

# Enrollment Agreement

# MY SCHOOL CHILDCARE AND LEARNING CENTER

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information									
Child's Information									
Child's first name			Child's middle name			Child's last name			Child's nickname
Age	Sex	Child's primary language				Parent/guardian/sponsor primary language			
Child's home address					City		State		Zip
Ethnic Data: Non- Hispanic • Hispanic •			Race Data: • American Indian or Alaska Native			• Asian		• Black	
• Native Hawaiian and Other Pacific Islander					• White				
Family Information									
List family members & pets your child lives with – include first names, relation and ages of siblings									
Parent/guardian/sponsor			Relationship to child			Home phone		Cell phone	
Home address if different from above					City		State		Zip
Home email				Work email			Work phone		
Employer		Employer address			City		State	Zip	Work hours
Other parent/guardian/sponsor			Relationship to child			Home phone		Cell phone	
Home address if different from above					City		State		Zip
Home email				Work email			Work phone		
Employer		Employer address			City		State	Zip	Work hours
Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)									
Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]									
Person #1			Relationship to child			Home phone		Cell phone	
Home address					City		State		Zip
Home email				Work email			Work Phone		
Employer		Employer address			City		State	Zip	Work hours
Person #2			Relationship to child			Home phone		Cell phone	
Home address					City		State		Zip
Home email				Work email			Work Phone		
Employer		Employer address			City		State	Zip	Work hours
Person #3			Relationship to child			Home phone		Cell phone	
Home address					City		State		Zip
Home email				Work email			Work Phone		
Employer		Employer address			City		State	Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

Medical Information					
Child's name	Birth date	Height	Weight	Hair color	Eye color
Distinguishing marks					
<b>Child's Medical &amp; Developmental History</b>					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
2. Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
3. Please list a brief history of your child's serious injuries and hospitalizations. _____					
4. Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
5. Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
6. Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
7. Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
8. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
9. Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
10. Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
11. Is your child able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Can your child communicate his/her needs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Does your child need assistance at meal time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
14. Does your child rest during the day? <input type="checkbox"/> No <input type="checkbox"/> Yes					
15. Is your child toilet trained? <input type="checkbox"/> No <input type="checkbox"/> Yes					
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
<b>Illness History</b> <i>(please check all that apply)</i>					
<input type="checkbox"/> Vision problems		<input type="checkbox"/> Nosebleeds		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Hearing problems		<input type="checkbox"/> Skin rashes		<input type="checkbox"/> Mouth sores	
<input type="checkbox"/> Constipation		<input type="checkbox"/> Sore throats		<input type="checkbox"/> Fainting	
<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Ear infections		<input type="checkbox"/> Persistent cough	
<input type="checkbox"/> Asthma/breathing problems		<input type="checkbox"/> Urinary tract infections		<input type="checkbox"/> Other	
<i>Please attach care instructions from your physician for any of these illnesses.</i>					
<b>Disease History</b> <i>(please check all that apply and add the date)</i>					
<input type="checkbox"/> Chicken Pox (Varicella) _____		<input type="checkbox"/> Bronchiolitis _____		<input type="checkbox"/> Botulism _____	
<input type="checkbox"/> Measles Rubeola _____		<input type="checkbox"/> Pneumonia _____		<input type="checkbox"/> Haemophilus Influenza _____	
<input type="checkbox"/> Rubella (German Measles) _____		<input type="checkbox"/> Pertussis (Whooping cough) _____		<input type="checkbox"/> Meningococcal Infection _____	
<input type="checkbox"/> Mumps _____		<input type="checkbox"/> Tetanus _____		<input type="checkbox"/> Rabies _____	
<input type="checkbox"/> Scarlet Fever _____		<input type="checkbox"/> Diphtheria _____		<input type="checkbox"/> Bacterial Meningitis _____	
<b>Allergies</b> <i>(please list)</i>					
<b>Medication Allergies</b>		<b>Food Allergies</b>		<b>Reaction</b>	
_____		_____		_____	
_____		_____		_____	
<b>Bee Stings Allergies</b>		<b>Respiratory Allergies</b>		<b>Reaction</b>	
_____		_____		_____	
<b>Other Allergies</b>		<b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____		_____			
<i>Please attach care instructions from your physician for any life-threatening allergies.</i>					
<b>Miscellaneous Screenings and Tests</b> <i>(please check all that apply and add the date of last screening)</i>					
<input type="checkbox"/> Vision _____		<input type="checkbox"/> Developmental _____		<input type="checkbox"/> Tuberculosis (PPD) _____	
<input type="checkbox"/> Hearing _____		<input type="checkbox"/> Aptitude _____		<input type="checkbox"/> Sickle Cell Anemia _____	
<input type="checkbox"/> Speech _____		<input type="checkbox"/> Educational _____		<input type="checkbox"/> Other _____	

