

Enrollment Agreement

Enrollment Information

Completion of this Agreement is required for enrollment. This information is necessary for Harvest Center for Creative Learning to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs.

CHILD INFORMATION						
Child's first name		Child's middle name		Child's last name	Nickname	
Age	Sex	Female Male	Child's primary language	Parent's/Guardian's primary language	Home e-mail address	
Child's home address				Home phone		
List family members your child lives with – include names and ages of siblings						
Does your child attend school?		Yes	No	Elementary School Name	Grade in School	School Phone
School Address			Drop off time at School	Pick up time at School	Early Release days and times	
School Transportation provided by: Elementary School Parent/Guardian Other (specify) _____						

PRIMARY CONTACT AND RELEASE PERSONS <i>Include parents and guardians</i>					
Is parent/guardian a HCFCL employee?		Yes	No	If yes, employment date _____	Name _____
PRIMARY PARENT/GUARDIAN		Relationship to child		Home phone	Cell phone
Home address		Home e-mail address			
Employer and address		Work e-mail address		Work hours	Work phone/ext
Driver's License (DL) number <small>(For privacy purposes, do not provide your DL number if it is also your Social Security Number.)</small>		DL State	DL Expiration date	CD verify ID (DL)	INITIALS
Other Parent/Guardian		Relationship to child		Home phone	Cell phone
Home address		Home e-mail address			Gov Issue Photo ID Type
Employer and address		Work e-mail address		Work hours	Work phone/ext
Parent/Guardian Identification Information (2 items required)	Question _____		Answer _____		
	Question _____		Answer _____		
	Note: Personal questions will be used to verify parent/guardian identity if a pick up authorization is called into the center.				

EMERGENCY CONTACT AND RELEASE PERSONS <i>Do not include parents and guardians</i>					
If possible, please notify the center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.					
Name #1		Relationship to child		Home phone	Cell phone
Home address		Home e-mail address			Gov Issue Photo ID Type
Employer and address		Work e-mail address		Work hours	Work phone/ext
Name #2		Relationship to child		Home phone	Cell phone
Home address		Home e-mail address			Gov Issue Photo ID Type
Employer and address		Work e-mail address		Work hours	Work phone/ext
Name #3		Relationship to child		Home phone	Cell phone
Home address		Home e-mail address			Gov Issue Photo ID Type
Employer and address		Work e-mail address		Work hours	Work phone/ext

The persons designated in this section will be contacted by HCFCL and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.

Center staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify center 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 center the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.

GREY AREAS ARE FOR OFFICE USE ONLY	START DATE	WITHDRAW DATE	WITHDRAW REASON	
	FAMILY/CASE/FILE NUMBER	CLASS	BIRTH CERTIFICATE NO. <small>(Only if required by state licensing)</small>	

Date revision effective page 1 (Enrollment Information)	_____
Parent/Guardian Signature	_____
Center Director Signature	_____

Child's Name _____

Medical Information

CHILD'S MEDICAL HISTORY

Height _____	Weight _____	Hair color _____	Eye color _____	Distinguishing marks _____	Date of Birth _____
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- Special medical conditions _____
- Chronic illnesses _____
- History of serious injuries or hospitalizations of which we should be aware _____
- Diabetes Yes No
If your child has diabetes, please notify the Center Director. An Authorization Form for Children with Diabetes must be completed at enrollment.
- Medication that will be administered regularly at the center _____
- Special dietary needs _____
- Physical restrictions _____
- Is your child able to fully participate in all of the activities offered by HCFCL? Yes No Explain: _____
- Does your child function at the level of other children in his or her age group? Yes No Explain: _____
- Is your child able to walk? Yes No Explain: _____
- Can your child effectively communicate his or her needs? Yes No Explain: _____
- Does your child require any assistance at mealtime? Yes No Explain: _____
- Does your child rest in the middle of the day? Yes No Explain: _____
- Is your child toilet trained? Yes No If so, does he or she need assistance? _____
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.? Yes No Explain: _____
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time? Yes No Explain: _____
- Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in HCFCL's group care setting?
Yes No Explain: _____

Please note if your child had any of the diseases listed below?

	Date
Bronchiolitis/pneumonia	_____
Chicken Pox (Varicella)	_____
Hepatitis	_____
Scarlet Fever	_____
Measles Rubeola	_____
Rubella (German Measles)	_____
Mumps	_____
Pertussis (Whooping Cough)	_____
Other Serious Illnesses	_____

Please note screening tests performed

	Date
Vision	_____
Hearing	_____
Speech	_____
PPD Test	_____
Sickle Cell Anemia	_____
Developmental Screening	_____
Educational Screening/Testing	_____
Other	_____

Please note your child's illness history (please check all that apply):

- | | |
|---|-----------------------------------|
| Frequent colds/upper respiratory infections | Fainting spells |
| Frequent sore throats | Asthma/breathing problems |
| Frequent ear infections | Abdominal (stomach) pain |
| Frequent skin rashes | Urinary tract infections/problems |
| Heart disease | Persistent diarrhea |
| Lung disease/shortness of breath | Persistent constipation |
| Seizures/convulsions | Vision/hearing problems |
| Frequent nosebleeds | Other: _____ |

