

Enrollment Agreement

St. Paul's Christian Childhood 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 childcare licensing regulations.

Enrollment Information

Child's Information

Child's first name		Child's middle name		Child's last name		Child's nickname			
Age	Gender	Child's primary language		Parent/guardian/sponsor primary language					
Child's home address				City		State		Zip	
How did you hear of our program?				Is your child baptized? If yes, name of church and date of baptism		Does your child attend church? Sunday School?		Church Affiliation? (if any)	

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)

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

We will contact the persons designated in this section 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
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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 asthma? No Yes *If yes, please attach care instructions from your physician.*

5. Will medication be administered regularly? No Yes *If yes, please attach care instructions from your physician.*

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

7. Is your child right handed left handed _____

8. Has your child had a previous group or preschool experience? No Yes Explain _____

9. Does your child function at the level of other children in his/her age group? Yes No Explain _____

10. Can your child communicate his/her needs? Yes No _____

11. Does your child rest during the day? No Yes

12. Is your child toilet trained? No Yes

Illness History *(please check all that apply)*

<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 _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)*

<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
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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 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
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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 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 1 hour 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.	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.	_____

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 product you will permit.</i>	Initial _____
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 have special instructions for the application process. <input type="checkbox"/> None <input type="checkbox"/> _____	_____

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 Monday through Friday from 6:30 AM to 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 local television stations as well as on our 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.

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	Initial
	<input type="checkbox"/> monthly	
- Tuition is due and payable on the _____	<input type="checkbox"/> first business day of the week	
	<input type="checkbox"/> first Friday of the month	
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absence.		
- 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 \$ _____ is due if tuition is not received on time.		
- A non-refundable registration fee of \$ _____ is due once.		
- A late pick-up fee of \$ _____ per any part of 15 minutes per child is due if my child is not picked up before closing.		
- Accounts two weeks in arrears may result in immediate termination of service.		
- 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 up to the maximum amount allowed by law.		
- A receipt for income tax purposes will 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 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. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.	Initial
Occasionally, photos will be taken of the children at the center for use on promotional material. 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
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Walking Excursions

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

Handbook Acknowledgement

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. _____ **Initial**

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies, 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 of the terms and conditions described in this *Enrollment Agreement* and the *Family Handbook*.

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