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

Medical Information (continued)			
Child's name		Birth date	
Child's Medical Care Provider			
Primary physician's name		Primary physician's practice name	Phone
Physician's practice address		City	State
Preferred hospital/clinic for emergency care		City	State
Dentist's name		Dentist's practice name	Phone
Dentist's practice address		City	State
Child's Insurance Provider			
Child's health insurance provider name		Policy number	Secondary health insurance provider name
			Policy number
Child's Immunization History (please attach a copy of your child's immunization records)			
Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. <b>[Check with your state requirements. You may do this at <a href="http://www.immunize.org/states/">http://www.immunize.org/states/</a> Bold any immunization below that is a requirement.]</b>			
Anthrax	Influenza	<b>Pneumococcal disease</b>	Smallpox
<b>Diphtheria</b>	Lyme Disease	<b>Polio</b>	<b>Tetanus</b>
<b>Haemophilus Influenzae type b (Hib)</b>	<b>Measles</b>	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
<b>Hepatitis B</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Varicella (Chickenpox)</b>
Human Papillomavirus (HPV)	<b>Pertussis (Whooping Cough)</b>	Shingles (Herpes Zoster)	Yellow Fever
Additional Medical Policies			
1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.			<b>Initial</b> _____
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.			_____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.			_____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .			_____
Emergency Medical Authorization & Consent			
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.			<b>Initial</b> _____
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.			_____
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary, by paramedics or other emergency personnel.			_____
In case of a medical emergency, I will be responsible for the emergency medical expenses.			_____
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.			_____
Additional Medical Policies			
I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which products you will permit.</i>			<b>Initial</b> _____
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.			_____
I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process.			_____

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

**Rate Agreement and Contract**

Child's name _____	Birth date _____
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**Hours of Operation**

Regular operating hours are **6:30am to 6:00pm** except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should be severe weather or other conditions prevent the program from opening on time or at all will be announced through PROCARE and 105.5 FM radio station. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

**Scheduled Attendance**

The days and hours that I wish to contract for child care are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a  weekly  bi-weekly  monthly  basis.

**Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)**

- Starting on _____ a fee of \$ _____ is due	<input type="checkbox"/> weekly. <input type="checkbox"/> bi-weekly. <input type="checkbox"/> monthly.	<b>Initial</b>
- Tuition is due and payable by cash or check by 6pm.	<input type="checkbox"/> Every Friday. <input type="checkbox"/> the 1 <sup>st</sup> and 15 <sup>th</sup> of the month or next business day. <input type="checkbox"/> first business day of the month.	_____
<p><b><u>- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence.</u></b></p>		
- I agree to pay the full tuition in advance of services rendered.		_____
- I agree to pay the full tuition fee even if my child is absent for one or more days.		_____
- A late fee of \$10 is due if tuition is not received on time.		_____
- A non-refundable registration fee of \$75 is due yearly.		_____
- A late pick-up fee is \$5 for minutes 1-10 per child and \$10 for each 10 minute thereafter. This fee is due if my child is not picked up before closing.		_____
<p><b><u>- Accounts two weeks in arrears may result in immediate termination of service.</u></b></p>		
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.		_____
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$25. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status or "cash only"		_____
- A 2-week written notice is required for any child being withdrawn from the program.		_____
- A receipt for income tax purposes <input type="checkbox"/> will <input type="checkbox"/> will not be provided.		_____

**Other Agreements**

**Private Employment Acknowledgement and Release**

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement.

