Enrollment Agreement Imagination Station Early Learning and Preschool

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 childcare 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? □ Yes □ No | School name | Grade | School phone |
| School address | Drop off time | Pick up time |
| **Family Information** |
| List family members & pets 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) |
| 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 | 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 |

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.

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Agreement Imagination Station Early Learning and Preschool

|  |
| --- |
| **Medical Information** |
| Child’s name | Birth date | Height | Weight | Hair color | Eye color |
| Distinguishing marks |
| **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  |  |
|  |  |
|  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)* |
| □ Vision problems | □ Nosebleeds | □ Seizures |
| □ Hearing problems | □ Skin rashes | □ Mouth sores |
| □ Constipation | □ Sore throats | □ Fainting |
| □ Diarrhea | □ Ear infections | □ Persistent cough |
| □ Asthma/breathing problems | □ Urinary tract infections | □ Other |  |
| *Please attach care instructions from your physician for any of these illnesses.* |
|  |
| **Disease History** *(please check all that apply and add the date)* |
| □ Chicken Pox (Varicella) |  | □ Bronchiolitis |  | □ Botulism |  |
| □ Measles Rubeola |  | □ Pneumonia |  | □ Hemophilus Influenza |  |
| □ Rubella (German Measles) |  | □ Pertussis (Whooping cough) |  | □ Meningococcal Infection |  |
| □ Mumps |  | □ Tetanus |  | □ Rabies |   |
| □ Scarlet Fever |  | □ Diphtheria |  | □ Bacterial Meningitis |  |
|  |
| **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?**  | □ **Yes**  | □ **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)* |
| □ Vision |  | □ Developmental |  | □ Tuberculosis (PPD) |  |
| □ Hearing |  | □ Aptitude |  | □ Sickle Cell Anemia |  |
| □ Speech |  | □ Educational |  | □ Other |  |  |  |
|  |  |  |  |  |  |  |  |

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Agreement Imagination Station Early Learning and Preschool

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| **Medical Information** *(***continued)** |
| Child’s name | Birth date |
| **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 |
| **Child’s Immunization History** *(please attach a copy of your child’s immunization records)* |
| Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. **[Check with your state requirements. You may do this at** [**http://www.immunize.org/states/**](http://www.immunize.org/states/) **Bold any immunization below that is a requirement.]** |
| Anthrax | Influenza | **Pneumococcal disease** | Smallpox |
| **Diphtheria** | Lyme Disease | **Polio** | **Tetanus** |
| **Haemophilus Influenzae type b (Hib)** | **Measles** | Rabies | Tuberculosis |
| Hepatitis A | Meningococcal disease | Rotavirus | Typhoid Fever |
| **Hepatitis B** | **Mumps** | **Rubella** | **Varicella (Chickenpox)** |
| Human Papillomavirus (HPV) | **Pertussis (Whooping Cough)** | Shingles (Herpes Zoster) | Yellow Fever |
| **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 childcare regulations. | **Initial** |
|  |  |
| 2. I agree to provide information to the childcare 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, and all symptoms are no longer present without medication for a minimum of 24 hours. |  |
|  |  |
| 4. If my child becomes ill during his/her time at the childcare 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 *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 Contact and Release*, 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 □ sunscreen and □ diaper ointment to my child. *Please check which products you will permit.* | **Initial** |
|  |  |
| I understand that I must supply my own sunscreen and/or diaper ointment with a valid expiration date, and it will be labeled with my child’s name. |  |
|  |  |  |  |
| I □ have □ do not have special instructions for the application process.  |  |
|  |  |  |

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Agreement Imagination Station Early Learning and Preschool