Please provide special instructions concerning any of these illnesses, as necessary:

ALLERGIES *Please list*

Medications _____	Reaction _____
Food _____	Reaction _____
_____	_____
_____	_____
Respiratory _____	Reaction _____
Bee sting _____	Reaction _____
Other _____	Reaction _____

Are any of the allergies severe or life-threatening? Yes No

If yes, please provide special instructions: _____

Date revision effective page 2 (Medical Information)	_____
Parent/Guardian Signature	_____
Center Director Signature	_____

Enrollment Agreement

Child's Name _____

Medical Information *(continued)*

CHILD'S MEDICAL CARE PROVIDER / FACILITY	
Primary Care Physician ("PCP") name	Practice/Clinic name
PCP address	Phone
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

IMMUNIZATION HISTORY	Required	1st	2nd	3rd	4th	5th
DTP/DtaP						
Td/DT						
Polio						
MMR						
TB Skin Test Neg/Pos (if required)						
Hib (State specific)						
HBV (State specific)						
Varicella (State specific)						
Pneumococcal (State specific)						
Influenza vaccine (State specific)						
Typhoid (State specific)						
Hepatitis A vaccine (HAV)						
Hepatitis B vaccine						
Lead Test (Annually from age 1-4)						
Date of last Tetanus (if applicable)						
Other						

PHYSICIAN'S STATEMENT

PLEASE HAVE YOUR PHYSICIAN COMPLETE THE PHYSICIAN'S STATEMENT IF IT IS REQUIRED BY INDIVIDUAL STATE OR LOCAL CHILD CARE LICENSING REGULATIONS. SEE YOUR CENTER DIRECTOR FOR GUIDANCE.

- Does the child have any health/medical condition that could result in an emergency at the child care location? _____
- Date of last physical examination _____
- Is the child free of any infectious or communicable diseases? Yes No
- If not, are there any infectious or communicable diseases that would preclude enrollment into the child care program? _____
- Are this child's immunizations complete and up to date? Yes No If no, please explain: _____
- Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in the HCFCL group child care setting as described below? Yes No**
 - HCFCL'S child care center **is not** a medical treatment facility. Medical services are not provided; and the teachers **are not** medically trained.
 - HCFCL does not provide one-to-one care.**
 - HCFCL operates a **group child care center**. HCFCL provides meals and a snack, rest times, outdoor play times, and follows an established curriculum. In addition, HCFCL provides periodic field trips to nearby parks and places of interest.
 - In accordance with individual state child care licensing regulations, the ratio in this center is _____ teacher for every _____ children, and there will be a maximum of _____ children in this center. The children in this center range in age from _____ to _____.
 - HCFCL' s policy is to enroll children in compliance with the American's With Disabilities Act (ADA), it's implementing regulations and any other applicable federal, state or local laws that apply to the provision of child care services to those with disabilities. We review each child's situation on a case-by-case basis to determine how we can best meet the needs of each child within the HCFCL setting.
- If the answer to number six is yes, please indicate below what modifications are required. If necessary please use additional sheets of paper or the back of this form.** _____

Physician Name	Name of Practice or Clinic	Phone
Address	Physician Signature	

HCFCL does not discriminate on the basis of disability. Contact Disability Services to assist with special needs or reasonable accommodation issues.

Parent /Guardian Signature	_____
Center Director Signature	_____

Enrollment Agreement

Child's Name _____

Medical Information *(continued)*

CERTIFICATION OF PARENT/GUARDIAN

My child's immunization records are / are not on file and available for review at his/her elementary school. My child has been examined by a doctor within the last 12 months.

Parent/Guardian
Signature _____

Date _____

MEDICATION

Individual state child care licensing regulations regarding medication must be followed. Any mandatory state form regarding administration of prescription or non-prescription medication must also be completed and signed by a parent/guardian.

Parent/Guardian
Signature _____

Date _____

If permitted by state child care licensing regulations, I authorize HCFCL staff to administer to my child topical non-prescription medications as needed, according to the dosage instructions on the medication container. For any other non-prescription medication, if permitted by state child care licensing regulations or center policy, I will provide written authorization for HCFCL staff to administer the medication in accordance with written instructions from the child's health care professional or me, as required. I agree to provide any such medications, as these will not be provided by the center. For any prescription medication, I will complete necessary authorization forms with my signature and understand the prescription label dosage instructions must be followed. I will provide the medication in its original container with the pharmacist's label.

MEDICAL POLICIES

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated in accordance with state child care licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.
5. In case of a medical or other emergency while my child is under the center's supervision, I understand that HCFCL staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize HCFCL to act on my behalf and to take the emergency measures including those listed below if deemed necessary by HCFCL staff or by medical authorities for the care and protection of my child. I authorize HCFCL to:

Consult the physician or dentist named on the previous page if I cannot be reached.

Administer first aid and/or cardiopulmonary resuscitation.

Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.

