

ENROLLMENT FORM

CHILD INFORMATION

Name of Child (Last, First, MI)

Nickname: _____ DOB: _____ 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: _____

Other children in household	Date of Birth	Age
Child #1		
Child #2:		
Child #3		
Child #4		

SIGNATURES

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

Signature of Parent or Guardian: _____

Date: _____

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 I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria.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, Independence Day, Juneteenth, Thanksgiving Day, Christmas Eve/Day, and Martin Luther King, Jr. 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 childcare 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 parent 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:** _____

Please specify if the below-listed person is emergency contact (EC) or allowed to pickup(P) when parent/guardian cannot be reached:

Name: _____ Phone #: _____ Relationship: _____ ()P ()EC
 Name: _____ Phone #: _____ Relationship: _____ ()P ()EC
 Name: _____ Phone #: _____ Relationship: _____ ()P ()EC

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:** _____

List any special problems that your child may have, such as allergies, existing illness, previous illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use, and any other information which caregiver's should be aware of

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:

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten of school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission. (Check all that apply)

1. HEALTHCARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he/she is able to take part in the childcare program.

_____ Health Care Professional's Service

_____ Date

2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate and is able to participate in the childcare program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the childcare operation.

Name & address of health care professional:

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

R 20/ _____	L/20 _____	___ Pass ___ Fail
Signature: _____	Date: _____	

	1000Hz	2000Hz	4000Hz	___ Pass ___ Fail
R				
L				
Signature:	Date:			

REVIEW & CHECK ALL THAT APPLY:**Transportation:**

I hereby () **give** () **do not give** consent for my child to be transported and supervised by the operation employees

() emergency care () field trips () from school

Field Trips:

I hereby () **give** () **do not give** consent for my child to participate in field trips.

Water Activities:

I hereby () **give** () **do not give** consent for my child to participate in water activities:

() Sprinkler play () splashing/wading pools () swimming pools () water table play

() RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

() IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

Copy placed in file: () Yes () No Staff Signature: _____

Daily Medication Administration Log

The parent must provide written physician orders to indicate dosage and frequency for each medication according to label instructions. All medication must have a valid label

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

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 the Interfaith's property and may be used in newsletters, brochures, and newspapers. I give permission for the use of these photographs for media use by Interfaith. I understand that it is my responsibility to update this form if 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

Sunscreen and Insect Repellent

Moody Family Childcare and Youth Services Center follow all recommendations provided by the 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 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 daily (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: _____

LIABILITY RELEASE

DISCLAIMER



Interfaith Family Services and its leaders, directors, officers, employees, contractors, agents, volunteers, members, and representatives (collectively referred to as "Moody Family Childcare & Youth Services Center" "Interfaith Family Services and/or IFS") are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Interfaith Family Services and all related activities associated with the Interfaith Family Services, including injury, loss or damage.

ASSUMPTION OF RISKS

In consideration of **Moody Family Childcare & Youth Services Center (Interfaith Family Services)** allowing me or my child to participate in events, activities, or travel with MFCYC/IFS and all related activities associated with the MFCYC/IFS, including participation in the youth group, and all activities related to the Hope & Horizons Program, I acknowledge that I am aware of the possible Risks, Dangers, and Hazards associated with participation in the Activities including the potential risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

In consideration of **Moody Family Childcare & Youth Services Center (Interfaith Family Services)** allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **To assume & accept all risks** arising out of, associated with, or related to my or my child's participation in the Activities.
2. **To waive and release Moody Family Childcare & Youth Services Center (Interfaith Family Services)** from any liability for any loss, damage, injury, or expense that I or my child may suffer or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **To Indemnify & hold harmless Moody Family Childcare & Youth Services Center (Interfaith Family Services)** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **To Indemnify & hold harmless Moody Family Childcare & Youth Services Center (Interfaith Family Services)** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

PARTICIPATION CONSENT

Acknowledgment of Participant:

Moody Family Childcare & Youth Services Center (Interfaith Family Services) is well child-proofed, and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the childcare and agree(s) to release, indemnify, defend and forever discharge **Moody Family Childcare & Youth Services Center (Interfaith Family Services)** and its staff, employees, board, and other agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, during the child's participation in the childcare.

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

Parent/Guardian's signature: _____ Date: _____

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 feeding schedule form (completed monthly)

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.