

Kids Way



Child Care & Early Learning Center, Inc.
Providing quality care and education since 2009

Dear Parent,

Welcome to Kids Way Child Care and Early Learning Center, Inc.

Please take a few minutes to complete the following forms and return them to Kids Way. It is important that the forms be completed in their entirety; if you have any questions regarding your registration packet an authorized Kids Way employee will be happy to assist you.

Immunizations Records are required per DCYF. If you do not have a copy of your child's Certificate of Immunizations, please provide a copy of your child's immunizations via your medical provider's "My Chart."

Enrollment is limited and offered on a first come, first serve basis. There is a \$200 registration and class supply fee per child when registering for the upcoming fall.

Thank you for choosing Kids Way for your child's care and early learning experience. We strive to offer the best possible experience for our enrolled children and their families.

"Kids Way ...Teaching the Way Kids Learn"

12211 20th St NE, Lake Stevens WA 98258

www.kidsway.org

Phone: 425-374-3582

KidsWay@live.com

2025/26 School Year



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Teaching the Way Children Learn Since 2009

Hello!

My name is Kymm Shipman and I am the owner and director of Kids Way Child Care & Early Learning Center, located in downtown/Old Town Lake Stevens. I have always loved children and thoroughly enjoyed my oldest son's preschool and childcare experience. Upon the birth of my second child, I decided to go back to college for my degree in Early Childhood Education and open my own Child Care and Preschool.

It has been an amazing journey! College affirmed many of my beliefs as a mom, as well as giving me in depth knowledge regarding child development and developmentally appropriate methods to teach to the youngest of children.

Keeping parents in mind I remodeled our building to include video web monitoring which allows parents to view their child's day via their computer, tablet, or smart phone. We also offer a secure building with assigned codes required at all entrances. We utilize Lillio digital daily reports which include curriculum activities as well as photos of your child's day. In addition, it provides direct messaging with your child's teacher. Kids Way teachers are educated, experienced, and well prepared to foster learning in young children while building on children's strengths.

Children are born learners. Kids Way specializes in Kindergarten Readiness for the Lake Stevens School District. We use many of the same tools and philosophies; including the Award-Winning Learning Without Tears "GET SET FOR SCHOOL" program in Writing & Literacy and Math & Numbers. We love this program as it teaches to all learning styles. In addition, we utilize, David Matteson's Foundation in Literacy to teach children how to compose and tell a story via drawn pictures, labels, and a sentence caption, in addition we use Everyday Math, and Schoolastic Weekly Reader and Book Club. Classroom routine is an important part of kindergarten preparation and success. Our curriculum includes circle time, arts & crafts, math, science, literacy, language, recess and social development; in addition, field trips to the Lake Stevens Athletic Club for indoor PE/Gym and the Lake Stevens Library.

We have parent teacher conferences twice a year. Our spring conference for the PreK Classroom includes a Kindergarten Transition Report for your child's upcoming Kindergarten teacher. When children graduate from Kids Way and begin Kindergarten, they are READY! They have learned how to navigate a classroom of their peers and they recognize many of the materials in their new classroom.

Early childhood is fleeting; our goal is for it to be full of laughter, learning, and love.

Kids Way Child Care and Early Learning Center, Inc

Registration Information 2025/26

Child's Legal Name: _____ Gender: Boy Girl (please circle)

Nick Name: _____ Date of Birth: _____

Child Lives With: Both Parents Mother Father Other: _____

Parent/Guardian Legal Name: _____ Nick Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer Name: _____ Work Phone: _____ Work Hrs _____

Parent/Guardian Legal Name: _____ Nick Name: _____

Address: (if different) _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer Name: _____ Work Phone: _____ Work Hrs _____

Authorized Emergency Contacts / Pick up Persons: more space available on the back for additional contact persons.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical/Allergies/Special Care:

Child's Physician: _____ Phone: _____

Date of Last Physical Exam: _____

Child's Dentist: _____ Phone: _____

Date of Last Dental Exam: _____

*** Kids Way will always attempt to contact parents regarding medical or dental concerns. If an emergency arises and no physician or dentist is listed, Kids Way will notify the EMT that there is no preference in the physician or dentist.

Does your child have a chronic illness? Yes No ~ If yes please describe _____

List Regularly Taken Medications: _____

Does your child have allergies? Yes No ~ If yes please list:

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Does your child have any special needs, is so please list: _____

Parent Signature

Date

Parent Signature

Date

How did you hear about us?

