



# 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 Pennsylvania's child care licensing regulations.

Admission Date

## Enrollment Information

### Child's Information

Child's first name		Child's middle name		Child's last name		Child's Birthday		
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip

### Family Information

Parent/guardian/sponsor		Relationship to child		Primary phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts			
Home address if different from above		Email		Secondary Phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts			
Employer		Work Phone		Employer Address			
Parent/guardian/sponsor		Relationship to child		Primary phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts			
Home address if different from above		Email		Secondary Phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts			
Employer		Work Phone		Employer Address			

### 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		Primary phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts			
Home address if different from above		City		Zip		Secondary Phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts	
Email		Work Phone		Employer			
Person # 2		Relationship to child		Primary phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts			
Home address if different from above		City		Zip		Secondary Phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts	
Email		Work Phone		Employer			
Person # 2		Relationship to child		Primary phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts			
Home address if different from above		City		Zip		Secondary Phone <input type="checkbox"/> This phone is a home phone <input type="checkbox"/> This phone accepts texts	
Email		Work Phone		Employer			

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.

**Medical Information**

Child's name	Birth date	Height	Weight	Hair color	Eye color
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**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. Will medication be administered regularly?  No  Yes **If yes, please attach care instructions from your physician.**

4. Does your child have any special dietary needs?  No  Yes Explain \_\_\_\_\_

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

6. 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 track infections	<input type="checkbox"/> Other

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

**Allergies** (please list)

<b>Medication Allergies</b>	Reaction	<b>Food 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	
_____	_____	<b>Please attach care instructions from your physician for any life-threatening allergies..</b>	

**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

**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 within 45 days of enrollment)

**Additional Medical Policies** Full Signature

1. 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. \_\_\_\_\_

2. 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 1 hour** 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 Contacts*, and lastly my physician (unless time is limited). \_\_\_\_\_

In case of a medical need or 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. \_\_\_\_\_

# Agreement

Child's Name \_\_\_\_\_

## Hours of Operation

Regular operating hours are **Monday through Friday from 6:00 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 emergencies that prevent the program from opening on time or closing early will be an email and PreciouStatus update. Primary email \_\_\_\_\_

## Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

The weekly fee is for a 10 hour day. If your child must be at the center for more than 10 hours, a \$5.00 per 15 minutes fee will be charged.

Day of week	Start time	End time	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

## Fee Policy

- Starting on _____ a fee of \$_____ is due on Thursdays for the following week. The weekly fee is for a 10 hour day. If your child must be at the center for more than 10 hours, a \$5.00 per 15 minutes fee will be charged.	Initial
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absences.	
- I agree to pay the full tuition in advance of services of child care with snacks.	
- A late pick-up fee of <b>\$2.00</b> per minute is due the morning following the late pick-up.	
- 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 will be required.	
-Meals can be provided by Pre-K Gourmet at an additional fee.	

## Parental Consent

**Getting to Know You Meeting** – I would like a meeting after 30 days to discuss observations and assessments of my child. Y or N

## Assessments

I give my permission for my child to participate in the Ages and Stages Screening Tool. The tool is used to quickly assess communication, gross motor, fine motor, problem-solving, and personal-social at various age levels.

I agree to assist in completing the tool by filling out a questionnaire about my child.

## Individual Education Plans – IEP/IFSP

My child  has an IEP/IFSP  does not have IEP/IFSP  A copy of the IEP/IFSP will be provided.

## Photos of Children

I  authorize photos to be posted inside the child care center.

I  authorize photos to be used in conjunction with our website, facebook page, and/or any advertising.

OR

I  do not authorize the use and reproduction of photographs of your child in conjunction with the program.

I understand pictures sent on PreciouStatus **may not be posted on the internet by a parent** unless the picture is only of my child.

## Authorization to Apply the following to Skin

I give my permission to this center to apply sunscreen that must be provided by the parent. Teachers will notify parent if sunscreen is needed.

I give permission to apply diaper cream or ointments if needed in the diaper area.

I give my permission to this center to use hand sanitizer on my child's hands when he/she is older than 2 years and the hands are not visibly soiled.

## Contract Approval

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

Primary Parent/Guardian/Sponsor Signature \_\_\_\_\_

Date \_\_\_\_\_

Center Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Updated every 6 months or as needed.

Update 1 Parent signature \_\_\_\_\_

Staff initial \_\_\_\_\_

Date \_\_\_\_\_

Update 2 Parent signature \_\_\_\_\_

Staff initial \_\_\_\_\_

Date \_\_\_\_\_

Update 3 Parent signature \_\_\_\_\_

Staff initial \_\_\_\_\_

Date \_\_\_\_\_