

KIDS:PLUS Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**KIDS:PLUS  
Student Data Sheet**

Date Application Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Child's Full Name : \_\_\_\_\_  
Last First Middle (Preferred Name/Nickname)

Address: \_\_\_\_\_  
Street City State Zip

**Family Information:**

Child lives with: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone

Do both parents share custody? Yes \_\_\_\_\_ No \_\_\_\_\_ \* If no, custody papers must be on file in the KIDS:PLUS office.

**Emergency Care/Pick Up Information:**

A child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, KIDS:PLUS has permission to contact the following individuals:

1. Name: \_\_\_\_\_ Contact number: \_\_\_\_\_  
(Relationship)

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact number: \_\_\_\_\_  
(Relationship)

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Contact number: \_\_\_\_\_  
(Relationship)

Address: \_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ CMC-NE \_\_\_\_\_ CMC-University \_\_\_\_\_ Other: \_\_\_\_\_

704.403.3000 704.863.3000 Phone Number: \_\_\_\_\_

**Parents: Please feel free to attach a current photo of your child.  
In the event of an emergency, the photo would be shared with emergency personnel.**

[CONTINUE COMPLETING ON REVERSE SIDE]

KIDS:PLUS Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Please tell us about your child so that we can provide him/her with 5-Star care.**

Is there any information regarding the child (emotional, behavioral, etc.) that will be helpful in supporting his/her experience(s) in a group setting? \_\_\_\_\_

Please list any special fears, likes or dislikes the child may have: \_\_\_\_\_

Is your child currently under a physician's care? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is the child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ Treated with medication: No \_\_\_\_\_ Yes \_\_\_\_\_

Please list allergies, symptoms and response required: \_\_\_\_\_

Is the child taking any daily and/or continuous medications? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does your child have any chronic illnesses/conditions? Please check all that apply:

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Seizures/Epilepsy \_\_\_\_\_ Frequent Nose Bleeds \_\_\_\_\_ Other: \_\_\_\_\_

Please list any symptoms and response required: \_\_\_\_\_

Please share any other information that has a direct bearing on assuring safe medical treatment for your child.

**For health care needs that require specialized services, a medical action plan shall be submitted to KIDS:PLUS and attached to this application. The plan must be completed by the parent/guardian and a health care professional. [Plans will be reviewed by the school nurse.] Plan attached: \_\_\_ No \_\_\_ Yes**

Does the child have any physical limitations? No \_\_\_\_\_ Yes \_\_\_\_\_ \_\_\_\_\_ No accommodations needed.

If yes, please describe any accommodations needed: \_\_\_\_\_

**Please initial by the following statements:**

\_\_\_\_\_ I verify that all information on this data sheet is complete and is accurate to the best of my knowledge. I understand that it is my responsibility to keep all information updated with the KIDS:PLUS Program.

\_\_\_\_\_ \*I authorize the KIDS:PLUS program to obtain medical attention for my child in an emergency. In the event that transportation is needed, the KIDS:PLUS Program will coordinate access to an appropriate medical resource.

\_\_\_\_\_ \*In the event of an emergency evacuation, I authorize KIDS:PLUS to transport my child to a safe location.

\*In an emergency situation, all children in the facility will be supervised by a responsible adult.

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

\_\_\_\_\_  
Date Signed

Cabarrus County Schools KIDS:PLUS Program is committed to providing care that meets the needs of your child, in accordance with the information provided on this form. We will not administer any drug or any medication without specific instructions from the physician, parent/guardian or full time custodian.

Application reviewed by: \_\_\_\_\_

KIDS:PLUS Staff Signature

Date



## KIDS: PLUS Program

130 Cedar Drive, NW | Concord, NC 28025  
PO Box 1909 | Concord, NC 28026-1909  
O: 704.260.5820 | F: 704.260.5829

The **Cabarrus County Schools KIDS:PLUS Program Family Handbook**, can be viewed by visiting the KIDS:PLUS link on the Cabarrus County Schools' website or by scanning the QR code at the bottom of this form.