Driving by the preschool _____

Friends or Family _____

The Lake Stevens School District _____

Online Community Page _____

Online Search _____

Peachjar Ad _____

Other, please list _____

Sunscreen and Water Play Authorization Form:

Kids Way applies sunscreen with parents signed authorization. Parents are required to bring sunscreen in its original container, and label it with their child's name and the date.

Consent forms are completed during registration. Sunscreen is requested/accepted in spring.

In addition, Kids Way participates in water play such as sensory tubs, on site sprinklers, and the splash park across the street at Cove Park. Your signature serves as your permission to apply sunscreen (if provided) and for your child to participate in water play.

Families must apply sunscreen prior to arrival (for morning recess). Kids Way will reapply following nap or afternoon recess. DCYF (licensing) does not allow aerosol or homemade/farmers market sunscreen.

Thank you,
Kids Way Child Care and Early Learning Center

Child's Name: _____

Parents Name: _____

Parents Signature: _____

Date: _____



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The Washington State Department of Children, Youth, and Families (DCYF) oversees Washington Administrative Codes (WAC) for all licensed care. One of those codes includes brushing children's teeth once a day while in child care. (WAC 110-300-0180)

Families are allowed to "opt out" and provide oral hygiene/tooth brushing at home.
Please let me know which you prefer:

_____ Option #1 (opt out)

We prefer to provide oral hygiene/tooth brushing at home and opt out of tooth brushing while in care at Kids Way Child Care & Early Learning Center.

_____ Option #2 (pay for service)

We prefer our child's teeth be brushed while in care at Kids Way Child Care & Early Learning Center. We understand that it is the parent's responsibility to brush their child's teeth upon arrival. Tooth brushing may not occur at the sink and must be performed with a toothbrush and cup (health code). Children's hands must be washed after brushing their teeth. If a parent is unable to perform the tooth brushing and hand washing a Kids Way teacher will brush their child's teeth and wash their hands during free choice time.

We understand by choosing Option #2, we will be required to supply single use disposable toothbrushes and disposable cups for our child. Kids Way will charge a \$5.00 fee per occurrence if toothbrushes and cups are not supplied. Kids Way will charge a \$10 fee per occurrence if a Kids Way teacher performs the tooth brushing and hand washing.

Child's Name: _____

Parents Signature: _____

Date: _____

This form will be valid the duration of your child's enrollment at Kids Way. If you choose to change your option, please request another form. Every family is required to have a form on file.

Thank you,
Kymm Shipman
Kids Way Director

Kids Way Child Care and Early Learning Center, Inc.

Medical Consent, Digital monitoring Recording Web Viewing Photography
Acknowledgement, Transportation Consent, HiMama

Child's Legal Name: _____

Mother's Name: _____ Father's Name: _____

Medical Consent

I hereby give my permission that my child may be given emergency medical treatment to include FIRST AID and CPR by a qualified staff member of Kids Way or appropriate medical personnel. I also give my permission for my child to be transported by aid car, ambulance, or employee vehicle to the nearest medical treatment center or hospital if necessary.

In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Watch Me Grow Digital Monitoring ~ Recording ~ Web Viewing ~ Photography Acknowledgement

I acknowledge that Kids Way is being digitally monitored and recorded and these images are available through internet web viewing. I am aware that all entrances, classrooms, and playgrounds are equipped with cameras, and that my child/children are being viewed and recorded. In the event that it is necessary, recordings will be made available to State and local authorities. Recordings will not be made available to parents or guardians. Parental access is limited to your child's primary classroom. This is necessary to maintain a secured viewing environment. I acknowledge that Kids Way may photograph my child for educational or classroom use.

Transportation ~ Field Trip Consent

Kids Way has my permission to transport my child on scheduled field trips, outings, and activities. I understand that a notice for planned field trips will be posted on Lillio, however field trips within walking distance may happen any day without prior notice. Kids Way may also transport my child in the event of a natural disaster or emergency to the location specified in the Disaster Handbook. I understand that accidents can sometimes happen. Therefore, in exchange for my child's participation I release Kids Way and its employees from all liability for any injury, loss or damage connected in any way whatsoever to participating in Kids Way activities whether on or off the Kids Way premises and including transportation. I understand that this release includes any claims based on negligence, action, or inaction of Kids Way, its employees or guest. Kids Way is not responsible for lost, stolen or damaged personal items in our program or parking areas.

