

Top Flight Kids Learning Center

300 S. Rogers Road
Olathe, KS 66062
913-768-4661

Dear Top Flight Kids Parents,

Welcome to top Flight Kids Learning Center! My staff and I are excited that you have chosen us for quality childcare for your child.

We want to do everything possible to make your child's first day smooth and comfortable, so please let us know if there is anything we can do to assist you.

As your enrollment day approaches, please look over the following checklist to make sure you have everything your child needs for the first day of school:

- Completed enrollment forms
- Items from supply list – please label all items with permanent marker with child's name
- Completed infant care plan (if needed)
- 45 minute orientation visit with child and parent in the classroom before first day
- Parent handbook reviewed – on our website topflightkids.org
- Classroom orientation packet received
- Child's schedule completed

Child cannot attend unless all paperwork is completed

OBJECTIVE

The objective of the B.E.S.T. Choice, Inc. at the Top Flight Kids Child Care Center is to offer high quality childcare and education in Olathe, which is conveniently located for FAA employees and community patrons. We will offer regular full time, part time and occasional hours for children from 6 weeks to pre-kindergarten.

HOURS OF OPERATION

The center will be open Monday-Friday 6:00a.m.-6:00p.m. Additional hours may be available upon written request and with approval from the Board of Directors. The center will be closed New Year's Day, Thanksgiving Day, and Christmas Day.

OPERATIONS

The staff and day-to-day operations are the responsibility of The B.E.S.T. Choice, Inc., the contracted provider.

If you have any questions, please call the front desk at 913-768-4661. Welcome to Top Flight Kids!

Top Flight Kids Learning Center Tuition Rates

	Full Week	4 Days	3 Days	2 Days	1 Day
Infant Community	\$339.90	\$312.71	\$254.93	\$183.55	\$91.77
Toddler One Community	\$270.40	\$248.77	\$202.80	\$146.02	\$73.01
Toddler Two Community	\$247.20	\$227.42	\$185.40	\$133.49	\$66.74
Preschool Community	\$216.30	\$199.00	\$162.23	\$116.80	\$58.40
Pre-K Community	\$195.70	\$180.04	\$146.78	\$105.68	\$52.68
Infant Federal	\$311.60	\$286.67	\$233.70	\$168.26	\$84.13
Toddler One Federal	\$249.80	\$229.82	\$187.35	\$134.89	\$67.45
Toddler Two Federal	\$226.60	\$208.47	\$169.95	\$122.36	\$61.18
Preschool Federal	\$200.85	\$184.78	\$150.64	\$108.46	\$54.23
Pre-K Federal	\$180.25	\$165.83	\$135.19	\$97.34	\$48.67

Tuition rates include breakfast, lunch and an afternoon snack. The parent or guardian of an infant will need to furnish formula and baby food. Weekly rates are based on a maximum of 5 ten-hour days. Due to fixed costs of maintaining the center there will be no reduction in the tuition for children's illnesses, absences or holidays.

Annual Enrollment Fee

A non-refundable annual registration fee of \$125.00 for a full year will be due upon enrollment. This fee helps defray the cost of insurance for each child for one year. You will be billed for the enrollment fee each January. Please see the chart below if you have more than one child enrolled at Top Flight.

First Child	\$125
Second (third, fourth...) Child	\$50/each

Discretionary Days

We provide discretionary days for scheduled days that cannot be used due to vacation, illness or holidays. The number of discretionary days is computed by taking into account the following; number of days per week the child attends and starting date of the child in the center. Discretionary days are renewed each January 1 for all families. Upon enrollment, each family is given a schedule of days.

Scheduled Days of Care	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
5 Days a Week	5	5	4	4	3	3	2	2	1	1	0	0
4 Days a Week	4	4	3	3	2	2	1	1	1	0	0	0
3 Days a Week	3	3	3	2	2	2	1	1	1	0	0	0
2 Days a Week	2	2	2	2	1	1	1	1	0	0	0	0
1 Day a Week	1	1	1	1	1	1	0	0	0	0	0	0

Classroom Supply Lists

Infant Room

Completed Infant Care Plan
Unbreakable bottles
Formula (if used)
Baby food (if used)
Diapers
Diaper wipes in a box
Extra Clothes (3-4 full sets)
Diaper Ointment
Pacifier (if used)
Sunscreen
3" binder with page protectors for Portfolio
Family picture
Soft cubby storage bin (16"x12")

