



## APPENDIX 3: ENROLLMENT AGREEMENT & FORMS

With my payment of the registration fee and escrow payment and completion of all enrollment papers, I hereby enroll my child (full name) \_\_\_\_\_ (if new infant - due date) \_\_\_\_\_ in Our Children's Center as of \_\_\_\_\_ (date to begin attendance).

### Scheduled Hours

Full-time is five (5) full days a week. It is considered part-time when a child attends less than five (5) Full Days a week. The daily rate is then implemented and should be included in the following week's tuition.

My child will attend the following schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time					
Pick-up Time					

Please fill in your child's approximate schedule so that we may plan for staffing. The program opens at 7:30 am and closes promptly at 5:30 pm. It is required that you pick up your child by closing time. Otherwise, it will be necessary for Our Children's Center to charge a late fee of \$25.00 for the first 5 minutes and \$1.00 a minute thereafter.

### Payment

I understand that the weekly tuition will be payable on the Thursday with a grace period until 5:30 p.m. on Friday. If payment is made on or after Monday of the following week, a late charge of \$25.00 will be assessed. I understand that failure to pay tuition for two (2) consecutive weeks, unless arrangements are made with the center Executive Director, may cause my child to be excluded from the program. All fees for this will be the responsibility of the parent enrolling the child at Our Children's Center. I also understand that payment is due and payable even if my child is out sick; on vacation and holidays (i.e., if my child normally attends on the day a holiday is observed – payment is still due). I understand a service charge of \$25.00 will be assessed each time a check is returned. After two (2) returned checks, a "Cash Only" policy will then be enforced.

### Registration/Escrow

I understand that I am responsible for a one-time non-refundable registration fee of \$150.00 **which is due with the initial registration**. In addition, an escrow payment in an amount equal to two (2) weeks tuition is due prior to enrollment. This money will be held in trust until such time I withdraw my child from Our Children's Center.

**I understand that I need to give at least four (4) weeks written notice in order to have my escrow payment refunded.**

**Note: Escrow is applied to the last two (2) weeks of daycare.**

I will inform the Executive Director of any changes in my job, address, telephone or childcare schedule.

With my signature below I confirm that I have read, understand and agree to abide by the policies of Our Children's Center as contained in this agreement and the Parent Handbook.

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

Printed Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_



## Child Enrollment Record

Date Form Completed \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

### FAMILY INFORMATION

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Address: \_\_\_\_\_

Are both parents in the home? \_\_\_\_\_ Marital Status: \_\_\_\_\_

Please describe any aspects of the children's home/family you think your child's teacher should be aware of: \_\_\_\_\_

List Name and Ages of Siblings:

1) \_\_\_\_\_ Birth Date: \_\_\_\_\_

2) \_\_\_\_\_ Birth Date: \_\_\_\_\_

3) \_\_\_\_\_ Birth Date: \_\_\_\_\_

4) \_\_\_\_\_ Birth Date: \_\_\_\_\_

\*Periodically we publish an OCC phone list so families can connect more easily. Please check the

\_\_\_\_\_ Yes, I would like to be included on a list distributed to all families

You may share the following information

\_\_\_\_\_ All \_\_\_\_\_ Names \_\_\_\_\_ Numbers \_\_\_\_\_ Address \_\_\_\_\_ E-Mail

\_\_\_\_\_ No, I don't want to be included on the list.



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### **Pickup Authorization (Mandatory)**

Name(s) of person(s) authorized to call for this child. The child will not be permitted to leave the program with anyone else without a written permission letter from parent: List according to who should be called first.

#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

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

#3 Name: \_\_\_\_\_ #4 Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

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

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\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

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### **Emergency Medical Authorization**

With my signature below I give consent to Our Children's Center to obtain emergency medical treatment and care for my child \_\_\_\_\_ in case of an accident, injury or illness of a serious nature. In case of emergency, I authorize OCC to contact 911 and transport my child via ambulance to the nearest hospital for treatment if needed. I understand that I will be contacted immediately or as soon as possible should I not be at the phone number stated on Our Children's Center "Child Enrollment Record" that I completed for my child. I will be responsible for payment and any and all medical bills that my child may incur.

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

I hereby give my consent for emergency medical authorization for my child.