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| **Rate Agreement and Contract** |
| Child’s name | Birth date |
| **Hours of Operation** |
| Regular operating hours are 7:00 am to 5:00 pmexcept 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 or child absences. Any exceptions to the opening or closing hours will need to be in writing and signed by Jennifer Underwood. |
|  |
| 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 Brightwheel app. 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. |
|  |
| **Scheduled Attendance** |
| The days and hours that I wish to contract for childcare are as follows: |
|  |
| Day of week | Start time | AM/PM | End time | AM/PM | Comments |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
|  |
| I would prefer to make tuition payments on a | □ weekly | □ bi-weekly | □ monthly | basis. |
|  |  |  |  |  |
| **Fee Policy** (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion) |
| - Starting on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** a fee of **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is due | □ weekly.□ bi-weekly.□ monthly. | **Initial** |
|  |  |  |  |
| * Tuition is due and payable by 5:00 pm
 | □ Every Monday prior to care. □ the 1st and 15th of the month or next business day. □ first business day of the month. |  |  |
|  |  |
| * Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or child absence due to illness.
 |  |
|  |  |
| * I agree to pay the full tuition in advance of services rendered.
 |  |
|  |  |
| * I agree to pay the full tuition fee even if my child is absent for one or more days.
 |  |
|  |  |
| * A late fee of $10.00is due if tuition is not received on time.
 |  |
|  |  |
| * A non-refundable registration fee of$125 is due at time of pre- enrollment. Paid thank you
 |  |
|  |  |
| * A late pick up fee of$10 per 15 minutes per child (not to exceed $50.00 per child) is due if my child is not picked up before closing without prior arrangements.
 |  |
|  |  |
| * 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 may be required.
 |  |
|  |  |
| * All returned checks or ACH transactions (automatic debits) will be charged a fee of $35. Two or more returned checks or ACH transactions will result in my account being placed on “cash only” status.
 |  |
|  |  |
| * A 2-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in charges for the last 2 weeks.
 |  |
|  |  |
| * A receipt for income tax purposes will not be provided but you may request a written receipt for each payment at time payment is made You will be provided with our EIN number when requested.
 |  |
|  |  |

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Agreement Imagination Station Early Learning and Preschool

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| --- |
| **Other Agreements**  |
| Child’s name | Birth date |
| **Walking Excursions** |
| I give my permission for my child to participate in supervised walking excursions near and around the neighborhood. | **Initial** |
|  |
| **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, procedures, and information contained in this Enrollment Agreement. |  |
|  |  |  |  |
| Information contained in the Family Handbookmay be subject to change. |  |
|  |  |

|  |
| --- |
| **Releases** |
| **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** |
|  |  |
| **Media Release** |
| Occasionally, photos will be taken of the children at the center for use within the center, on social media, on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. Please initial the ones you are okay with.In-program classroom use \_\_\_\_\_\_\_\_\_Post to our social media page \_\_\_\_\_\_\_\_\_On our website once created and flyers \_\_\_\_\_\_\_\_\_\_\*\*For use with the early Achievers rating program through our childcare licensing program with DCYF. These are only viewed by our program coach and licensing staff members for our own training and evaluation.  | **Initial** |
|  |  |

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Agreement Imagination Station Early Learning and

Please use this section to give us any addition information you feel would be helpful while getting to know your child. You will also receive a family questionnaire and Ages and Stages developmental screening form during your first week with us.

|  |
| --- |
| **Contract Approval** |
| I certify that I have read, understand, and accept all the terms and conditions described in this *Enrollment* *Agreement*. |
|  |  |  |  |  |  |  |  |
| Primary Parent/Guardian/Sponsor Signature  | Date | Center Staff Signature  | Date |

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Age Child Care Supplemental Enrollment Form Imagination Station Early Learning and Preschool. Disregard this page if your child is not currently in a public-school program

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 childcare 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? □ Yes □ No | School name | Grade | School phone |
| School address | Drop off time | Pick up time |
| Child will be attending: □ Morning Care □ Afternoon Care |
| My Child is allowed to walk (3rd grade and older\*): □ To School from Child Care □ From School to Child Care  |
| \*Note: Imagination Station Early Learning and Preschool is not liable for the child until he/she arrives at the program or after the child 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 childcare 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:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: |
| Name of authorized person to pick up / drop off your child for the extracurricular 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 childcare 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:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: | Day:Start 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. Imagination Station Early Learning and Preschool will not release children from the program without the above information **in writing**.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Primary Parent/Guardian/Sponsor Signature |  | Date |