Enrollment Agreement 2020-2021

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 childcare licensing regulations.

Child's name	Birth date

Hours of Operation

Regular school hours are Monday through Friday from 7:30 am to 6:00 pm. Half day school hours are from 8:30 am to 12:30 PM. Morning care is available from 7:30 am to 8:30 am for additional fees for half day students. Please see the Tinkling Spring Early Childhood Learning Center Calendar for a list of days that the center will be closed for holiday breaks and teacher in-service days. Tuition will not be reduced due to center closures.

The procedure to notify families should severe weather or any other conditions prevent the program from opening on time or with delays will be announced via text or email from the director or your child's teacher. If it becomes necessary to close early, we will contact you or someone listed in your *Emergency Contacts* to pick up the student at the given closing time.

Fees and Attendance Preferences

A non-refundable fee of $80.00 or maximum of $120.00 per family is due at the time of registration to hold your student's place at the ECLC.

I would like to enroll my child in the following program(s):

Please select all that apply:		Cost/Month	Details
	Three-Year-Old Class – **Half Day (3 days a week)**	$185.00	8:30 am – 12:30 pm - Tuesday, Wednesday, Thursday
	Three-Year-Old Class – **Full Day (3 days a week)**	$355.00	7:30 am – 6:00 pm – Tuesday, Wednesday, Thursday
	Three-Year Old Class– **Half Day (5 days a week)**	$275.00	8:30 am – 12:30 pm – Monday through Friday
	Three-Year-Old Class –**Full Day (5 days a week)**	$540.00	7:30 am – 6:00 pm – Monday through Friday
	Four-Year-Old Class – **Half Day (5 days a week)**	$275.00	8:30 am – 12:30 pm– Monday through Friday
	Four-Year-Old Class – **Full Day (5 days a week)**	$540.00	7:30 am – 6:00 pm - Monday through Friday
	Morning Care - **3 days a week (available for half day students)**	$45.00	7:30 am – 8:30 am - Tuesday, Wednesday, Thursday
	Morning Care – **5 days a week (available for half day students)**	$65.00	7:30 am – 8:30 am – Monday through Friday

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Fee Policy and Procedures

	Initial
-Full tuition will be paid in advance of monthly services rendered.	
-Tuition is due by the 5th of each month for 10 months starting August 5 and ending May 5.	
-If tuition is not received by the 10th of the month, a $35.00 late fee will be charged.	
- Tuition is not subject to discounts for holidays, emergency closure, or student's absences.	
-Tuition payments are still required in case of extended absences to secure their place at the ECLC.	
-Tuition payments are required until written notice of a student's withdrawal from the ECLC is received by the ECLC Director.	
-A late pick-up fee of $5.00 for every 5 minutes late (maximum charge of $25.00) will be charged if the student is not picked up at their scheduled pick-up time. All late fees are at the discretion of the Director.	
- Accounts 30 days past due may result in student being dismissed from the ECLC.	
- Returned checks will result in a $35.00 returned check fee.	
-Payments should be paid by personal check, cashier's check, or money order. The ECLC is not responsible for payments made in cash. Student's name should be clearly indicated on all payments.	

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

Family Information

List family members that 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

Additional 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	

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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? □ No □ Yes Explain _____
2. Does your child have any chronic illnesses? □ No □ Yes Explain _____
3. Please list a brief history of your child's serious injuries and hospitalizations. _____
4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs? □ No □ Yes Explain _____
8. Is your child able to fully participate in all activities? □ Yes □ No Explain _____
9. Does your child have any physical restrictions? □ No □ Yes Explain _____
10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain _____
11. Is your child able to walk □ Yes □ No _____
12. Can your child communicate his/her needs? □ Yes □ No _____
13. Does your child need assistance at meal time? □ No □ Yes Explain _____
14. Does your child rest during the day? □ No □ Yes
15. Is your child toilet trained? □ No □ Yes
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? □ No □ Yes Explain

17. Does your child require one-to-one care/supervision on a regular basis for a significant period? □ Nor □ Yes Explain _____

18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?
□ No □ Yes Explain _____

Illness History *(please check all that apply)*

□ Vision problems	□ Nosebleeds	□ Seizures
□ Hearing problems	□ Skin rashes	□ Mouth sores
□ Constipation	□ Sore throats	□ Fainting
□ Diarrhea	□ Ear infections	□ Persistent cough
□ Asthma/breathing problems	□ Urinary tract infections	□ Other

Please attach care instructions from your physician for any of these illnesses.

Disease History *(please check all that apply and add the date)*

□ Chicken Pox (Varicella)		□ Bronchiolitis		□ Botulism	
□ Measles Rubella		□ Pneumonia		□ Hemophilic Influenza	
□ Rubella (German Measles)		□ Pertussis (Whooping cough)		□ Meningococcal Infection	
□ Mumps		□ Tetanus		□ Rabies	
□ Scarlet Fever		□ Diphtheria		□ Bacterial Meningitis	

Allergies *(please list)*

Medication Allergies	Reaction	**Food** Allergies	Reaction
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
Other Allergies	Reaction	Are any of these allergies life-threatening?	□ Yes □ No

Please attach care instructions from your physician for any life-threatening allergies...

Miscellaneous Screenings and Tests *(please check all that apply and add the date of last screening)*

□ Vision		□ Developmental		□ Tuberculosis (PPD)	
□ Hearing		□ Aptitude		□ Sickle Cell Anemia	
□ Speech		□ Educational		□ Other _____	

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

Parent initial _____ Staff initial _____ 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. Immunizations in bold are required by our state.

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Hemophilic Influenza type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever

Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

	Initial
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.	
2. I agree to provide information to the childcare 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

	Initial
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.	
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 and □ insect repellant to my child. *Please check which product you will permit.*	
I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name.	
I have special instructions for the application process. □ None □ _____	

Parent initial _____ Staff initial _____ Date _____

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 or sanctioned by this center. This center shall remain harmless from any such arrangement.	

Media Release

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

Parent initial _____ Staff initial _____ Date _____

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Other Agreements *(continued)*

Walking Excursions

	Initial
I give my permission for my child to participate in supervised walking excursions near and around the center.	

Handbook Acknowledgement

	Initial
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.	
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 **Family Handbook** may be subject to change.	

Contract Approval

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

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