

# 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									
<b>Child's Information</b>									
Child's first name		Child's middle name		Child's last name			Birth date		
Age	Sex	Child's primary language			Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip	
Will your child be attending for Summer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Desired start date			Child's classroom				
<b>Family Information</b>									
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	
Employer		Employer address		City		State		Zip	
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	
Employer		Employer address		City		State		Zip	
<b>Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)</b>									
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	
Employer		Employer address		City		State		Zip	
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	
Employer		Employer address		City		State		Zip	
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	
Employer		Employer address		City		State		Zip	

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																																	
<table border="1"> <thead> <tr> <th colspan="2">Allergies (please list)</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td><b>Medication</b> Allergies</td> <td>Reaction</td> <td><b>Food</b> Allergies</td> <td>Reaction</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Bee Stings</b> Allergies</td> <td>Reaction</td> <td><b>Respiratory</b> Allergies</td> <td>Reaction</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Other</b> Allergies</td> <td>Reaction</td> <td colspan="2"><b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> </tbody> </table>						Allergies (please list)				<b>Medication</b> Allergies	Reaction	<b>Food</b> Allergies	Reaction					<b>Bee Stings</b> Allergies	Reaction	<b>Respiratory</b> Allergies	Reaction					<b>Other</b> Allergies	Reaction	<b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
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Please attach care instructions from your physician for any life-threatening allergies.																																	

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
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**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
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**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.	<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 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 <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.	

I give my permission to this center to apply <input type="checkbox"/> sunscreen.	<b>Initial</b>
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 <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 \_\_\_\_\_

**Hours of Operation**

Regular operating hours are **7AM to 6PM** 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 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**

Initials \_\_\_\_\_

Tuition Prices are listed below, please check one:

Toddler: Full-time-

1-2-year-old: \$1,965.00 \_\_\_\_\_

2-3-year-old: \$1,900.00 \_\_\_\_\_

School Only

2.5-3.5-year-old: \$800.00 \_\_\_\_\_

Preschool/Pre-K:

School Only- \$765.00 \_\_\_\_\_

Full-time- \$1,700.00 \_\_\_\_\_

Cathcart Before and After Care:

Before School Only- \$392.00 \_\_\_\_\_

After School Only- \$424.00 \_\_\_\_\_

Before and After School- \$805.00 (Includes early release Fridays and half days) \_\_\_\_\_

Non-School days- \$90.00 per day.

- A fee for Elevate Music will be billed monthly through Brightwheel. \_\_\_\_\_
- Tuition is due and payable by Check or Brightwheel on the 1st of the month or next business day. \_\_\_\_\_
- Tuition is not subject to discounts for holidays or emergency closures (i.e., weather or pandemic) \_\_\_\_\_
- 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 \$50 is due if tuition is not received by the 10<sup>th</sup> of the month. \_\_\_\_\_
- A non-refundable registration fee of \$200 is due yearly. There is a non-refundable \$50 summer materials fee \_\_\_\_\_
- A late pick up fee of \$1 per minute per child is due if my child is not picked up before closing. \_\_\_\_\_
- 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 \$30. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status. \_\_\_\_\_
- A 30-day written notice is required for any child being withdrawn from the program. \_\_\_\_\_
- A receipt for income tax purposes will be available on Brightwheel. \_\_\_\_\_
- All Children must be fully potty trained to enroll in Pre-School and Pre-K (Diapers/pull-ups are not allowed in these classrooms) \_\_\_\_\_

**Other Agreements****Private Employment Acknowledgement and Release**

Initial \_\_\_\_\_

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. \_\_\_\_\_

**Media Release**

Initial \_\_\_\_\_

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. \_\_\_\_\_

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 the Family Handbook and agree to abide by it.

**Initial**

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