Lillio! Digital Daily Reports

Kids Way will share my child's day via daily emails from Lillio! Daily emails will include photos of the children. Some photos may contain group shots that include your child. Group shots may be emailed to all families with a child in the photo.

.....
I have read, understand, and agree to the above Medical Consent, Transportation/Field Trip Consent, and Lillio! Consent.

Mother's Signature

Date

Father's Signature

Date

General Policy List for the school 2025/26

This is a list of the most commonly asked Kids Way Policy Questions.
For a complete list of policies please refer to your parent handbook.

1. We enroll children ages 30 months through 5 years.
2. Operating Hours: Monday thru Friday 5:30 am – 6:00 pm
3. Tuition Pricing: Tuition pricing is a set rate and does not change due to illness, holidays, personal reasons, or weather/emergency closures.
4. Diaper Supplies: Parent provide all diapering supplies: disposable diapers, wipes, and non-powdered disposable gloves.
5. Vacation Credits: Families receive a week's tuition credit per school calendar year (prorated to the number of days per week a child is enrolled). The vacation credit reloads every September and does not carry over to the following school year. Families must be enrolled for 3 consecutive months with their account in good standing to qualify for a vacation credit.
6. Snacks and Meals: Breakfast begins at 7:00 and we stop serving breakfast promptly at 7:30. Kids Way provides a morning and afternoon snack. Parents provide lunch; however, Kids Way provides the milk served with lunch.
7. Deviations from Kids Way's Menu: Our menu has been approved by Washington State Dept. Children, Youth and Families, and Washington State Dept. of Health, any deviations from the menu due to allergies or other health related concerns require a doctor's note and a specific food replacement of the same nutritional value provided by the child's family.
8. "School Time" for your child to get the most out of our academic and arts and craft time, please arrive by 9:30 if possible.
9. Arrival times: Kids Way requires all children arrive by 10:30 unless there is prior approval. This allows your child to acclimate to school and to be ready to participate.
10. Kid Way Policy and Parent Handbook are emailed following registration. Families are encouraged to read it in its entirety. An authorized Kids Way employee will answer all questions. Copies are available upon request.
11. Overtime Waiver: Licensing (DCYF) limits attendance to 10 hrs. per day. Waivers are available for children who attend over 10 hrs. due to work or the commute. Any child in care past 10 hrs. will incur a fee of \$15 for up to 30 minutes of overtime care.
12. Kids Way closes promptly at 6:00. There is a late fee of \$5.00 per child, per minute after 6:00.
13. Discontinued Care: **Kids Way requires a 30-day written notice to discontinue or reduce care. Vacation credits may not be used for the 30 day discontinue care notice.** If Kids Way determines a child is a safety concern to themselves or others, Kids Way reserves the right to discontinue care immediately.
14. Photography: Kids Way uses photos (group and individual) for daily reports, art projects and family gifts, signing this form authorizes photography for daily reports and class projects.
15. Social Media Kids Way does not participate in social media. Families and Kids Way employees are prohibited from becoming social media followers/friends. This policy is to protect the privacy of Kids Way enrolled families and Kids Way employees.

I have fully read and understand the statements included in Kids Way General Policy List, I understand that this is a partial list of the most common questions and all of Kids Ways policies are listed in the Kids Way Parent Handbook.

Parent Signature: _____ Print Name: _____

Enrolled Child's Name: _____ Date: _____

Practices Concerning Ill Children

Kids Way health policy is based upon the requirements of Snohomish Health District and Washington State Department of Children, Youth, and Families (DCYF).

Kids Way is unable to care for children when they are ill. Families must have a backup plan for days that their child is ill. If your child becomes ill while at Kids Way, a parent/guardian will be notified and required to immediately pick up their child.

If we are unable to contact a parent or guardian, we will contact an authorized person from the emergency contact list provided at registration.