Toddler One & Two Rooms

Diapers
Diaper wipes in a box
Extra Clothes (2-3 full sets)
Toothbrush
Pacifier (if used)
Sunscreen
Crib Sheet
Blanket
Sleep buddy (if like)
Family pictures
3" binder with page protectors for Portfolio (new students only)
Soft cubby storage bin (16"x12")

Preschool & Pre-K Rooms

Crib sheet
Blanket
Extra clothes (2-3 full sets)
Toothbrush
Sunscreen
Tissues (2 box)
Sleep buddy (if like)
Family picture
3" binder with page protectors for Portfolio (new students only)
Soft cubby storage bin (16"x12")

*All items need to be labeled with your
child's name or initials.*

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OLATHE, KANSAS 66062

ATTENDANCE SCHEDULE

Effective Date _____				
Child's Name _____				
Classroom (circle one)	Infant	Toddler 1	Toddler 2	Preschool
Prekindergarten				

MON	TUES	WED	THURS	FRI
IN _____	IN _____	IN _____	IN _____	IN _____
OUT _____	OUT _____	OUT _____	OUT _____	OUT _____

MY WEEKLY TUITION WILL BE: \$ _____
Discretionary days:

I will receive ____ discretionary days per year (Discretionary days are issued based on the number of days per week care is scheduled. For Example, if care is scheduled for 3 days per week, 3 discretionary days per year will be received.

I understand that there will be no variances in my weekly tuition unless I have additional child care needed. I also understand that I am to notify the center, in writing, when I choose to utilize my discretionary days.

Date: _____
_____ Parent Signature

I have counseled the above parent on their schedule, tuition rates, and discretionary days.

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ENROLLMENT OPTION

Full Time
Part-Time
Drop-In Care

Federal
Community

CHILD'S ENROLLMENT FORM

START DATE: _____

Regular Arrival Time _____

Regular Departure Time _____

Child's Name _____ Nickname _____

Home Telephone _____ Sex _____ Birthdate _____

Child lives with: Both Parents Mother Father Other _____

IDENTIFYING INFORMATION

A) Father's Name _____ Social Security # _____
Address _____ City _____, Kansas Zip Code _____
Employer (or school attended) _____
Work Address _____
Work Hours _____ Business Telephone _____
E-Mail Address: _____ Cellular Telephone _____

B) Mother's Name _____ Social Security # _____
Address _____ City _____, Kansas Zip Code _____
Employer (or school attended) _____
Work Address _____
Work Hours _____ Business Telephone _____
E-Mail Address: _____ Cellular Telephone _____

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

EMERGENCY CONTACT(S)

(Other than parent or doctor)

(Name) (Telephone) (Relationship to Child)

(Name) (Telephone) (Relationship to Child)

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE FACILITY:

(Name) (Telephone) (Relationship to Child)

(Name) (Telephone) (Relationship to Child)

<u>To be Completed by Facility</u>	
Admission Date	_____
Enrolled For	_____
Enrolled By	_____
Discharge Date	_____
(To be retained for one year after discharge)	

Signature of Parent or Legal Guardian

Date

Student Questionnaire

Who lives in your household? Names and ages of other children living at home.

What extended family do you have in the area?

What other childcare centers has your child attended? Has he/she had group play experience? Where?

In what community activities is your family involved?

What kinds of goal do you have for your child?

Are there any special holidays or customs that your family observes?

How would you describe your child's personality?

What are your child's likes? Favorites?

What are your child's fears? Dislikes?

Which types of animals has your child been exposed to?

Please describe any special needs your child may have.

Have there been any major changes at home which might affect your child?

Has your physician approved the use of any non-prescription medication for your child such as acetaminophen, cough syrup or ointment, which can/should be used by caregiver?

Please list any allergies your child may have.

Does your child take any regular medication? Will your child take this medication at school? (Need individualized child care plan completed by the physician.)

Does your child have any of the following problems (if yes, please explain condition)

Allergies

Allergic reactions

Ear infections

Frequent sore throats

Frequent colds

Sinus problems

List any childhood diseases or other illnesses your child has had.