- ✓ Discipline Policy
- ✓ Documentation of Administrative Penalties and Child Abuse
- ✓ North Carolina Child Care Laws
- ✓ Operational Policies
- ✓ Parent Participation Policy
- ✓ Parent/KIDS:PUS Conference Procedures
- ✓ Parental Rights
- ✓ Safe Arrival and Departure Procedures
- ✓ Smoking and Tobacco Restriction

By initialing below, I am acknowledging that I have received, understand, and agree with the following:

\_\_\_\_\_ I understand that all the above documents can be located by visiting the Cabarrus County Schools' KIDS:PLUS website via: [www.cabarrus.k12.nc.us/kidsplus](http://www.cabarrus.k12.nc.us/kidsplus) or by scanning the QR code at the bottom of this form.

\_\_\_\_\_ I understand, *that at any time*, I can request a copy of the handbook and/or any documents listed above.

\_\_\_\_\_ I will adhere to all KIDS:PLUS policies and procedures found in the handbook.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

School Year: \_\_\_\_\_

KIDS:PLUS Location: \_\_\_\_\_





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**KIDS:PLUS Program Agreement**

**The Family Should:**

- Agree to contact the Site Director on any day my child will not be in attendance in KIDS:PLUS.
- Agree to make all payments in full.
- Teach self-discipline and respect for KIDS:PLUS staff.
- Support KIDS:PLUS staff in the event my child demonstrates inappropriate behavior.
- Update all records as soon as there is any change: examples, address, phone numbers, medical information and emergency contacts.
- Share relevant information about my child with the Site Director regarding special fears or concerns, behavior challenges, or contagious diseases.
- Attend conferences requested by the Site Director.
- Agree to notify the Site Director in writing 5 working days prior to withdrawing the child from the KIDS:PLUS Program.
- Be available to staff for communication about my child at drop-off and pick up time.
- Agree to pick up my child by 6:00 p.m. each day.
- Be willing to show identification at any time a staff member requests.
- Families must agree to support, review and reinforce following the rules with their child prior to their attendance in the KIDS:PLUS Program.

**The Student should (with the assistance of his/her family):**

- Follow the Behavior Guidelines of Cabarrus County Schools
- Follow the directions of KIDS:PLUS personnel and follow all KIDS:PLUS rules.
- Refrain from misbehavior including, bullying, hurtful teasing, name-calling, pushing, shoving, tripping, kicking, scratching, pinching, spitting, biting, hitting or fighting, cursing, inappropriate touching, or any other

disrespectful behavior.

- Use all materials, toys, and supplies correctly and play cooperatively with other students.
- Work on homework assignments as instructed by my family.
- Respect the school facilities.
- Report any problem to KIDS:PLUS staff immediately.

**The KIDS:PLUS Staff Should:**

- Provide an environment that ensures the physical safety of all children.
- Communicate regularly with parents, in person, by phone, or in writing.
- Provide parents with current information about the KIDS:PLUS program.
- Provide an environment that meets the developmental needs of the children at various ages and accommodates the individual needs of children for rest, relaxation, physical activity, social interaction and/or study.
- Plan, organize, and supervise all student activities.
- Maintain confidentiality.

**The KIDS:PLUS Main Office Should:**

- Set high standards for the KIDS:PLUS Program.
- Ensure that programs are adequately staffed with qualified and caring employees.
- Ensure that all staff receives all required training and that all licensure requirements are maintained.
- Evaluate and adapt our program to provide quality care as the needs of the students, families, and community change.
- Be available to families, staff, and children when issues are referred to the KIDS:PLUS main office.

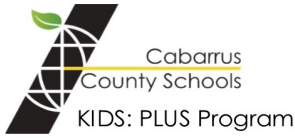
I have reviewed the KIDS:PLUS Program Agreement and have discussed behavior expectations with my child.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

KIDS:PLUS Location: \_\_\_\_\_ School Year: \_\_\_\_\_



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### Media Consent Release Information

The KIDS:PLUS program policy concerning photographs of children states, "No photographs or video will be taken nor names distributed to any media outlet without signed and dated parental or custodial permission."