Children will be unable to attend Kids Way for the following:

1. **Fever** of 100 degrees or higher
2. **Vomiting** – 1 or more times in a 24 hour period
3. **Diarrhea** – 2 or more watery stools in a 24 hour period
* Please note children must be free of a fever (without the use of fever reducing medication), vomiting and diarrhea for 24 hours before returning to Kids Way. If your child is sent home from Kids Way, they will not be able to return the following day as it will be less than 24 hours.
4. **Rashes** which are accompanied by fever, weeping, itching, or open sores.
5. **Eye discharge or pink eye** * Children with pink eye must be on antibiotics for 24 hours and no longer displaying eye discharge before returning to Kids Way.
6. **Sore throat with or without a fever** * Children diagnosed with Strep Throat must be fever free, on antibiotics for 24 hours, and able to fully participate in class before returning to Kids Way.
7. **Lice or nits** * Children must be nit and lice free before returning to Kids Way.
8. **Appearance and Behavior** - If the child is unusually tired or irritable, pale, confused, displays a lack of appetite, complains "I don't feel good", or unable to participate in class activities
9. **Sinus/Nasal Discharge** – Children with a chronic runny nose throughout the day. Children may return once symptoms have significantly improved and nasal discharge is clear and not throughout the day.
10. **Cough** – Chronic cough throughout the day. Children may return once a cough has significantly lessened to a few times a day.
11. **Hand, foot, and mouth disease.** Children may return once they are no longer developing sores/blisters and current sores are scabbed over and no longer weeping.
12. **Cold Sores** – Open sores on a child who drools, puts toys/hand in their mouth, or unable to control saliva. If an open sore is present, exclusion will be determined on the child's developmental behavior. Children may return to care once the sore is scabbed over, no longer weeping, the child is comfortable, able to eat, and not in pain.

*** Children may attend if diagnosed with an ear infection once they are fever-free for 24 hours without fever reducing medication and able to fully participate in class and outdoor recess.

*** A doctor's note may be required prior to re-entry to Kids Way. Kids Way reserves the right to decide on re-entry.

Kids Way illness policy is designed to prevent the spread of illness and for the comfort of the children.
If we feel the illness is serious and question a child's safety, we reserve the right to contact emergency services immediately.

Parent Signature: _____ Print Name: _____

Enrolled Child's Name: _____ Date: _____



Dear Kids Way Parents,

Tuition Express is Kids Way's method of collecting and processing tuition payments.

Tuition Express, part of our ProCare Software management system, allows us to process tuition payments safely, quickly and efficiently.

Once enrolled in Tuition Express, your tuition payments will be paid automatically by Tuition Express. Kids Way can produce a receipt for the payment, you can receive instant email notification, or you can print and track your own receipt by signing up at www.tuitionexpress.com. Payments are made automatically when due with a transfer from a bank account or credit card (VISA or MasterCard), thus eliminating potential late payment charges. There is a bankcard processing fee when using VISA or MasterCard of 3.5%. Bank transfers are free of charge.

Your personal account information is safe with Tuition Express -- safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

Please look over the Frequently Asked Questions at www.tuitionexpress.com regarding Tuition Express or automated payments in general.

Tuition Express is both safe and convenient for you, and efficient for us. Please return the enclosed opt-in/opt-out form with the payment method of your choice.

Sincerely,
Kymm Shipman
Kids Way, Director



Automated Payment Processing Safe – Convenient – Fast

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize Kids Way Child Care & ELC to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B)**. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. There will be a 3.5% processing fee for credit/debit card; transfers from a checking or savings account are FREE of charge.

COMPLETE ONE SECTION ONLY - KIDS WAY ACCEPTS VISA AND MASTERCARD

SECTION A (Credit Card)

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

SECTION B (Bank Account)

Your Name Phone #

Address City State Zip

Bank or Credit Union Name Bank or Credit Union Address City State Zip

Routing Transit Number (see sample below) Account Number (see sample below)



Authorized Signature Date

Received by Date

THINGS FOR PARENTS TO BRING DAILY

Clothing

Please bring at least one change of clothes in your child's backpack.

Outdoor Clothing (very important Kids Way spends 90 minutes each day outside).

Kids Way has recess daily even when weather is wet or cold. Please dress your child appropriately and include coats, hats, mittens, boots, and a swimsuit and towel in the summer.

Sack Lunch

Parents are required to provide a sack lunch daily or a "reheat lunch." Kids Way offers weekly Pizza Days, the first two Wednesdays of the month and the last two Thursdays of the month.

ITEMS TO BE KEPT AT KIDS WAY

Naptime Items

Small/Medium Blanket, crib sheet, small travel sized pillow, comfort item, and pacifier if needed.

Diapers allowed until your child is 30 months, then diapers are allowed only at naptime

If your child wears diapers during nap time, parents are responsible to provide at least one week's worth of diapers, wipes, and non-latex gloves at all times; parents are welcome to bring in a complete package of each item. Kids Way will notify parents when their diapering supplies are low.

