: _____ Email Address: _____

Place of employment: _____ Work Phone: _____ Work hours: _____

Emergency Contact

Name of person to call if parents cannot be reached: _____

Home Address: _____ City, State, Zip: _____

Relationship: _____ Primary Phone: _____ Work Phone: _____

Is this person authorized to take the child from the center? Yes _____ No _____

Pick Up List

List all other adults who are authorized to take child from the center:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Person's specifically **NOT** authorized to pick up child (MUST provide legal documentation if person is a parent)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Medical Information

Child's Physician or emergency treatment facility Phone number

Address City, State, Zip

I, _____, mother / father / guardian (**Circle One**)

of _____, do hereby give my consent to the
(Child's Name)

Director/Assistant Director of Kreative Kidz, or their duly representative, for said child to receive medical or surgical aid as may be deemed necessary to expedient by a duly licensed or recognized physician or surgeon in case of an emergency when transport said child for emergency medical treatment, if the parents cannot be reached.

Parent / Guardian Signature Date

Witness Signature Date



Release Form

HIPAA Release Form
Allergy and Medical Postings

I, _____, parent/guardian of _____
(Print Name) (Print Child's Name)

Authorize Kreative Kidz to post my child's allergy/medical alert in his/her assigned classroom, in the kitchen, and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

Parent/Guardian's Signature Date

Consents

① I hereby give ___/do not give ___ the Director of the Child Care Facility or his appointed representative permission to give _____ acetaminophen. I understand I will be notified that the medication has been administered.

Signature _____ Date: _____

② I hereby give ___/do not give ___ written permission for the use of suntan lotions/sunscreen for my child in permissible weather. School age children may apply sunscreen to themselves. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing unit : 1100.1101.17.

Signature: _____ Date: _____

③ I hereby give ___/do not give ___ the child care facility permission to take photographs of my child for use in the facility.

Signature: _____ Date: _____

④ I hereby give ___/do not give ___ the child care facility permission to take video recordings of my child for use in the facility.

Signature: _____ Date: _____

⑤ I hereby give ___/do not give ___ the child care facility permission to place photos of my child on social media or the facility website for community involvement or promotional purposes.

Signature: _____ Date: _____

⑥ I hereby give ___/do not give ___ the child care facility permission to place video recordings of my child on social media or the facility website for community involvement or promotional purposes.

Signature: _____ Date: _____

③ thru ⑥ In accordance with minimum licensing requirements: DCCECE/Child Care Licensing Unit: 600.604.1.k and l

Acknowledgments

① This is a statement of verification that I have been informed that the childcare licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.201.4

Signature: _____ Date _____

② This is a statement of verification that I have been informed of the behavior guidance policy practiced. In accordance with Minimum Licensing Requirements: DDCECE? Child Care Licensing Unit 500.501.7

Signature _____ Date _____

③ This is a statement of verification that I have received information regarding Shaken Baby Syndrome in accordance with Carter's Law (all parent's of infants) In accordance with Minimum Licensing Requirements: DCCECE/ Child Care Licensing Unit: 600.604.1

Signature _____ Date _____

④ This is a statement of verification that I have received information about AR Kids 1st.

Signature _____ Date _____

⑤ This is a statement of verification that I have received a copy of the Kindergarten Readiness Indicators Checklist.

Signature _____ Date _____

⑥ I, The parent/ guardian of this child, understand that I may ask for a conference with the caregivers as needed

Signature _____ Date _____

⑦ I have received a copy of the handbook and agree to the policies therein.

Signature: _____ Date _____

Please fill out **only** Payment Schedule and Due Day (the day you wish to pay on). Office staff will fill in the rest. Our policy is that you must pay by Friday for the following week (prepay) .Keep in mind, if you choose to pay on a day that isn't Friday you will still pay before care : not the week that care is being used.

