

# ENROLLMENT REGISTRATION INFORMATION

I D Code: \_\_\_\_\_

Date of  
Registration: \_\_\_\_\_

Date of  
Termination: \_\_\_\_\_

## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parents/Guardian's Primary Language: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

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

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed

Primary Residence:  Mother  Father  Both  Guardian  Other \_\_\_\_\_

## SCHOOL AGE INFORMATION

Does your child attend school?  Yes  No School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Transportation provided by:  Elementary School  Parent/Guardian  The Children's Center  Other

## PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school 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 release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Work/Phone Extension: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Work/Phone Extension: \_\_\_\_\_

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Work/Phone Extension: \_\_\_\_\_

The persons designated in this section will be contacted 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 form required by individual state child care licensing regulations.

- School 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 who you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be release without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity.
- For all children's safety, it is critical to use your secured access to enter the building and sign in your child in and out according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else.
- Please notify emergency contacts that they must bring government-issued identification when they pick up your child.
- If you must pick up your child after closing time, you will be charged a late fee per every 1 minute after closing that the child has not been picked up. Per state licensing regulations. We may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.

Parent/Guardian Initials: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Please initial each section listed below, then sign and date the last page.**

### SECTION 1: TUITION AND FEES

\_\_\_\_\_ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ \_\_\_\_\_ shall be paid in advance to enroll any child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than July each year.

\_\_\_\_\_ **TUITION and MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as condition require. The Children's Center follows state specific required time frames on tuition and modification notices.

Days: (check all that apply)  M  T  W  T  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance week. Appropriate alternate Tuition Fees must be paid during school breaks.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than a week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-policy collection agency.

\_\_\_\_\_ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 6 am to 6 pm, Monday through Friday all year, except for holidays. I understand that I fail to pick up my child by the schedules closing time; I will be charged a late fee of \$1.00 per minute for each child left after closing time.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is not longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by alternate method of payment for the next six month period. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

### SECTION 2: DAILY PROCEDURE

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedures. If I neglect to do so, I may be charged a maximum fee of \$5.00. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. If on child care assistance program a manual signature is required due to state regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contacts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to Re-admission Criteria in the Family Handbook.

\_\_\_\_\_ **MODEL RELEASE:** The company, its agents, affiliated, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) week, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

**SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS**

\_\_\_\_\_ **Holidays:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a non-refundable registration fee upon return.

\_\_\_\_\_ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

**SECTION 4: STATE LICENSING AND OUR POLICIES**

\_\_\_\_\_ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, The Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

\_\_\_\_\_ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to bound by same.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Family Handbook. The policies in this contract will supersede all other previous documents.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, would you like us to call your family physician?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please provide the following information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital/Clinic: \_\_\_\_\_ Dentist: \_\_\_\_\_

I (we) \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_ . I (we) authorize, for emergency purposes only, a school-designated employee to transport the above minor for emergency medical treatment and/or to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Arkansas.

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT TO GIVE ACETAMINOPHEN:

I give the Director of The Children's Center or her representative to give my child \_\_\_\_\_, Acetaminophen.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Per State regulations, a shot record is required for immunization requirements.**

## AUTHORIZATION FOR TRANSPORTATION, FIELD TRIP OR EMERGENCY

We may plan special field trips for the children away from the school. These trips are carefully arranged and shall be supervised by an adequate number of adults. This includes children taking walks and infants strolling in their buggy. You will always receive advanced notice of ALL field trips. We have your permission to take your child, \_\_\_\_\_, on these field trips and for any emergency purposes; we have permission to evacuate the premises.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENTS/GUARDIANS OF School Age Children

We have permission to pick your child, \_\_\_\_\_, on a daily basis from \_\_\_\_\_ School.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## CHILD PROFILE

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and meet his or her individual needs.