PLEASE DO NOT BRING ANY MEDICATIONS INCLUDING DIAPER OINTMENT and/or CHAPSTICK WITHOUT COMPLETING A MEDICATION FORM. PER THE DEPT. OF HEALTH, THESE ITEMS CANNOT BE LEFT IN YOUR CHILD'S CUBBIE OR BACKPACK.

It is Kids Way's goal to provide the very best experience for the children entrusted to us, if you have any questions or concerns, please speak to your child's teacher or the director.

Thank-you 😊

Lunch Ideas

***Families provide lunch for their child. Please place your child's lunch in an insulated lunchbox with an ice pack if needed.**

Washington State Department of Children, Youth and Families (licensing) requires all lunches contain the following four ingredients:

- A dairy product (milk is provided by Kids Way)
- Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
- A whole grain product (such as bread, cereal, bagel or rice cake)
- Fruits or vegetables, child sized portions (2 fruits or two vegetables, or 1 fruit and 1 vegetable)

Lunches may consist of "left-over's" or other hot meals such as, Mac & Cheese, Pizza, Chili & Crackers, Spaghetti, Corn Dogs or Chicken Nuggets; however hot lunch is limited to "reheated" items, please do not send items that must be prepared such as "Easy Mac" or "Cup of Soup" unless they have been prepared and only need preheating.

Other lunch ideas would include; Sandwiches, Lunchables (parents must add a fruit or veggie), Salads (fruit, potato or green), Veggies & Dip, Cheese sticks or cubes, and all fruits.

All hot lunches are reheated only! Please limit reheating times to 1-2 minutes. **No frozen lunches please.**

Please wash and cut up or peel fruit to your child's preference...fruit will be placed on the plate as it is prepared in your child's lunch.

At this time Kids Way is allowing peanut products...such as Peanut Butter...however, if a child is enrolled with a serious peanut allergy, peanuts and peanut products will no longer be permitted.

Every child's safety is Kids Way top priority.

Voluntary Pizza Day!

Kids Way has a voluntary Pizza Day the first two Wednesdays and the last two Thursdays of each month. Pizza Day includes, all you can eat cheese pizza, fruit, cookie, and milk. The cost is \$5.00 and added to your Kids Way account



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office use only: Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YY): _____ Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required _____ Date _____

I certify that the information provided on this form is correct and verifiable.

Children's immunizations can be found via your child's online account with your medical provider, or via www.myirmobile.com

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
♦ DTaP						
♦ Tdap						
♦ Td						
♦ Hep B						
♦ Hib						
♦ IPV						
♦ MM						
♦ PCV / PPSV (Pneumococcal)						
♦ Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

☐ a verified history of Varicella (Chickenpox).