Obtain any emergency medical or dental treatment deemed necessary by medical authorities.

Transport my child to a local emergency shelter in the event of an emergency evacuation of HCFCL's facility.

6. If I wish to request a religious or personal exemption to HCFCL's practice of securing necessary emergency medical treatment in the event I cannot be reached, state child care licensing authorities must be consulted to determine if such an exemption may be granted.
7. I must complete any state-specific medical authorization forms required by individual state child care licensing regulations.

Date revision effective page 4
(Medical Information) _____
Parent/Guardian Signature _____
Center Director Signature _____

Enrollment Agreement

Child's Name	
Age Group	

Financial Information

CENTER HOURS OF OPERATION

The center is open from 6:30 a.m. to 6:00 p.m., Monday through Friday. The center will be closed in recognition of various holidays throughout the year. A list will be provided in the HCFCL handbook. The center's hours and holiday schedule are set and posted annually, but may be changed at any time. There is no reduction in tuition as a result of center closures.

If I or other authorized persons fail to pick up my child and/or contact the center, and I or other authorized persons cannot be reached, center staff, within thirty minutes after closing time or in accordance with state child care licensing regulations, may release children to the custody of child protective services or other local authorities.

The center will be open whenever possible on a regularly scheduled day, during normal hours.. If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up. There will be no tuition credit for any time the center is closed.

TUITION

I understand that my weekly/monthly tuition fees are as follows:

CHILD	TUITION	DISCOUNT TYPE	DISCOUNT	ENRICHMENT PROGRAM PRICING	NET TUITION
	\$		\$	\$	\$

FEESCHEDULE

- If my child regularly attends school and school is not in session due to school holiday, snow, etc., I agree to pay an additional fee of \$_____ for each day my child attends a HCFCL center all day. The additional fee is charged only when, during a school week, my child's school has a scheduled day off or an unscheduled day off due to weather or other unforeseen events. When school is not in session, the
- A late pick-up fee of \$1 per minute per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
late pick-up fee does not constitute an agreement to provide after hours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
- Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.
- I understand that I am not required to pay for one week if my child will be absent due to family vacation or leaving of town. Any days after a week, however, I will be charged my normal rates to secure my child's spot at the center.
- All tuition is due in advance of services rendered. **Option One:** Payment is due on Monday of each week or on the first day of the week attending daycare. If payment is received after Tuesday of each week, a \$20 late fee will be charged. **Option Two:** Payment is due on the first business day of each month or on the first day of the month attending daycare. If received after the second business day of the month, a \$40 late fee will be charged.
- A nonrefundable annual registration fee of \$0 is due at the time of enrollment and payable each year by September 1. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
- Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
- My child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
- Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand any prepay balance of \$10 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.
- Payments from customers with outstanding unredeemed returned checks must be in the form of a money order or cashier's check. Accounts containing returned checks are subject to immediate termination of service; however upon payment of applicable tuition and registration fee HCFCL may choose to reinstate your child's enrollment.

SCHEDULED ATTENDANCE

Tuition fees are based on the following scheduled attendance.

HOURS ENROLLED AT CENTER	Time	IN	OUT	IN	OUT
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

I understand that a change in this schedule must be made in writing and may require a new Enrollment Agreement.

Date revision effective page 5 (Financial Information)	
Parent/Guardian Signature	
Center Director Signature	

Enrollment Agreement

Other Terms and Certifications

Child's Name _____

OTHERTERMS

1. HCFCL reserves the right to alter its policies and program at any time.
2. I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
3. I agree to notify the center staff by 9:00 am when my child is absent. I must notify the center staff if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.
4. I consent to HCFCL communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
5. State child care licensing regulations are on file at the center and are available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.
6. A child may be disenrolled by HCFCL without prior notice if, in the sole opinion of HCFCL, it is in the best interest of the child or HCFCL.
7. Any dispute or claim arising out of or relating to this Agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

CERTIFICATIONS

Walking Trips

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. (If required by individual state child care licensing regulations, I will be given a specific permission slip for each walking trip.)

Parent/Guardian
Signature _____
Date _____

Transportation

I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other center sponsored activities. I will be given a specific permission slip for each off-site field trip. Off-site field trips and all transportation of children will meet state child care licensing regulations and center policies including minimum-age requirements.

Parent/Guardian
Signature _____
Date _____

Water Activities

I give permission for HCFCL to include my child in supervised water activities, including water activities at the center. I will be given a specific permission slip for all off-site water activities.

Parent/Guardian
Signature _____
Date _____

Photographs/Videotape

I give permission for my child to be photographed and videotaped in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians. I will be notified if any photos/videos taken by center staff are to be used for public relations purposes and understand I have the right to refuse permission for such use.

Parent/Guardian
Signature _____
Date _____

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

This agreement will be effective on _____ .

PRIMARY PARENT/GUARDIAN SIGNATURE _____ DATE _____

CENTER DIRECTOR SIGNATURE _____ DATE _____

Date revision effective page 6
(Other Terms/Certifications) _____
Parent/Guardian Signature _____
Center Director Signature _____