Payment Schedule

Classroom Assigned						
Program Type						
Individual Tuition	\$					
Discounts Applied	\$					
Payment Schedule (pick one)	Weekly		Biweekly		Monthly	
Due Day	Mon	Tues	Wed	Thurs	Fri	Sat
Total Due on Pay Day	\$					

Parent Agreement Form

Anyone wishing to enroll at Kreative Kidz Learning Center must be able to comply with the following policies:

Tuition is due on Friday for the following week. If tuition is not paid by the end of the business day on Monday your child will not be able to return to Kreative Kidz Learning Center until it has been paid in full. There will be a \$25.00 per day, per child late fee assessed for late payments.

Tuition remains the same for all weather related closings, holidays, absences and sick days. The facility generally follows Springdale School District for weather related closings. Closings will be posted on the Kreative Kidz Facebook page and 40/29 news. Each child receives ,annually, 1 week tuition free vacation after the child has been enrolled for 90 days.

Children must be between 6 weeks and 12 years of age. Class placement is based on the age of the child. All school age children will be enrolled in the School Age Program. Children must have completed Kindergarten to participate in the School Age Summer Program.

An updated immunization record must be on file for children ages 6 weeks to 5 years old.

Any child showing symptoms of illness will be isolated and the parent/guardian will be notified immediately to come pick the child up. It is not within the center's abilities to make judgement calls or assess a child's likely diagnosis. Arkansas Childcare Licensing mandates at what point when we have to send children home.

One change of weather appropriate clothing will be provided to the facility by the child's parent/legal guardian for each child.

Any child who is not fully toilet trained must bring to the center all necessary items (clothing, diapers, pull ups, creams) to take care of the child's diapering/toileting. Items can be stored at the facility or sent in a bag daily. Infants will need to have bottles and formula provided.

Children are not to bring coins, guns, knives, sharp pointed objects ,potentially dangerous items or toys to the facility. Sentimental/expensive items should not be sent. Kreative Kidz Learning Center is not responsible for lost or stolen personal items.

A child should be free from fever, vomiting, diarrhea, ect., for at least 24 hours and able to participate in all activities including outdoor play before returning to Kreative Kidz Learning Center..

Children should be dressed appropriate for play and the weather. Kreative Kidz Learning Center is not responsible for clothing damaged during daily play activities.

Parents and teachers will work closely to support Kreative Kidz Learning Center's Behavior Policy to provide a safe and happy learning environment.

A 2 week notice will be given to Kreative Kidz learning center prior to withdrawing a child. Tuition will be charged and collected though the 2 weeks regardless of attendance.

Children are subject to be interviewed without notice by licensing staff, by child maltreatment investigators, or by law enforcement for investigative purposes and/or determining compliance with licensing requirements.

A 2 week notice will be given to Kreative Kidz Learning Center when a child will be absent due to vacation. Tuition will be charged without this notice.

I have read and understand the Kreative Kidz Learning Center Parent Agreement. I will comply with all of the policies stated.

CHILD'S NAME (Print): _____

PARENT/GUARDIAN (Print): _____

PARENT/GUARDIAN (Signature): _____ Date: _____

Regional Therapy Services, Inc.

2403 Marylane Drive, Rogers, AR 72756

FREE DEVELOPMENTAL SPEECH AND LANGUAGE SCREENING – Birth to School Age

Several times per year we provide **free** developmental testing for speech and language skills to children throughout Northwest Arkansas at their daycares. This is a great opportunity for children and parents to be informed of your child's skills necessary for normal development in the area of communication. We believe these skills are vital to your child's educational experiences. You will receive information regarding your child's screening once it is completed. Feel free to contact us if you have further questions or concerns regarding your child's development. We are glad to serve children and families of Northwest Arkansas. Please fill out the remainder of the form at this time, if you would like for your child to receive this free service.

Deedra Branscum, M.S., CCC-SLP

(479) 790-7979 deedrarts@gmail.com

Lead therapist, Speech Language Pathologist/Therapist

Ron Branscum, President

(479) 936-1381 ronbrts@gmail.com

Child's Name _____ Date of Birth _____

Parents Name _____ Cell Phone # _____

Work Phone _____ Home Phone _____

Please list whether your child is covered under Medicaid or another Insurance Provider _____

Language spoken at home with child? English ____ Other (please list) _____

Behavior

Guidance Policy

We believe that children's misbehavior is an opportunity for teaching. Our goal is to help children develop self-control and to understand appropriate behaviors. We use the following steps to guide children's behavior.