**Initial**

\_\_\_\_\_

**Media Release**

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

**Initial**

\_\_\_\_\_

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

**Other Agreements (continued)**

Child's name	Birth date
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**Walking Excursions**

<p>I give my permission for my child to participate in supervised walking excursions near and around the center.</p> <p>I give my permission for my child to participate in supervised walking excursions to the "LEARNING PAVILION"</p> <p>I give my permission for my child to participate in supervised walking excursion to the "NATURAL ENVIRONMENT PLAYGROUND"</p>	<p><b>Initial</b></p> <p>_____</p>
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**Handbook Acknowledgement**

<p>I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. Information contained in the Family Handbook may be subject to change without notice.</p> <p>I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.</p> <p>I/We ratify that I/We have read the handbook including giving the center a two week notice when withdrawing my child/children. In case of default, you will be responsible for all tuition fees that are due including the two-week notice. I agree to pay all tuition costs, collection fees and attorney fees due to nonpayment.</p>	<p><b>Initial</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Contract Approval**

<p>I certify that I have read, understand, and accept all of the terms and conditions described in this <i>Enrollment Agreement</i>.</p>			
<p>_____ Primary Parent/Guardian/Sponsor Signature</p>	<p>_____ Date</p>	<p>_____ Center Staff Signature</p>	<p>_____ Date</p>

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information				
Child's Information				
Child's first name		Child's middle name		Child's last name
Child's nickname				
Age	Sex	Child's primary language	Parent/guardian/sponsor primary language	
Child's home address			City	State
Zip				
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name	Grade	School phone
School address		Drop off time		Pick up time
Child will be attending: <input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care				
My Child is allowed to walk (3 <sup>rd</sup> grade and older*): <input type="checkbox"/> To School from Child Care <input type="checkbox"/> From School to Child Care				
*Note: MY SCHOOL CHILD CARE AND LEARNING CENTER is not liable for the child until he/she arrives at the program or after the child has left the program to walk to/from school.				

### After School Activities Information

Complete the information below to provide us with details about after school activities your child is participating in. Please complete a separate Transportation and School Activity form for each activity.

My child is transported to school via:					My child is transported from school via:		Bus #:
Parents are responsible for informing child care center in writing if your child(ren) will be participating in an after school activity:							
Child participates in the following after school activities (list all):							
Type of Activity:							
Day of the week child is attending activities (circle all that apply): M Tu W Th F							
Time period of activity:		Day:	Day:	Day:	Day:	Day:	
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	
End Time:	End Time:	End Time:	End Time:	End Time:	End Time:	End Time:	
Name of authorized person to pick up / drop off your child for the extracurricular activity:							

Transportation and After School Activity							
My child is transported to school via:				My child is transported from school via:			Bus #:
Parents are responsible for informing child care center in writing if your child(ren) will be participating in an after school activity:							
Child participates in the following after school activities (list all):							
Type of Activity:							
Day of the week child is attending activities (circle all that apply): M Tu W Th F							
Time period of activity:		Day:	Day:	Day:	Day:	Day:	
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	
End Time:	End Time:	End Time:	End Time:	End Time:	End Time:	End Time:	
Name of authorized person to pick up / drop off your child for the extracurricular activity:							

Your child's safety is our number one priority. MY SCHOOL CHILD CARE and LEARNING CENTER will not release children from the program without the above information **in writing**.

\_\_\_\_\_  
Primary Parent/Guardian/Sponsor Signature

\_\_\_\_\_  
Date