Please read and sign the form below, indicating your preference for your child[ren], concerning media consent. By signing, you understand:

- That during the course of the KIDS:PLUS program day, media outlets may wish to conduct interviews, take photographs, or videotape portions of the KIDS:PLUS program to use for various purposes and may be viewed by the general public.
- That as a parent/guardian you have the right to refuse to allow your child's participation in recorded interviews, videotaping, or photographs by a media entity.
- That you understand that this consent will be valid for the school year listed.
- That you agree to contact the KIDS:PLUS Site Director at my site to notify them of any changes related to this Media Consent Policy.

Please indicate below whether KIDS:PLUS has permission to use your child's picture and/or allowing others to photograph your child for the following media publications:

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | On-site publications [art projects, birthday wall, etc.]   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Field Trip Venues [to be used for their marketing materials]   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Internet marketing/publications for KIDS:PLUS and/or CCS.<br>[Facebook page, webpages, publications, etc.] |

I will speak with my child regarding my preferences for media approval to help him/her understand the limitations of sharing their images.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

School Year: \_\_\_\_\_

KIDS:PLUS Location: \_\_\_\_\_

Date: \_\_\_\_\_

# KIDS:PLUS Plan C Care Session Remote Learning

Please read, initial and sign indicating that you have read and understand the KIDS:PLUS Plan C Care Session Remote Learning process:

- \_\_\_\_\_ KIDS:PLUS staff will provide children with dedicated time in the daily schedule to access their remote learning, specifically during the scheduled synchronous learning opportunities scheduled by their classroom teacher.
- \_\_\_\_\_ KIDS:PLUS staff are not a replacement for the classroom teacher and cannot be held responsible for ensuring completion, accuracy, or overall academic success.
- \_\_\_\_\_ KIDS:PLUS staff are not academic tutors, although they will do their best to answer questions and provide reasonable support.
- \_\_\_\_\_ KIDS:PLUS staff cannot require participation or completion, although we will encourage this by limiting the attractiveness of the alternative (ie: quiet, individual work, reading, etc.)
- \_\_\_\_\_ KIDS:PLUS staff will communicate with the family regarding any concerns or challenges.
- \_\_\_\_\_ KIDS:PLUS is still responsible for adhering to our licensing requirements regarding daily schedule of activities.
- \_\_\_\_\_ KIDS:PLUS is not responsible for any lost or damaged items, including the CCS issued device. The responsibility for maintaining the device is solely that of the family.
- \_\_\_\_\_ Families will review their expectation with their child(ren) regarding participation with and completion of remote learning assignments.
- \_\_\_\_\_ Families will ensure that their child(ren) brings with them their CCS issued device daily and any other materials required for remote learning (notes, handouts provided by the teacher, etc.). The device (and any accessories, such as chargers) need to be brought home each day. Please remember to send headphones for your child so that we can ensure a quiet environment for all children.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

School Year: \_\_\_\_\_

KIDS:PLUS Location: \_\_\_\_\_

## **Extra Precautions and Expectations Related to COVID-19**

Families that choose to register their child(ren) for our *KIDS:PLUS Plan C Care Session* acknowledge that they have received, understand, and will adhere to the policies and procedures reviewed below. Failure to comply with any of these will result in termination of services.

We will continue to follow all of our usual [licensing requirements](#) in addition to the guidance from the NC DHHS and the Cabarrus Health Alliance:

- [Child Care Strong NC Public Health Toolkit](#)
- [Strong Schools NC Public Health Toolkit](#)
- [Interim Guidance For Child Care Settings](#)

We will enforce the 3 Ws: wait at least 6ft, wear a face covering, and wash hands frequently

### Maintain Physical Distancing

- All staff, students, family, and visitors will adhere to the physical distancing policies of maintaining 6 ft when feasible.
- This applies to families as they are waiting to sign in/out their children as well.

