



## Client Agreement

*Please initial before each section, indicating that you have read this document and agree to its terms.*

\_\_\_\_ Facility Use: Subject to this Agreement and other terms, as drop-in child care for my child/children on a flexible time basis which includes use of facilities and participation in play and play activities, KID STOP, LLC may be used at any time during its hours of operation for a maximum of 4 hours per day. Children are able to come on a first-come, first serve basis. Reservations are required for children between the ages of six weeks and 30 months. Reservations are not required for children from 30 months to 12 years of age.

\_\_\_\_ Future Visits: This agreement along with the child's emergency information and immunization records will be kept on file at KID STOP, LLC and will constitute a binding agreement for any future visits my Child may make at KID STOP, LLC. However, this agreement does not obligate KID STOP, LLC to continue to provide services and KID STOP, LLC reserves the right to refuse admission to any Child for any reason without liability.

\_\_\_\_ Charges and Payments: Payments for KID STOP, LLC services are due at or before the time of each visit. Acceptable forms of payment are: cash, check or charge. Charges are calculated by multiplying play time elapsed from check-in by the rates posted at the time of visit. Other posted and charged amounts may include: registration fee, penalty rates, snacks, and retail items. If a Membership package has been purchased, playtime is debited against your account. There will be a service fee for any unpaid membership fees, and any returned checks. Any rate changes will be posted 30 days in advance.

\_\_\_\_ I will provide my Child, if they are under 30 months of age, two changes of clothing and provide diapers upon drop-off. If my child soils their clothing, there will be a fee charged to the account for replacement clothing. These prices are posted. Any changes in these prices will be posted 30 days in advance.

\_\_\_\_ Health Policies: My child is in excellent health and physical condition and has no medical, psychological, physical or mental condition which has not been disclosed to KID STOP, LLC. I understand that I will be notified should my child become ill and that I will pick up my child promptly upon notification. If my child is exposed to or contacts a contagious disease, and has exposed other children at KID STOP, LLC, I agree to notify the center immediately.

\_\_\_\_ Medical Procedure: Although KID STOP, LLC tries to provide a safe environment, it is possible my child could get injured. In such event, I authorize KID STOP, LLC to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand KID STOP, LLC shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise. In the event KID STOP, LLC determines emergency medical attention is necessary for my child, KID STOP, LLC is authorized by me or whoever signs my child in for that day, to act as such agent for me and to give my permission for my child to be attended by a physician in such circumstances as KID STOP, LLC deems necessary.

\_\_\_\_ Safety/Indemnity: I agree that KID STOP, LLC may take action which it considers prudent to protect the safety of my child, and other children visiting KID STOP, LLC. I further agree to indemnify, defend and hold KID STOP, LLC (and owners, directors, and employees) harmless from and against, claims, or liability, including attorney fees and court cost, directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing my child's paperwork.

\_\_\_\_ State of Kansas Licensing: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of children in the center, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or KID STOP, LLC.

\_\_\_\_ Additional Requirements: As a condition to my use of services, I have accurately completed and signed the proper paperwork. I understand that KID STOP, LLC will rely on this information in caring for my child.

\_\_\_\_ I agree to pay all cost and attorney fees arising out of any action relating to this agreement or other paperwork that is necessary to enroll my child at KID STOP, LLC.

***I HAVE READ THE AGREEMENT CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Witness