



Strengthening & Equipping Neighborhoods Together

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455 SE Golf Park Blvd., Topeka, KS 66605

SENT Prep Academy Holidays, Closing and Special Events

- 9/1/23- SENT Prep Team Building- TBRI Training**
- 9/4/23- Labor Day- Reopen September 5, 2023**
- 10/27/23- Parent Teacher Conferences- Closing at 4 pm**
- 11/23/23-11/24/23- Thanksgiving- Reopen November 27, 2023**
- 12/25/23-12/26/23-Christmas- Reopen December 27, 2023**
- 1/1/24- New Year's Day- Reopen January 2, 2024**
- 1/15/24- Martin Luther King Jr Day- Reopen January 16, 2024**
- 2/22/24- Parent Teacher Conferences- Closing at 4 pm**
- 2/23/24- Professional Development- Reopen February 26, 2024**
- 5/27/24- Memorial Day- Reopen May 28, 2024**
- 5/31/24- SENT Prep Pre-K Graduation (Special Event-We are open)**
- 7/4/24- Independence Day- Reopen July 5, 2024**
- 8/2/24- Professional Development Day- Reopen August 5, 2024**
- 9/2/24- Labor Day- Reopen September 3, 2024**
- 11/28/24-11/29/24- Thanksgiving- Reopen December 2, 2024**
- 12/24/24- 12/25/24- Christmas- Reopen December 26, 2024**

SENT Prep Academy Family Contract

The following agreement is made between:

_____	_____	_____
Mother/Legal Guardian	email	Cell Phone
_____		_____
Address	AND	Work Phone
_____	_____	_____
Father/Legal Guardian	email	Cell Phone
_____		_____
Address	AND	Work Phone

SENT Prep Academy, 206 SE Lakewood Ct., Topeka KS 66609. 785-783-2535,
Hours of Operation: Monday- Friday, 7 am to 6 pm

For the Care of:

Child's Name / Date of birth

Basic Rates and Payment Policies:

The payment fee shall be \$_____ per week.

Care shall be provided normally from _____ a.m. to _____ p.m. on the following days:

Days: M T W T H F (circle all those that apply)

Child's Start Date: _____

Payment is in advance on Thursday of each week for the following week. If you wish to switch to biweekly or monthly payments please speak to the admin team at enrollment.

Rates Regarding Holidays, Vacations and Other Absences:

1. SENT Prep Academy will be closed the following holidays, which are **PAID** holidays: New Years Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day. If any of these holidays fall on a weekend, SENT Prep management will provide written notice regarding whether the holiday will be observed (either the Friday before or the Monday following).
2. The facility will be closed 2 days each year for a staff development day, which is a **PAID** day. Families will be given a minimum of a 30-day notice of this date. We will close twice a year at 4:00 pm for Parent Teacher Conferences. These will be on October 27th and February 22rd.

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The following agreement is made between:

_____	_____	_____
Mother/Legal Guardian	email	Cell Phone
_____		_____
Address	AND	Work Phone
_____		_____
Father/Legal Guardian	email	Cell Phone
_____		_____
Address	AND	Work Phone

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2. The facility will be closed 2 days each year for a staff development day, which is a **PAID** day. Families will be given a minimum of a 30-day notice of this date. We will close twice a year at 4:00 pm for Parent Teacher Conferences. These will be on October 27th and February 23rd.

3. Tuition for childcare is based on a 12-month year, beginning in September. Payments are to be made on the Thursday of each week for the next week. Invoices will be sent out each Wednesday through ProCare. Adjustments will not be made for the number of days attended, vacations, illness, closures due to emergency, or holidays. Payment is considered late on Monday of the following week. If payment is not received by Monday of the following week, your child may not attend. If you need to make payments every 2 weeks or once a month you will notify the admin team prior to starting.
4. When a child is ill and or has any symptoms listed in the handbook. The legal guardians are expected to keep their child home and make every effort to give the provider as much notice as possible and the parents are expected to pay even if the child is not in care.

Other Charges and Policies:

1. An initial enrollment fee of \$50.00 per child is due when the contract is signed and turned in order to hold the opening. This fee is non-refundable. Each year in September an annual enrollment fee of \$20 per child will be due.
2. SENT Prep Academy operates from 7:00 am until 6:00 pm, Monday through Friday. Arriving to pick up a child after 6:00 pm results in a \$10 late fee for each 15 minutes, payable immediately.
3. There is a \$30 fee on a check that is returned for any reason, and the Center will expect cash thereafter.
4. Payment is due in advance. A late payment fee of \$5 per day will be imposed and due immediately for payments made after the due date. The site reserves the right to suspend care if payment is not made as scheduled.
5. SENT Prep Academy will email tax statements every year via ProCare to families accounts on file. You may request a print off by emailing education@senttopeka.com.
6. SENT Prep Academy will keep student records on file for 3 years after children are no longer enrolled in our care.
7. Parents will agree to follow the behavior and biting policy listed in the student handbook.
8. I/ we understand that if behavior issues (i.e. Kicking, punching, hitting, biting, aggressive or destructive behaviors, etc.) arise with my/our child that all attempts will be made by the provider to inform me/us and that I/we will work with the provider to correct the behavior asap. I/we understand that if all attempts have been made and the behavior is not corrected and/or if serious injury occurs in other children in care or the provider that my/our child will be terminated.
9. I/we understand that all contracts are updated yearly, and this contract is only valid for 1 year or until September 1st whichever comes first. The Child Care Provider will change this written contract from time to time and a 30-day written notification of changes will be given & a new contract will be signed. SENT Prep Admin Team and SENT Board of Directors will be involved in the review process.

