Enrollment Agreement Little Discoverers Learning Center LLC

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.

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| **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** |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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 |  | □ Haemophilus 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 |  |
|  |  |  |  |  |  |  |  |
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| **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 Little Discoverers Learning Center LLC

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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.  |
| 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 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 *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 □ insect repellant to my child. *Please check which products you will permit.* | **Initial** |
|  |  |
| I understand that I must supply my own sunscreen and/or insect repellant 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.  |  |
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Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Rate Agreement and Contract** |
| Child’s name | Birth date |
| **Hours of Operation** |
| Regular operating hours are **9:30am-2:30pm** except 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. |
|  |
| The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced **through email**. 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. |
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| **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** |
|  |  |
| **Media Release** |
| Occasionally, photos will be taken of the children at the center for use within the center or 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. | **Initial** |
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| **Other Agreements** *(continued)* |
| Child’s name | Birth date |

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| **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 |