

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 one of the hard plastic containers (not the refill packaging)
Extra Clothes (3-4 full sets)
Diaper Ointment
Pacifier (if used)
Sunscreen
3" binder with page protectors for Portfolio
Family picture
Canvas cubby storage bin (11"H x 15"W x 16"D)

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 (optional)
Family picture
3" binder with page protectors for Portfolio (new students only)
Canvas cubby storage bin (11"H x 15"W x 16"D)
Rain Boots – Our playground gets muddy, but we will still go outside. Rain boots will save your child's shoes and our classroom!

Preschool & Pre-K Rooms

Crib sheet
Blanket
Extra clothes (2-3 full sets)
Toothbrush
Sunscreen
Tissues (2 boxes)
Sleep buddy (optional)
Family picture
3" binder with page protectors for Portfolio (new students only)
Canvas cubby storage bin (11"H x 15"W x 16"D)
Rain Boots – Our playground gets muddy, but we will still go outside. Rain boots will save your child's shoes and our classroom!

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

TOP FLIGHT KIDS LEARNING CENTER
300 SOUTH ROGERS ROAD
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.

Top Flight Kids Learning Center

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 a two-week 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

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.



**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 _____

Work Address _____ Work Address _____
Street City Zip Code Street City Zip Code

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 _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

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:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

Allergies Frequent sore throats/colds Ear Aches
 Asthma Speech, Visual, Hearing Diabetes
 Epilepsy/Seizures Other _____

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? No Yes, as follows:

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

Parent/Guardian Signature: _____ **Date:** _____

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(d)].

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 hereby authorize _____ (Name of individual/staff member) and/or _____ (Name of individual/staff member) 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 _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ and _____ MM/DD/YYYY MM/DD/YYYY.

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
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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: _____

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

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: _____

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.