

# Enrollment Agreement

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					
Family Information										
List family members 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					
Child's Medical & Developmental History					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
<b>Allergies (please list)</b>					
<b>Medication Allergies</b>	Reaction	<b>Food Allergies</b>	Reaction		
_____	_____	_____	_____		
<b>Bee Stings Allergies</b>	Reaction	<b>Respiratory Allergies</b>	Reaction		
_____	_____	_____	_____		
<b>Other Allergies</b>	Reaction	<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>					

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	Zip
Preferred hospital/clinic for emergency care	City	State	
Dentist's name	Dentist's practice name	Phone	
Dentist's practice address	City	State	Zip

**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.

<b>Anthrax</b>	<b>Influenza</b>	<b>Pneumococcal disease</b>	<b>Smallpox</b>
<b>Diphtheria</b>	<b>Lyme Disease</b>	<b>Polio</b>	<b>Tetanus</b>
<b>Haemophilus Influenzae type b (Hib)</b>	<b>Measles</b>	<b>Rabies</b>	<b>Tuberculosis</b>
<b>Hepatitis A</b>	<b>Meningococcal disease</b>	<b>Rotavirus</b>	<b>Typhoid Fever</b>
<b>Hepatitis B</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Varicella (Chickenpox)</b>
<b>Human Papillomavirus (HPV)</b>	<b>Pertussis (Whooping Cough)</b>	<b>Shingles (Herpes Zoster)</b>	<b>Yellow Fever</b>

**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 childcare regulations. **Initial**  
\_\_\_\_\_
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 childcare 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 *Child Emergency Contact and Release*. \_\_\_\_\_

**Emergency Medical Authorization & Consent**

- In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. **Initial**  
\_\_\_\_\_
- 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. \_\_\_\_\_

- Initial**
- I give my permission to this center to apply  sunscreen. \_\_\_\_\_
- I understand that I may supply my own sunscreen with a valid expiration date, and it will be labeled with my child's name. \_\_\_\_\_
- I  have  do not have special instructions for the application process. \_\_\_\_\_

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

**Rate Agreement and Contract**

Child's name _____	Birth date _____
--------------------	------------------

**Hours of Operation**

Regular operating hours are **7AM to 6PM** except closings for various holidays, and inclement weather as described in the Procedures and Policy handout. Please consult the current calendar for holidays. There is no reduction in tuition because of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced through Brightwheel. 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.

**Fee Policy**

<p><u>Tuition Prices are listed below, please check one:</u></p> <p><b>Toddler: Full-time-</b>                  1-2-year-old: \$1,782.00 _____                  2-3-year-old: \$1,705.00 _____</p> <p><b>Preschool/Pre-K:</b>                  School Only- \$630.00 _____                  Full-time- \$1,500.00 _____</p> <p><b>Cathcart Before and After Care:</b>                  Before School Only- \$355.00 _____                  After School Only- \$385.00 _____                  Before and After School- \$730.00 (Includes early release Fridays and half days) _____                  Non-School days- \$90.00 per day.</p> <ul style="list-style-type: none"> <li>- Tuition is due and payable by Check or Brightwheel the 1st of the month or next business day.</li> <li>- Tuition is not subject to discounts for holidays or emergency closures (i.e., weather or pandemic)</li> <li>- I agree to pay the full tuition in advance of services rendered.</li> <li>- I agree to pay the full tuition fee even if my child is absent for one or more days.</li> <li>- A late fee of \$50 is due if tuition is not received by the 10<sup>th</sup> of the month.</li> <li>- A non-refundable registration fee of \$200 is due yearly. There is a non-refundable \$50 summer materials fee</li> <li>- A late pick up fee of \$1 per minute per child is due if my child is not picked up before closing.</li> <li>- 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.</li> <li>- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$30. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.</li> <li>- A 30-day written notice is required for any child being withdrawn from the program.</li> <li>- A receipt for income tax purposes will be available on Brightwheel.</li> <li>- All Children must be potty trained to enroll in Pre-School and Pre-K (Diapers/pull-ups are not allowed in these classrooms)</li> </ul>	<b>Initials</b>

**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.	<b>Initial</b>

**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.	<b>Initial</b>

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

**Other Agreements (continued)**

Child's name	Birth date
--------------	------------

**Handbook Acknowledgement**

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures packet and agree to abide by them.	<b>Initial</b> _____
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.	_____
Information contained in the Policy and Procedures packets may be subject to change.	_____

**Contract Approval**

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

_____	_____	_____	_____
Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date

