Medical Information

Child's name	Birth date Father name	
Father e-mail address	Mother name	Mother e-mail address
Guardian name	Guardian e-mail address	

Child's Medical & Developmental History

1. Does your child have any special medical conditions? □ No □ Yes
Explain _____

2. Does your child have any special dietary needs? □ No □Yes
Explain _____

3. Does your child have any physical restrictions? □ No □ Yes
Explain _____

4. Can your child communicate their needs? □ No □ Yes

5. Does your child need assistance at meal time? □ No □ Yes
Explain _____

6. For infants, will you be providing your own: □ Formula □ Breast milk □ Utilize daycare formula □ Not applicable

7. Does your child rest during the day? □ No □ Yes

8. Is your child toilet trained? □ No □ Yes

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.

Allergies *(please list)*

Do we need to be aware of any allergies? _____

Are any of these allergies life-threatening? **□ Yes** **□ No**

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

Child's Immunization History *(please attach a copy of your child's immunization records)*

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 child care regulations.	
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. I understand the center follows CDC guidelines and reserves the right to refuse admittance at their discretion.	
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 *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 products 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 □ 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 **6:30 AM – 6:00 PM** 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 severe weather or other conditions prevent the program from opening on time or at all will be announced on our Website and Facebook page. 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.

We would prefer the child not spend more than 10 hours in the center at a time.

Fee Policy (please read and initial next to each statement)

	Initial
- Starting on _____ a fee of **$**_____ is due □ Weekly.	
- Tuition is due every Monday before 6:00 PM.	
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), teacher training.,	
- 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 $35 for every day after Wednesday is due if tuition is not received on time.	
- A non-refundable registration fee of $100 is due yearly.	
- A late pick up fee is due if my child is not picked up before closing of $5 per minute per child .	
- Accounts two weeks in arrears will result in immediate termination of service.	
- All returned checks or ACH transactions (automatic debits) will be charged a fee of $35. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.	

Other Agreements

Private Employment Acknowledgment 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 whether you authorize the use and reproduction of photographs of your child in conjunction with the program. □ Yes □ No	

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*.

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

Child Pickup Authorization

Child's Information

Child's first name	Child's middle name	Child's last name	Child's nickname

Primary Pickup

Parent 1 full name	Phone number (work)	Phone number (other)
Parent 2 full name	Phone number (work)	Phone number (other)

Authorized Friends and Family

Full name	Home address	Relationship to child	Phone number

Any person(s) NOT authorized to pick up child:

*Note: Any person unfamiliar to me will be required to show proof of identification. Under **NO** circumstances will the child be released to anyone other than those listed above without **WRITTEN** permission from the parent.

Child's Information

Child's first name	Child's middle name	Child's last name	Child's nickname

Primary Pickup

Parent 1 full name	Phone number (work)	Phone number (other)
Parent 2 full name	Phone number (work)	Phone number (other)

Authorized Friends and Family

Full name	Home address	Relationship to child	Phone number

Any person(s) NOT authorized to pick up child:

*Note: Any person unfamiliar to me will be required to show proof of identification. Under **NO** circumstances will the child be released to anyone other than those listed above without **WRITTEN** permission from the parent.

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

Guardian Signature _____ Date _____