- ★ Help children know and understand limits for behavior and consistently implement limits.
- ★ Recognize and comment on desirable behaviors.
- ★ Teach social skills, problem-solving steps, and calm down routines as preventive measures.
- ★ Overlook minor incidents that are not dangerous or disruptive, allowing children opportunities to use the problem-solving steps.
- ★ When a situation requires adult assistance, help the child regain control of his/her emotions (if needed). Recognize the child's feelings and comfort the child. When the child is calm, identify the inappropriate behavior and how it is hurtful to the child, to others, and/or to the environment. Help the child think of appropriate behaviors that might have been used in that situation.
- ★ Direct the child to a different activity, if necessary.
- ★ Help the child calm down by briefly removing him/her from the group or activity where the inappropriate behavior occurred. Be sure the child understands why he/she is being removed. Identify the behavior that is expected when he/she returns to the group activity. Stay nearby to monitor. When the appropriate behavior occurs, immediately recognize and comment.
- ★ Briefly remove the child from the classroom under the supervision of a staff member, repeating the step above to teach, monitor, and recognize appropriate behavior.
- ★ If a pattern of inappropriate behavior develops or if the child's behavior results in destruction of equipment or injury to self or others, a conference with the parents will be required. Working together, we can develop a plan of action that will provide the support and resources needed to help the child.
- ★ There shall be no physical punishment or threat of physical punishment.
- ★ Each child's dignity will be maintained. Incidents will be handled calmly and in a positive, supportive manner.
- ★ Children under the age of two will not be placed in "time-out" as this age group does not understand or benefit from the consequence. Redirection and modeling desired behaviors are the guidance techniques used with this age group. Children will only be removed from activities when their behavior threatens the health or safety of the other children in the room

Shaken Baby Syndrome

When a child less than one year old is shaken, it can damage the child's brain, causing blindness, brain damage, paralysis, or even death. This is because babies have large heads and very weak neck muscles. When a baby is shaken the brain moves inside the skull, and this motion can cause the brain to tear, swell and bleed.

Older children can also be injured. No child of any age should ever be shaken. It is a form of child abuse. In America every year, treatment is sought for estimated 1,200 - 1,400 children who are shaken .Of these victims, 25-30,% will die as a result of their injuries.

Some symptoms of Shaken Baby Syndrome are: irritability, vomiting, sluggishness, difficulty breathing, not smiling or making sounds, seizures, not sucking or swallowing, eyes are not focusing or tracking movement, or pupils are unequal in size.

Help prevent Shaken Baby Syndrome by telling others about the dangers of shaking children. Talk to your day care provider, babysitter, family members, and anyone else who will be caring for your baby.

Never lose control and shake your crying baby. If your baby is crying -Check to see if the baby is hungry or wet; Gently rock or walk with the baby; Take the baby for a ride in the stroller or car; Place the baby in a safe place, like a crib, and leave the room for a few minutes: Call a friend, neighbor, or relative to help; Sing or talk to the baby; Gently rub the baby's back; Offer the baby a noisy toy; Think about how much you love your baby and how much he or she depends on you.

Information taken from the National Center on Shaken Baby Syndrome website at www.dontshake.com

Information on this page is not intended to replace advise by a health care professional. If you are concerned about your child's health please consult a physician

Kindergarten Readiness Indicators Checklist

Arkansas Department of Education

Children who enter school with a range of skills and knowledge tend to be more successful in school. While mastery of any or all of the skills identified is not required for admission to kindergarten, these indicators will help children enter kindergarten with confidence.

