

ENROLLMENT FORM

CHILD INFORMATION

Name of Child (Last, First, MI)		
Nickname:		Age:
		Gender:
Child's Primary Language:		Parent/Guardian's Primary Language:
Home Address:		City: State:
Zip Code:	Hm. Phone:	Email:
Race:		Ethnicity:
Parent/Guardian Marital Status: () Single () Married () Divorced () Widowed		Primary Residence: () Mother () Father () Both () Guardian
List the family members your child lives with, include names and ages of siblings:		
Circle Days to Attend: AM Mon Tues Wed Thu Fri Arrival Time: _____ Departure Time: _____ PM Mon Tues Wed Thu Fri Arrival Time: _____ Departure Time: _____		
Meals while in Care: Breakfast _____ AM Snack _____ Lunch _____ PM Snack		

SCHOOL AGE CHILD INFORMATION

Does your child attend school? () Yes () No		Will child attend MCC afterschool program: () Yes () No	Grade:
School Name:		Start Time:	End Time:
School Phone:		City/State:	
Circle Days to Attend: AM Mon Tues Wed Thu Fri Arrival Time: _____ Departure Time: _____ PM Mon Tues Wed Thu Fri Arrival Time: _____ Departure Time: _____			
Meals while in Care: Breakfast _____ AM Snack _____ Lunch _____ PM Snack			

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1:		Relationship to Child:	
Primary Phone:		Secondary Phone:	Other Phone:
Address:		City/State:	ZIP Code:
Email:			
Place of Employment:			Work Phone:
Parent/Guardian #2:		Relationship to Child:	
Primary Phone:		Secondary Phone:	Other Phone:
Address:		City/State:	ZIP Code:
Email:			
Place of Employment:			Work Phone:
Parent/Guardian #3:		Relationship to Child:	
Primary Phone:		Secondary Phone:	
Address:		City/State:	
Email:			
Place of Employment:			Work Phone:

SIGNATURES

I authorize that the information provided is accurate to the best of my knowledge.

Signature of Parent or Guardian:	Date:
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Enrollment Registration Information

_____ **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) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria.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 a 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 II: Holidays, Absences, and Closings

_____ **HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or Presidents' Day for in-service training. I agree that I will not receive a refund, credit, or 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). A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the director, if possible. I agree to pay the reservation fee of \$_____ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). 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 new non-refundable registration fee upon return.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** 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 or a natural/national 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 (3) business days.

Section III: State Licensing and Our Policies

_____ **ALL POLICIES AND 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 childcare regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare 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.

_____ **INDIVIDUALIZED CARE PLANS:** I understand that should my child have an IEP or IFSP, it must be shared with the director so the school can support my child's needs.

_____ **BEHAVIOR MANAGEMENT:** I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. I also understand that I may refer to the Family Handbook for additional information on behavior management at the school.

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



NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

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 Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:
Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for: _____ to take my child(ren) to the below list doctor, hospital or clinic:

Name of Child	DOB	Age	Gender	Allergies

Name of Doctor:	Doctor Phone:
Doctor/ Address:	City/State/Zip:

Name of Facility:	Facility Phone:
Facility Address:	City/State/Zip:

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following illness or health concerns:

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.
Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

REVIEW & CHECK ALL THAT APPLY:

<p>Transportation:</p> <p>I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised by the operation employees <input type="checkbox"/> emergency care <input type="checkbox"/> field trips <input type="checkbox"/> from school</p>
<p>Field Trips:</p> <p>I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in field trips.</p>
<p>Water Activities:</p> <p>I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in water activities: <input type="checkbox"/> Sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play</p>
<p>() RECEIPT OF WRITTEN OPERATIONAL POLICIES:</p> <p>I acknowledge receipt of the facility's operational policies including those for discipline and guidance.</p>
<p>() IMMUNIZATION RECORD:</p> <p>I have provided the childcare operation with a copy of my child's most current immunization record.</p> <p>Copy placed in file: <input type="checkbox"/> Yes <input type="checkbox"/> No Staff Signature: _____</p>
<p>Vision Screening Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Hearing Screening Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Copy placed in file: <input type="checkbox"/> Yes <input type="checkbox"/> No Staff Signature: _____</p>

Allergies Alert

Food Allergies (include symptoms to watch for):

Food Preferences (include if parent provides substitution):

Medicine and/or Contact Allergies (include symptoms to watch for):

Special Instructions for Allergic Reactions or Medical Illness:

Things to bring to school**Infants:**

- A minimum of 4 bottles (preferred pre-made)

*All bottles and caps must be labeled with child's first and last name.

