



## ENROLLMENT FORM

Registration Date: \_\_\_\_\_

### CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent / Guardian Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian

List the family members your child lives with - include names and ages of siblings: \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

### SCHOOL-AGE INFORMATION

Does your child attend school?  Yes  No Elementary School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

### PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/ Guardian Signature

Date

**EMERGENCY CONTACT AND RELEASE**

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized for pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like the authorized for pick-up on a given day (i.e. babysitter). For these persons, check the "release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar with to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by state child care licensing regulations.

**MANDATORY:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  Emergency Contact & Release  Release Only

**OPTIONAL:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  Emergency Contact & Release  Release Only

**OPTIONAL:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  Emergency Contact & Release  Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee every 15 minutes or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Initial: \_\_\_\_\_

**MEDICAL INFORMATION**

**AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

\_\_\_ Yes \_\_\_ No If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_ . I (we) \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of South Carolina.

Preferred Hospital/ Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/ Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/ Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, food or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Appeared before me and produced \_\_\_\_\_ as identification. Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Medication Notice: Staff will administer medication based on criteria listed in the Parent Handbook. I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Parent Handbook.**

**AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS**

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS AND OLDER ONLY**

I give the school permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

**MEDICAL HISTORY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school:

\_\_\_\_\_  
\_\_\_\_\_

2. Special Dietary Needs:

\_\_\_\_\_  
\_\_\_\_\_

3. Is your child able to walk? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Is your child toilet trained? \_\_\_ Yes \_\_\_ No

6. Please provide special instructions concerning any other illnesses, as necessary:

\_\_\_\_\_  
\_\_\_\_\_

7. Allergies (please check and list all that apply)

Medications Reaction: \_\_\_\_\_

Food Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening? \_\_\_ Yes \_\_\_ No If yes, please provide special instructions:

\_\_\_\_\_  
\_\_\_\_\_

**Per state regulations, a written statement is required for waiver of immunization requirements.**

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

**ENROLLMENT AGREEMENT (Please initial each section listed below, then sign and date the last page.)**

Child Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**SECTION 1: TUITION AND FEES**

**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$\_\_\_\_\_ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment by paying this fee no later than \_\_\_\_\_ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

**TUITION and MODIFICATION CONDITIONS:** \$\_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days: (check all that apply)  Mon  Tues  Wed  Thur  Fri From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$10 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ am to \_\_\_\_\_ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

**ADDITIONAL FEES:** School age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fee as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the Director for details.

**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \_\_\_\_\_% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds check will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

**ENROLLMENT AGREEMENT** (continued) Please initial each section listed below, then sign and date the last page.**SECTION 2: DAILY PROCEDURE**

\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

\_\_\_\_ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, \_\_\_\_ may \_\_\_\_ may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity or any other lawful purposes.

\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publically display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services and child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

**SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS**

\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Eve, New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Half day on Christmas Eve, Christmas Day, Martin Luther King, Jr. Day, and President's Day for in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the Director, if possible. I agree to pay the reservation fee of \$ \_\_\_\_\_ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_

**ENROLLMENT AGREEMENT** (continued) Please initial each section listed below, then sign and date the last page.

**SECTION 4: STATE LICENSING AND OUR POLICIES**

\_\_\_ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

\_\_\_ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_ **NO MODIFICATIONS:** No terms of this Agreement, may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this agreement are null and void.

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_