

Enrollment Agreement

Children's Learning Center of Richmond Heights, Inc.

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						
Child's Information						
Child's first name		Child's middle name		Child's last name		Child's nickname
Date of Birth	Sex	Child's primary language		Parent/guardian/sponsor primary language		
Child's home address				City	State	Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	School name		Grade		School phone	
School address			Drop off time		Pick up time	
Family Information						
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	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)						
<p>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 require that all authorized pick up persons provide a photo ID at the time of pickup.]</p> <p>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.</p>						
Parent initial _____ Staff initial _____ Date _____						

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

Medical Information

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
If yes, please attach dietary exclusions list from your physician.
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 of time? No 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)

- | | | |
|--|---|---|
| <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 |

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

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"/> Hearing | _____ | <input type="checkbox"/> Aptitude |
| <input type="checkbox"/> Speech | _____ | <input type="checkbox"/> Educational |

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 child care regulations.	Initial
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 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 <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 products 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.	_____
<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 _____
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Hours of Operation

Regular operating hours are **6:15 AM -6:00 PM** except closings for various holidays, and inclement weather as described in the Parent 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 news stations. See Parent Handbook for detailed inclement weather procedures. 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 on each Thursday as advance payment for the following week. Tuition is late if not paid by 10:00 AM Tuesdays and will incur a late payment fee. A week consists of Monday-Friday.	Initial
- Tuition is due and payable by <input type="checkbox"/> check or money order. <input type="checkbox"/> Every Thursday as Prepay for following week.	_____
- Tuition may be paid in advance weekly, bi-weekly or monthly.	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absence other than hospitalization, contagious illness, or absence at the request of a doctor (a written doctor’s note is required to receive credit).	_____
- I agree to pay half of tuition fees each week my child is absent beyond the 2 free Sick/Vacation week allowance.	_____
- I agree to pay the full tuition in advance of services rendered.	_____
- I agree to pay the full tuition fee even if my child only attends the center for one day.	_____
- A late fee of \$20.00 is due if tuition is not received by Tuesday at 10:00 AM.	_____
- A non-refundable registration fee of \$100.00 for preschoolers and \$150.00 for infants and toddlers is due yearly.	_____
- A late pick up fee of \$1.00 per minute 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 will be required.	_____
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$25.00. Two or more returned checks or ACH transactions will result in my account being placed on “money order only” status.	_____
- A two-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of tuition prepayment.	_____
- A receipt for income tax purposes will be provided by request only.	_____

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 to or sanctioned by this center. This center shall remain harmless from any such arrangement.	Initial
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Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website/social media and/or newsletters. Please indicate that you authorize the use and reproduction of photographs or posting videos of your child in conjunction with the program. (Check one) <input type="checkbox"/> Displays in school and classroom only <input type="checkbox"/> Indoor Displays, Website and Social Media <input type="checkbox"/> Do NOT post or display Images of my child	Initial
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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**

No Yes

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 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 of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date
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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				
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
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade
				School phone
School address			Drop off time	Pick up time
Child will be attending: <input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care				
*Note: Children's Learning Center of Richmond Heights, Inc. Is not liable for the child until he/she has been picked up from the program by CLC staff to return to the child is attending has left the program to walk to/from school.				

After School Activities Information

Complete the information below to provide us with details about after school activities your child is participating in. Please complete a separate Transportation and School Activity form for each activity.

Transportation and After School Activity				
My child is transported to school via:		My child is transported from school via: Bus #:		
Parents are responsible for informing child care center in writing if your child(ren) will be participating in an after school activity:				
Child participates in the following after school activities (list all):				
Type of Activity:				
Day of the week child is attending activities (circle all that apply): M Tu W Th F				
Time period of activity:				
Day:	Day:	Day:	Day:	Day:
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:
End Time:	End Time:	End Time:	End Time:	End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:				

Your child's safety is our number one priority. Children's Learning Center of Richmond Heights, Inc. will not release children from the program without the above information **in writing**.

Primary Parent/Guardian/Sponsor Signature

Date