Top Flight Kids, Inc. Membership Application

History: Several years ago, a need was recognized for extended hour childcare for employees of the Kansas City Air Route Traffic Control Center. The FAA agreed to build a facility on the condition that it would be leased (rent free) to an incorporated parent organization for providing childcare. Today, each family unit with a child at the facility is a member of the corporation.

The original Board of Directors contracted with the Best Choice, Inc. (BCI) to provide the childcare. All staff at the facility are employees of BCI. Additionally, BCI staff handles all day-to-day functions at the facility. The Top Flight Kids, Inc. Board of Directors oversees the operation through monthly management reports from BCI and direct contacts with management. Furthermore, with the exception of paying the utilities and conducting background checks on BCI employees, the FAA has no part in operating the facility.

Please provide the following information. It allows your Board of Directors to be better informed as well as keep you better informed.

Parent/Guardian

Name: _____

Address: _____

Telephone: Work _____ Home _____

Are one or both parents/guardians a federal employee: Yes _____ No _____

If yes, what agency? _____

Child Information

Name: _____ Birth date: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

The Top Flight Kids, Inc. Board of Directors has established a \$20.00 annual fee. Each family is required to pay only \$20.00 regardless of how many children are enrolled. The purpose of the fee is to cover corporate expenses (i.e. licensing, P.O. Box, mailings, etc.) Additionally the Board will spend funds to replace toys, furniture and materials that the teachers request. The \$20.00 fee is due during the Spring each year.

Please place your check or money order in the Top Flight Kids, Inc. suggestion box.

Thanks,

Board President

TOP FLIGHT KIDS LEARNING CENTER POLICY AGREEMENT

1. HOURS OF OPERATION

The Top Flight Kids Learning Center will be open from 6:00am-6:00pm Monday-Friday. I understand that I may not drop off before or pickup after my child's scheduled time unless other arrangements have been made with the administration in advance. There is an additional charge for children who attend more than 10 hours per day, or who are in care beyond their scheduled time.

2. ILLNESS

When my child is ill it is understood and agreed that she/he may not be accepted into care. Furthermore, I agree to arrange for my child to be picked up within the hour if she/he becomes ill while at the center.

3. DISCLOSURE

I understand that the administration of this facility reserves the right to disenroll a child at any time and for any reason.

4. LICENSE

I understand that this facility is licensed by the State of Kansas and they will comply with those rules and regulations.

5. COMMUNICATION

The provider and I have agreed on a plan for a continuing communication regarding my child's development, behavior, etc. I agree to provide current information regarding emergency phone numbers, emergency contacts, addresses, work places, etc.

6. MEDICAL INFORMATION

The medical information concerning my child is current and accurate to the best of my knowledge. I will promptly notify the center in writing of any changes, including immunization updates.

7. CANCELLATION

I understand that it is my responsibility to pay for any cancellation of my child's attendance. I am responsible for payment of all scheduled days whether my child is in attendance or not.

8. PHOTOGRAPHS/VIDEOS

Photographs and videos of children participating in Top Flight Kids Learning Center activities may be taken from time to time and may appear in newspapers, magazines, brochures or other publicity materials. Your permission for photographs including your child, to be used without compensation, is part of this agreement.

9. NATURE WALKS/EXCURSIONS

I understand that my child may take part in nature walks or excursions with Top Flight Kids Learning Center under proper supervision. Parents will be notified when such excursions are planned.

10. TOYS AND OTHER OBJECTS FROM HOME

Parents are asked to help your child understand that it is not wise to bring toys to the center or other objects they may not wish to share with the group. Top Flight Kids Learning Center and the B.E.S.T. Choice, Inc cannot assume responsibility for loss or damage to any personal possessions children bring to the center.

11. TUITION

I understand that tuition is due on the first day of attendance each week. A late fee of \$10 will be automatically charged to any account not paid in full by Tuesday (or the second day of the week attended). In addition, I understand that if my account becomes delinquent by more than two weeks or is delinquent on a regular basis, my child will be disenrolled from the center. I also understand that I must give two-weeks notice, in writing before leaving the center.

We have read the policy agreement, accept, and agree with the conditions as stated.

Parent/Legal Guardian Signatures

Date