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\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)



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## ***Field Trip Permission / Authorization***

I hereby give consent to Our Children's Center to take my child on walking trips in the neighborhood, special excursions or other field trips away from the program. This permission is being given with the understanding that such trips are under supervision of the program staff. Further, the staff will take all the required precautions to ensure the health and safety of each child during these field trips. *For field trips requiring transportation by car, an additional permission will be sent home prior to that activity.*

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(Signature of Parent or Guardian)

(Date)

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## ***Transportation Permission / Authorization***

I hereby give permission for Our Children's Center to transport my child in a motor vehicle during field trips. A separate form will be sent home when field trips are planned.

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(Signature of Parent or Guardian)

(Date)

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## ***Pictures and Art Permission for Use***

I hereby give permission for Our Children's Center to photograph my child and/or use my child's artwork for classroom and center use. I understand that my child's name will never be attached to any photographs and will not be used for publicity unless I have given approval.

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(Signature of Parent or Guardian)

(Date)

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## ***Topical Ointment Authorization***

Regulations require that parents and guardians give their written permission before a childcare center can administer topical ointments. Below, please indicate the ointments that the staff of Our Children's Center can administer to your child.

I \_\_\_\_\_ give the staff of Our Children's Center permission to administer the following ointments to my son/daughter \_\_\_\_\_.

Sunscreen

Diaper Rash Ointment (over the counter or prescribed)

Insect Repellent

Other (please specify) \_\_\_\_\_

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

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

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***MEDICATION ADMINISTRATION (EPI PEN, ANITBOTICS AND FEVER REDUCING) Parents must have a doctor's order and complete attachment J in order for a teacher to administer any of the above medications.***



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### **Getting To Know Your Child**

This information sheet helps the teacher get to know your child and his/her needs, interests, special activities etc. It is for the teacher's use only.

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

Favorite Toy(s) \_\_\_\_\_

Special Interests \_\_\_\_\_

Pets \_\_\_\_\_

Have caregivers other than parents cared for your child? \_\_\_\_\_

If yes, who? \_\_\_\_\_

What opportunity has your child had to play with other children the same age?

\_\_\_\_\_

What would you like your child to gain from this program?

\_\_\_\_\_

What do you think are your child's strengths?

\_\_\_\_\_

#### **EATING:**

Does your child have a good appetite? \_\_\_\_\_

Does your child feed him/herself? \_\_\_\_\_

Are there any food allergies known? \_\_\_\_\_

Any difficulties with eating or special diets \_\_\_\_\_

#### **SLEEPING:**

What time does your child usually go to bed? \_\_\_\_\_ get up? \_\_\_\_\_

Does he/she have a rest period or take a nap? \_\_\_\_\_

Does your child nap with a special toy or blanket, what is it? \_\_\_\_\_

#### **PHYSICAL NEEDS:**

Is your child toilet trained? \_\_\_\_\_

What term/words does he/she use when they need to use the toilet? \_\_\_\_\_

Does he/she need help with clothing? \_\_\_\_\_

With which hand your child cut/color? \_\_\_\_\_

#### **SOCIAL/EMOTIONAL:**

Explain any fears or anxieties that your child may have \_\_\_\_\_

How your child is best comforted, when upset? \_\_\_\_\_

Please feel free to include additional information on the back or on a separate sheet.



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### **Child's Routine (for Infants and Toddlers)**

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Sleeping Routine**

How many naps per day? \_\_\_\_\_ Length? \_\_\_\_\_ Preferred position? \_\_\_\_\_

**(State Regulation – infants are placed on their backs at nap time)**

How does your child go to sleep?

\_\_\_\_\_

Waking behavior/routine:

\_\_\_\_\_

Special concerns:

\_\_\_\_\_

**Eating Routine (parents may supply a more detailed routine in writing for teachers to follow – infants must be able to take a bottle prior to their first day at daycare.)**

Circle:      Bottle      Cup

Circle: Formula/Breast milk:

Amount: \_\_\_\_\_ Times of day: \_\_\_\_\_

Circle: Juice/Milk/H2O Amount: \_\_\_\_\_ Time of day: \_\_\_\_\_

Solid food: \_\_\_\_\_ Time of day: \_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Special concerns:**

\_\_\_\_\_

#### **Diapering Routine**

Lotions or ointments your child uses:

\_\_\_\_\_

#### **Comforting/Distress/Other**

How does your child like to be comforted?

\_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

Does your child have a security object? \_\_\_\_\_ If yes, name: \_\_\_\_\_

**Other information:**

\_\_\_\_\_

\_\_\_\_\_