1. What would you like most for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_

2. What does your child enjoy the most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your child's favorite toys? \_\_\_\_\_  
\_\_\_\_\_

4. With whom does the child reside? Please list names and relationships to the child, and names and ages of other children:

ADULTS: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

CHILDREN Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. What language is spoken in your home? \_\_\_\_\_

6. Does your child have any medical or special needs? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What are the foods your child likes best? \_\_\_\_\_

Least? \_\_\_\_\_

8. How many hours of sleep does your child receive a night? \_\_\_\_\_

9. Does your child take naps?  Yes  No How Long? \_\_\_\_\_

10. Does your child need a favorite item (such as a blanket) for nap?  Yes  No

If so, does he have a special name for it? \_\_\_\_\_

17. Is your child potty trained? \_\_\_\_\_

18. What words are spoken in your house for toileting? \_\_\_\_\_

19. Can your child effectively communicate his or her needs? \_\_\_\_\_

20. How does your child express anger or react to frustration? \_\_\_\_\_

21. Does your child have any particular fears? \_\_\_\_\_

22. How do you discipline your child? \_\_\_\_\_

23. When did your child begin to use language? \_\_\_\_\_

24. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Has your child had previous preschool experience? \_\_\_\_\_

26. Are you available to help out with special events (parties, etc)? \_\_\_\_\_

27. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_

# **INFANT INFORMATION FORM**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

What brand and type of formula does your child use? \_\_\_\_\_

What amount (oz) does your baby eat at each feeding? \_\_\_\_\_

Do you have a feeding schedule you would like for us to follow, or would you like for us to feed upon demand? \_\_\_\_\_

\_\_\_\_\_

Is your baby eating baby food yet? \_\_\_\_\_

What fruits/vegetables has your baby already had? \_\_\_\_\_

\_\_\_\_\_

Has your baby tried any table food yet? \_\_\_\_\_

\_\_\_\_\_

Is your baby on a sleep schedule that you would like for us to follow? \_\_\_\_\_

\_\_\_\_\_

How does your baby like to go to sleep? \_\_\_\_\_

\_\_\_\_\_

Any additional information we need to know to make your babies transition easier? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **ALLERGY ALERT FORM**

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ALLERGY DESCRIPTION (FOODS AND CONDITIONS):**

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**IS THIS ALLERGY LIFE THREATENING OR DOES IT CAUSE MINOR SYMPTOMS (EXPLAIN):**

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**IF A FOOD ALLERGY, LIST ALL FOODS CONTAINING ALLERGEN, AND ANY OTHER UNCOMMON NAMES OR PRODUCTS THAT THE ALLERGEN IS IN:**

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**SYMPTOMS OF EXPOSURE:**

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**DOES YOUR CHILD HAVE AN EPI-PEN?** \_\_\_\_\_

**WHEN WAS YOUR CHILD LAST GIVEN EPI-PEN?** \_\_\_\_\_

**WHAT IS THE PLAN OF ACTION YOU WOULD LIKE FOR US TO FOLLOW IF EXPOSURE TO THE ALLERGEN OCCURS?**

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**YOU MUST SIGN A MEDICATION RELEASE FORM BEFORE ANY MEDICATION CAN BE GIVEN BY THE CENTER.**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**



## **Kindergarten Readiness Skills Calendar**

This is to acknowledge that I received the Kindergarten Readiness Skills Calendar for my child. In accordance with Minimum Licensing Requirements: DCCEC/Child Care Licensing Unit: 2004

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Parent Signature

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Date

## **Suntan/Sunscreens**

I give permission for the use of suntan lotion/sunscreens for my child if weather permitting. In accordance with Minimum Licensing Requirements: DCCEC/Child Care Licensing Unit: 1101.16

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Parent Signature

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Date

## **NEW PARENT ORIENTATION CHECK LIST**

- Tour of the Center
- Introduce staff to potential parents
- Enrollment Procedure
- Daily Information Forms (Infant and Toddlers)
- Food Program Information
- Curriculum Information
- Parent Handbook
- Risk Management Handbook
- Prices for Childcare
- Any additional questions about the Center/Program

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Parent Signature

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Date

# **MEDICAL HISTORY FORM**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female

**A copy of the child's Immunization records must be provided**

Please list dates if applicable

Measles \_\_\_\_\_ German Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Contracted TB \_\_\_\_\_

## **Medical History and Special Needs**

Frequent Ear Infections \_\_\_\_\_ Frequent Throat Infections \_\_\_\_\_

Frequent Colds \_\_\_\_\_ Sunburn Sensitivity \_\_\_\_\_

Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_

Allergies \_\_\_\_\_ Disabilities \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Other \_\_\_\_\_

Routine Medications (if yes, complete section below)

\_\_\_\_\_

Routine Medication(s): \_\_\_\_\_

Frequency & Dosage: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