10. For Emergency closures, SENT Prep Academy will notify parents for weather closures by 6 AM by WIBW and ProCare. If SENT Prep Academy needs to close for an emergency, the admin team will reach out to parents by phone and by ProCare for pick up.

Termination Procedure:

Each child is enrolled with the understanding that the first two weeks are on a trial basis, and the Parent/Legal Guardian or the child care center director can discontinue care without notice. After the trial period, this contract can be terminated by either party by giving a two-week written notice in advance of the ending date. Payment by the Parent/Legal Guardian is due for the notice period, whether or not the child is brought to the Center for care. The center director may terminate the contract without giving any notice if the Parent/Legal Guardian does not make payment when due. Failure by SENT Prep Academy to enforce one or more terms of the contract does not waive the right of SENT Prep Academy to enforce any other terms of the contract.

Signatures:

By signing this contract, Parent(s) or Legal Guardian(s) also agree to comply and abide by the written policies outlined in the SENT Prep Academy Handbook.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date

Provider's Signature Date

Co-signer's Signature* Date

*If the parent or legal guardian is under age 18, a co-signer must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial terms.

I give permission for my child to be photographed for classroom projects and/or promotion of the SENT Prep Academy. YES NO Signature: _____



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____ Name of Child Care Facility _____

Child's Name _____ Date of Birth _____ Gender _____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____ Name _____

Home Address _____ Home Address _____
Street City Zip Code Street City Zip Code

Home Phone Number _____ Home Phone Number _____

Employer _____ Employer _____

Work Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Cell Phone Number _____

E-mail Address _____ E-mail Address _____

Best way to contact _____ Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____ Name _____
Address _____ Address _____
Phone Number _____ Phone Number _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No Yes, as follows: _____

Any known allergies or medical conditions of child: _____

Any major changes at home that might affect your child in care: _____

Please provide additional information or special instructions that will help the person caring for your child: _____

Parent/Guardian Signature: _____ Date: _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL 029).

Child's Name _____ **Date of Birth** _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM %ILE		Weight: _____ LB/KG %ILE
Physical Examination	✓ If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
 None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City
Zip Code	

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:
 _____DTaP/DT _____Tdap/TD _____Pertussis Only _____Polio _____MMR _____HepA _____HepB _____Hib
 _____PCV _____Varicella _____Other

Physician's Signature (required): _____ Date: _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I authorize _____ (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between _____ and _____ MM/DD/YYYY MM/DD/YYYY.

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____ MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas
County of _____

Signed or attested before me on _____ by _____
MM/DD/YYYY Name of Person

(Seal, if any.)

Signature of notarial officer

Title (and Rank)

My appointment expires: _____

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
SENT Prep Academy			80709	
Street Address of the Facility		City	Zip Code	County
206 SE Lakewood Ct		Topeka	66609	Shawnee

_____ may go to the following locations off the premises with adult supervision:
First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Grass Area ^{by} playground	206 se lakewood Ct	Topeka	<input checked="" type="checkbox"/> NO	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Parking Lot	206 SE Lakewood Ct	Topeka	NO	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	



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ALLERGY CARE PLAN

Today's Date: _____

Please complete and return the questionnaire below. It is also required that this form be completed, signed, and returned even if your child has no allergies. Thank you!

Child's Name: _____

Class Enrolled: _____

Child has no known allergies.

My child is allergic to the following (please list each allergen separately):

Allergy: _____

Symptoms to look for: _____

Action steps when symptoms appear:

Allergy: _____

Symptoms to look for: _____

Action steps when symptoms appear: All medications and authorization forms must be on file in the office before your child attends.

Parent/Guardian Signature: _____

Date: _____ Phone Number: _____



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BEHAVIORAL / DISMISSAL POLICY

Staff members will make reasonable efforts to work with a child and their family to resolve behavioral concerns. Physical or emotional abuse of another child or staff, which is determined to be excessive or repetitive by staff and director, will be grounds for dismissal.

It is our desire to help all children grow into exemplary individuals. However, we cannot allow a child's behavior to inhibit others from reaching the program's goals and objectives. If a child's behavior becomes extreme that they threaten the emotional or physical safety of other children or staff, the following actions will be taken:

- Parent/Guardian will be called to remove the child from the facility immediately until a conference with the guardian can be scheduled.
- A Parent/Guardian conference will be scheduled. This meeting is an opportunity for the family and staff to work together to develop a plan to solve or correct the problems constructively. Requests for a conference may include formal, informal, notes home, or calls.
- After a reasonable amount of time is given for improvement to be decided by staff and director, another conference will be scheduled to evaluate the child's progress.
- If the behavior continues and cannot be resolved, it may be determined that the program does not meet the child's needs. The child may be dismissed from the program immediately. No notice may be given. Paid tuition will not be returned.

Other reasons for dismissal without notice may be:

- Failure to pay fees.
- Failure to complete enrollment packet.
- Failure to immediately pick up a sick or injured child when contacted.
- Failure to have current local emergency contacts with working numbers.
- Repeated late pickup.
- Parental non-support of SENT Prep Academy or SENT policies.
- Child's behavior endangers the safety of children or staff.
- Inability to meet a child's needs without additional staff.
- Use of obscenities by child or parent/guardian.
- Parent/Guardian does not follow up on corrective action or meetings as agreed upon.

I have read and understand the SENT Prep Academy Dismissal policy. I agree to follow the above-stated policy.

Child's Name: _____ Date _____

Parent/Guardian Signature: _____