Expressive/Receptive Language Comprehension

- 1. Uses effective oral communication skills and speaks in complete sentences
- 2. Understands and follows directions with at least two steps
- 3. Understands vocabulary related to position, direction, size and comparison
 - top/bottom
 - first/last
 - like/different
 - big/little
 - up/down
- 4. Makes simple predictions and comments about a story being read

Approach To Learning/Cognition

- 5. Demonstrates visual discrimination skills by matching two like pictures in a set of five pictures
- 6. Classifies (same/different, alike/not alike) objects by physical features
 - shape
 - color
 - size
- 7. Classifies objects conceptually (things that go together)
- 8. Recognizes, replicates or repeats patterning sequence
- 9. Demonstrates the ability to correctly put in order or sequence up to three (3) story pictures
- 10. Recites/participates/joins in repeating a familiar song/poem/finger play/nursery rhyme
- 11. Retells a simple story after listening to a story with pictures
- 12. Works simple puzzles (up to four 4 pieces)
- 13. Identifies/points to five (5) colors

Phonological Awareness/Print Knowledge

- 14. Recognizes name in print when shown word cards
- 15. Points to and/or recognizes letters in name
- 16. Attempts to write letters in own name
- 17. Recognizes environmental print or familiar signs in the child's environment
- 18. Demonstrates book awareness

Concepts about print

⇒left to right

⇒top to bottom

Book Handling

⇒holding book right side up

⇒beginning/ending

Kindergarten Readiness Indicators Checklist Continued

- 19. Identifies two words that rhyme/sound the same when given rhyming picture words
- 20. Recognizes 10 alphabet letter names, may include those in own name by pointing to requested letter
-
- 21. Matches 3 letter/sound matches
- 22. Uses symbols or drawings to express ideas

Mathematics

- 23. Counts number of objects in small group (up to 5 objects)
- 24. Demonstrates an understanding of number (how many) and numeral relationship by placing correct number of objects to corresponding 0-5 numeral
- 25. Demonstrates an understanding of addition and subtraction using manipulatives up to 5
- 26. Arranges numerals in order 1-5
- 27. Identifies/points to three (3) shapes
 - Square
 - Circle
 - Triangle
- 28. Counts in sequence 1-10
- 29. Understands concepts of more and less up to five (5) objects

Social Emotional

- 30. Identifies self as a boy or girl
- 31. Provides/states first and last name
- 32. Identifies parent's first and last name
- 33. Identifies age
- 34. Demonstrates independence in personal care
- 35. Separates from parents by appearing comfortable and secure without parent

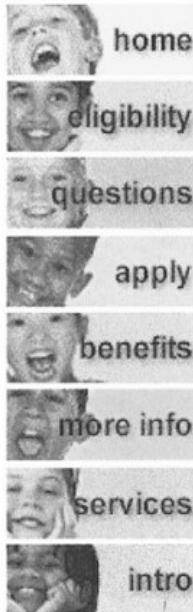
Physical Development

- 36. Uses writing/drawing tools and scissors with control and intention
- 37. Reproduces/copies a O X +
- 38. Demonstrates gross motor skills (hop, jump, run, catch and bounce ball)

Arkansas Department of Education
#4 Capitol Mall, Room 402A
Little Rock, Arkansas 72201
501-682-4379

The Kindergarten Readiness Indicators were developed by the School Readiness Committee, Arkansas Department of Education, Division of Childcare and Early Childhood Education, Arkansas Head Start, Arkansas Advocates for Children and Families and many Arkansas Early Childhood Providers.

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ARKids First health insurance provides two coverage options for more than 70,000 Arkansas children who otherwise might have gone without. ARKids A is Medicaid for children and offers low-income families a comprehensive package of benefits. ARKids B provides coverage for families with higher incomes. We have streamlined the application process for both packages, allowing you to apply for either package on the same form. Here are some other important highlights:

- You can now [apply for ARKids First online](#). (This link will open in a new window. To return to this website, close the window.)
- You can get an ARKids First application by calling our toll-free hotline, 1-888-474-8275, Monday through Friday from 8 a.m. until 4:30 p.m. You do not have to visit a DHS office.
- We will give you complete information for the ARKids A benefit package and the ARKids B benefit package.
- You can print an application from our website using your home computer. Or you can go to your local library for assistance.
- None of the benefits have changed for either benefit package.



Your children's health is our main concern. If you have questions, call our ARKids First toll-free hotline or visit your local DHS office or public library.