### Mandatory Face Coverings for all

- All staff, students, family, and visitors will wear a face covering over their mouth and nose while on campus.
  - When outdoors and spaced at least 6 ft apart, KIDS:PLUS staff may initiate "mask breaks".

### Handwashing

- We will require handwashing immediately upon entry to our facility.
- We will follow all guidelines for proper handwashing and will teach and encourage children to follow those guidelines.

### Mandatory Health Screening for all

- All staff, students, and visitors must be screened prior to admittance into the facility. We ask that families pre-screen their children prior to bringing them, but realize that they will undergo screening again at arrival and at regular intervals throughout the day. KIDS:PLUS staff will use the Daily Health Screening document for this purpose.
- Following requirements from DHHS, individuals who are screened and determined that they should be excluded from care will be sent home immediately and will need to follow the Return to Child Care guidelines before being permitted to return.
- If a child should become ill or during a screening meet the criteria for exclusion, the child will be placed in a supervised, isolation area and will need to be picked

up from the facility immediately. Failure to provide a prompt pick up may result in loss of services.

Limits on Visitors

- Although we normally encourage participation from our families, during this time, we must follow the recommendations that we limit the visitors to our facility.
- If there is a necessity to enter the facility, that individual must undergo the mandatory health screening.

Sign in/Out Procedures

- Please follow the guidelines to wait at least 6ft apart and continue to wear your face covering as you drop off and pick up your child(ren).
- Please bring your own pen to sign the child(ren) in and out.

I have read and understand the KIDS:PLUS Extra Precautions and Expectations Related to COVID-19 Policy.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

School Year: \_\_\_\_\_

KIDS:PLUS Location: \_\_\_\_\_

Date: \_\_\_\_\_





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**Cabarrus County Schools  
KIDS:PLUS Check Policy**

Please initial each statement and sign below, indicating your agreement with the following:

\_\_\_\_\_ ***I understand that due to COVID-19, KIDS:PLUS strongly encourages everyone to utilize the online payment system as their primary means of payment.***

\_\_\_\_\_ I understand that the KIDS:PLUS Program of the Cabarrus County School District utilizes **CHECKredi** for recovery of non-sufficiently funded checks (NSF). **CHECKredi** utilizes the federal and state laws allowing the electronic recovery process of NSF checks. When a check is used as payment, the check writer authorizes **CHECKredi** either to use information from the check to make a one-time electronic fund transfer from the check writer's account *OR* to process the payment as a check transaction.

\_\_\_\_\_ I understand that **CHECKredi** will collect an NSF fee of \$25.00 for each returned check. This fee may be collected along with the face value of my returned check by electronic fund transfer from my account. NSF fees are subject to change without notice.

\_\_\_\_\_ I understand that if I have a returned check, I must pay **CHECKredi** to resolve it-- ***NOT*** the KIDS:PLUS Program. **Any payments made to the KIDS:PLUS Program will only apply as credit towards my child's tuition account, and will NOT cover my returned check.** For any unresolved returned check issues, **CHECKredi** may be contacted toll-free at 1-800-686-9522.

\_\_\_\_\_ I understand that I may be contacted by **CHECKredi** regarding my returned check.

\_\_\_\_\_ I understand that KIDS:PLUS will no longer accept checks as payment after a second returned check notice is received.

\_\_\_\_\_ I understand that failure to resolve returned checks could result in loss of services provided by the KIDS:PLUS Program.

\_\_\_\_\_ I understand that my name, address, and phone number must be provided on all checks submitted to the Cabarrus County Schools KIDS:PLUS Program.

\_\_\_\_\_ I understand that if I choose to submit payments by check, I agree to either provide my phone number on my checks, or I hereby give permission for KIDS:PLUS personnel to write my phone number on my checks.

\_\_\_\_\_ I understand that if I do **not** want my phone number to be recorded on my checks, I will pay by money order or online payment instead.

NAME(S) OF CHILD(REN): \_\_\_\_\_

\_\_\_\_\_  
(Responsible Party Signature)

\_\_\_\_\_  
(Date)