- Formula
- Pacifier labeled w/attachments
- Diapers, Wipes and Creams
- 4 Sets of Changing Clothes
- A sleep sack for naptime or long sleeve sleeper
- Infant Schedule Form

Toddlers:

- Diapers, Wipes and Creams
- 4 Sets of Changing Clothes
- Blanket for naptime

Two's

- Diapers, Wipes and Creams
- Several Sets of Change of Clothes (mainly bottoms)
- Blanket for naptime

Preschoolers:

- Several Sets of Change of Clothes (mainly bottoms)
- Blankets for naptime

Note: All blankets MUST BE taken home on Fridays to be washed and brought back on Mondays.

Photo Release and Parental Authorization

Name of Parent/Guardian (Print Clearly)

Name of Child(ren):

1.	2.
3.	4.
5.	6.

Any photographs/videos taken by the Interfaith officer/staff are considered property of the Interfaith and may be used in newsletters, brochures, and newspapers. I give permission for use of these photographs for media use by Interfaith. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child’s enrollment. I understand that there will be no payment for my child’s participation or myself.

Initial Below:

_____ I give my permission to allow photos/videos to be taken.

_____ I do not give my permission to allow photos/videos to be taken.

Signature of Parent or Guardian

Date of Signature

Director Signature

Daily Medication Administration Log

Parent must indicate dosage and frequency for each medication according to label instructions.

Please indicate when to administer medication by checking appropriate boxes

Medication Name	RX NO.	Dosage	Times Required	Mon	Tues	Wed	Thurs	Fri

Interfaith staff will not dispense prescriptions medications that are not in their original container with the pharmacist’s label attached to them (including asthma inhalers) Interfaith staff also will not dispense expired medications. Please place all medications and this form in a Ziploc plastic bag.

_____ I give permission for my child to be given over the counter medication (i.e., Tylenol, ibuprofen, Motrin, etc.).

_____ I do not give permission for my child to be given over the counter medication (i.e., Tylenol, ibuprofen, Motrin, etc.).

I, _____, hereby request that the following medications be given to
(Parent/Guardian’s Name)

_____, while my son/daughter is attending either childcare, after school
(Child’s Full Name)

program or the summer program at Interfaith.

Signature of Parent

Date

Sunscreen and Insect Repellent

Moody Family Childcare and Youth Services Center follows all recommendations provided by Environmental Protection Agency (EPA). Sunscreen and bug spray are over the counter topical medications. In recognizing this, Moody Family Childcare and Youth Services Center has instituted the following policies:

- Parents must be given written permission for sunscreen and/or bug spray to be applied to exposed areas of the skin on their child. Sunscreen/bug spray will not be applied to children who do not have written permission on file.
- Sunscreen and bug spray will be applied by Moody Family Childcare and Youth Services Center staff and before going outdoors but must be supplied by parents.
- Containers must be placed in a Ziploc bag with your child's name on both the container and Ziploc bag.
- All sunscreen/bug spray will be applied to exposed areas of the skin as needed for each individual child. Children may not share these items with one another.

_____ I give permission for Moody Family Childcare and Youth Services Center staff to apply sunscreen (initial) _____ and bug spray (initial) _____ to my child.

_____ Please do not apply sunscreen to my child. As the parent/guardian, I recognize that sunburns pose a risk of skin damage and skin cancer. I understand that my child will be taken outside on a daily basis (weather permitting).

_____ Please do not apply bug spray to my child. As the parent/guardian, I recognize that there are potential illnesses that can arise out of bug bites. I understand that my child will be outside on a regular/daily basis and may be exposed to outside insects.

Parent/Guardian's name (please print): _____

Parent/Guardian's signature: _____ Date: _____