☐ laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

2025-26 Kids Way Preschool Tuition

Effective 9-1-25

Toddler Tuition ... 2 to 2.5 yrs old

Full Time Mon thru Fri: Weekly \$427.25 Bi-Weekly \$854.50 Monthly \$1850

Part Time Mon/Wed/Fri: \$316.35 Weekly \$632.70 Bi-Weekly \$1369.79 Monthly

Part Time Tues/Thurs: Weekly \$210.90 Bi-Weekly \$421.80 Monthly \$913.19

Little Preschool Tuition ... 2.5 to 3 years old

Full Time Mon thru Fri: Weekly \$421.78 Bi-Weekly \$843.56 Monthly \$1826.31

Part Time Mon/Wed/Fri: Weekly \$311.77 Bi-Weekly \$623.54 Monthly \$1349.96

Part Time Tues/Thurs: Weekly \$208.58 Bi-Weekly \$417.16 Monthly \$903.15

Preschool Tuition ... 3 to 4 years old ... must be fully potty trained

Full Time Mon thru Fri: Weekly \$395.91 Bi-Weekly \$791.82 Monthly \$1714.29

Part Time Mon/Wed/Fri: Weekly \$296.25 Bi-Weekly \$592.50 Monthly \$1282.76

Part Time Tues/Thurs: Weekly \$198.23 Bi-Weekly \$396.46 Monthly \$858.34

PreK Tuition ... 4-5 years old ... must be fully potty trained

Full Time Mon thru Fri: Weekly \$401.08 Bi-Weekly \$802.16 Monthly \$1736.68

Part Time Mon/Wed/Fri: Weekly \$299.35 Bi-Weekly \$598.70 Monthly \$1296.19

Part Time Tues/Thurs: Weekly \$200.30 Bi-Weekly \$400.60 Monthly \$867.30

- ❖ Weekly pricing if for information only. Kids Way offers monthly (due the first day of each month) and bi-weekly (every other Monday) billing cycles.
- ❖ Please complete the Tuition Agreement and mark your child's specific program and your preferred billing cycle:
 - * Toddler is 24-30 months
 - * Little Preschool is 30-36 months
 - * Preschool is 3-4 years old and fully potty trained (if not fully potty trained tuition remains at the Little Preschool rate, until fully potty trained)
 - * PreK is 4-5 years old and fully potty trained
- ❖ There is a 3.5% Processing fee for credit/debit cards. No fee for bank transfers. All payments are automatically processed via Tuition Express. Kids Way does not accept and form of in-person payment.
- ❖ 5% sibling discount applied to the lesser tuition rate.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Kids Way Childcare and Early Learning Center, Inc.

Tuition/Payment Agreement 2025-26 School Year

The undersigned Parent/Guardian(s) hereby state the following information is correct and agrees to the terms and conditions of the following agreement

Child's Legal Name: _____

Parent/Guardian's Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Social Security Number: _____ Driver's License Number _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian's: _____

Address: _____ City _____ State _____ Zip _____

Social Security Number: _____ Driver's License Number _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Start Date: _____ Arrival time @ Kids Way _____ Pick up Time _____

Tuition covers up to 10 hours per day, over 10 hours per day requires a waiver per DCYF

Non-Refundable Registration and Class Supply Fee \$200

____ Full Time: Monday through Friday ... Bi-Weekly Billing ____ Monthly Billing ____

____ Part Time: Mon/Wed/Fri ... Bi-Weekly Billing ____ Monthly Billing ____

____ Part Time: Tues/Thurs ... Bi-Weekly Billing ____ Monthly Billing ____

CLASSROOM: Toddler ____ Little Preschool ____ Preschool ____ PreK ____

*****Bi-Weekly = every other Monday ***Monthly = The 1st business day of each Month** (weekly rate x 4.33)

A \$100 Per Child Late Fee Will Be Added To Your Account For Each Week Your Payment Is Week Late

Acceptable forms of payment include, VISA, MasterCard (+3.5% transaction fee) or bank transfer. Tuition is processed via Tuition Express.

I agree that full payment as set forth above is due on time as agreed regardless of hours and days attended this includes sick days, holidays, emergency closure days and non-approved vacation days, and not to exceed the times and days specified. One normal week of vacation without payment is allowed per child per school year. Vacation can be used 1 day at a time or grouped together, provided notice is given. Any vacation time above one week will be payable as normal. Consistent enrollment of 3 months and current non-delinquent tuition accounts are required for a vacation credit. Kids Way, Inc. or the undersigned parent or guardian may terminate this agreement at any time providing 30 days' notice in writing; this includes any change in days or hours. No credit will be allowed for vacation during the 30 days discontinue care notice period. Change in enrollment schedule is subject to availability. All tuition is due in advance, Kids Way reserves the right to discontinue care if tuition is not paid in full, on time. Tuition remains the same, there is no discount for illness, emergency closures, holidays, or vacations beyond one week per year. Kids Way year is from September to September, the "week" vacation credit is prorated to your child's typical schedule.

Additional Information and Late Fees:

I agree that there will be a charge of \$5.00 per minute for each child being left in care past the closing time of 6:00 pm. I agree that there will be a \$100.00 per week late fee assessed to my account for payment not made in full and on time as agreed and outlined above. I agree that there will be a charge of \$50.00 plus late fees for Tuition Express Payments returned for any reason. Additional fees can be charged for the following: Late payment fees, Rejected Tuition Express payments, Diapering/Potty Training Fees, Activity Fees, Registration Fees, Late Pick Up, Lunch Fees, Pizza Day. If an absence or schedule change is necessary, I am expected to call or message Kids Way that morning to notify the office of expected changes. In addition to the above, parents will pay a non-refundable registration and supply fee of \$200.00. If a family discontinues care for any reason a new registration and supply fee is required upon re-enrollment. **Families are required to give 30 days' notice in writing to discontinue or reduce care.** I agree to pay full tuition for the entire 30 days' notice if discontinuing care; even if my child/children are not in attendance.

Parent/Guardian Signature Date

Parent/Guardian Signature ... Date