

FAMILY CHILD CARE LEARNING HOME CHILDREN'S ENROLLMENT RECORD

CHILD'S INFORMATION			
<i>Child's Full Name:</i>		Child Resides with:	
Nickname:			
Date of Birth:		Child's Age:	
Child's Home Address: <small>(Include Number and Street Name)</small>			
City/State/Zip:			
<p>OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY CHILD CARE LEARNING HOME For your child's safety, I only allow children to leave my Home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.</p>			
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Relationship to Child		Relationship to Child	
Relationship to Parent(s)		Relationship to Parent(s)	
PARENT(S)/GUARDIAN(S) INFORMATION			
Mother/Guardian		Father/Guardian	
Name:		Name:	
Home Address:		Home Address:	
City/State/Zip:		City/State/Zip:	
Home Telephone:		Home Telephone:	
Cell Telephone:		Cell Telephone:	
Pager Number:		Pager Number:	
PARENT(S)/GUARDIAN(S) WORK INFORMATION			
Mother/ Guardian Employer:			
Work Telephone:			
Work Address:			
City/State/Zip:			
Father/ Guardian Employer:			
Work Telephone:			
Work Address:			
City/State/Zip:			

SPECIAL INSTRUCTIONS TO CONTACT PARENTS:

OTHER EMERGENCY CONTACT INFORMATION

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

Name:	
Relationship to Child:	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend
Address: (Include Number and Street Name)	
City/State/Zip:	
Telephone:	

CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

Name of Physician:	
Telephone:	
Address: (Include Number and Street Name)	
City/State/Zip:	

MEDICAL EMERGENCY STATEMENT

I hereby give _____ (Name of Family Child Care Provider) permission to take my child, _____, to a hospital for medical treatment when I cannot be reached.

Parent Signature

Date Signed

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give _____ (Name of Family Child Care Provider) permission to take my child, _____, on excursions from the Family Child Care Learning Home that might include the following types of activities:

(The provider should fill in the above list with activities that she might provide away from home. Examples might include trips to the store, riding in the car, swimming, etc.)

Parent/Guardian

Date

Date

CHILD'S SCHEDULE AND INTERESTS

The following information will assist the provider to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.

NOTE: Complete **INFANT FEEDING PLAN** for children who are under 1 year of age.

Describe the play activities that your child likes, both indoors and out-of-doors.

Describe your child's naptime habits.

Describe your child's toilet and hygiene habits.

Please add any other special information that is important to your child's care here:	
Does your child have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Does your child have any known medical problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Please read the statement below and initial the box to the left if you have provided this information.	
<input style="width: 100%; height: 100%;" type="checkbox"/>	<p>My child has known allergies and/or other medical problems. I have requested from my provider and completed a MEDICAL CARE AND EMERGENCY CONTACT INFORMATION form in order to provide this detailed information.</p>
<hr style="width: 80%; margin: 0 auto;"/> <i>Parent/Guardian</i>	<hr style="width: 80%; margin: 0 auto;"/> <i>Date</i>

Authorization to Dispense External Preparations

Family Child Care Learning Home Rule: 290-2-3.11(1)(e)

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

Child's Name _____

Date _____

I hereby give _____ permission to apply one or more of
(Provider's Name)

the following products, in accordance with directions on the container (Check all that apply):

	Baby Wipes
	Band-aids
	Neosporin, Bacitracin or similar ointment
	Bactine or similar first aid spray
	Sunscreen
	Insect Repellent
	Non-prescription ointment (A&D, Desitin, Vaseline, etc.)
	Other (please specify):
	Other (please specify):

I hereby request that _____ administer the checked
(Provider's Name)

products in accordance with the directions on the container.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Schedules/Transportation/Tuition:

Center Hours:

We may be closed New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and day after, as well as Christmas Day. We will inform you when and if we will be closed for these days. Tuition is not reduced as a result of center closures.

Schedule and Transportation Acknowledgements

1. Regular Schedule: Tuition is based on the child’s regular schedule. If my child’s schedule changes in any way, I will notify the center immediately. Tuition and fees are not pro-rated for illness, holidays, or emergency closures. I agree to pay full tuition even if my child is absent for one or more days, except for pre-arranged “reservation weeks.”
2. Absences: will notify the center by 9:00 am when my child will be absent. Four weeks notice is required to withdraw your child from the center. Tuition equivalent up to 4 weeks will be charged without notice to withdraw.

Tuition and Fee Information:

1. Tuition & Late Payment Fee: A full month of payment is due in advance. In-center tuition payments are due by the close of business on the Friday prior to service, and online tuition payments are due by 11pm, the Sunday prior to service. Full tuition is due in case of illness, absence, vacation, center holidays, or center closings. If tuition is not paid no time, a late fee of will be charged. Tuition does not include sleeping mats, diapers, at least 3 prepared bottles, extra formula, at least 3 sippy cups, or substitute food for meals and snacks if child has food preferences. Please label with a Sharpie. Tuition includes breakfast, lunch and afternoon snack from our menu. Dinner can also be provided for the week for an extra fee. Tuition also includes a curriculum, child care, outdoor play, and performing arts classes.
2. Registration Fee: A nonrefundable annual registration fee is due at time of enrollment and payable each year on or before September 1. If your child is withdrawn from the program and later re-enrolls, a new registration fee is due at that time.
3. Reservation Week: If you know your child will be absent for a full week, you may use a reservation week instead of paying full tuition. Please provide a 2 week notice of any intended vacation.
4. Late Pick-Up Fee: A late pick up fee per child will be assessed when a child is left beyond the center’s operating hours.
5. Financial Obligations: NSF fee will apply for declined check or credit card. Payments from families with prior unpaid returned checks must pay in the form of a money order or cashier’s check. Families with continuous returned check activity may be subject to immediate termination of services.
6. Drop In Fee: Pay daily

Other Terms:

I give permission for my child to be photographed and videoed in the Family Child Care Learning Home and during program functions and field trips. I consent to the use of photographs/videos on social media.

_____ (initial)

I have read, understand and accept all of the terms in this Agreement. I will promptly update any information provided in this Agreement if anything changes. The Family Child Care Learning Home management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this agreement, including tuition and fees, are subject to change in whole or in part by the center with 30 days’ notice.

This Agreement will begin on _____ .

Primary Parent/Guardian Signature _____

Date _____

**PARENT/GUARDIAN NOTICE OF NO LIABILITY
INSURANCE AND ACKNOWLEDGMENT**

(Only Complete this Form if Instructed by your Child Care Provider)

I understand I am being informed in writing by signing this acknowledgment that this child care facility-Morningside Preschool of Performing Arts and your Child Care Provider, Ashley Curtis, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents’/Guardians’ Signature(s):

Date:

Date:

Printed Name(s):

Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.