Enrollment Agreement

Date of enrollment: _____

Date of disenrollment: _____

Child's First Name Last Name Birth Date Gender

Child's First Name Last Name Birth Date Gender

Child's First Name Last Name Birth Date Gender

Parent/Guardian Name Employment Lives with child: YES / NO

Home Address City/Zip Cell Phone Work Phone

Parent/Guardian Name Employment Lives with child: YES / NO

Home Address Cell Phone Work Phone

E-mail address for newsletter, communication and announcements: _____

Child Information

Language preferred for child to hear, speak: _____

Languages spoken at home: _____

Please provide information concerning your child/children which will be helpful in experience with group activities (i.e., strengths, likes/dislikes):

Child 1: _____

Child 2: _____

Child 3: _____

Do your children have any known allergies (food, plant, drug, animal, etc.)?
Child 1: _____

Child 2: _____

Child 3: _____

Significant medical information or special needs:

_____

_____

Is your child/children up to date on immunizations? YES NO

(Please provide CCD with a copy of current and up to date immunization record for each child enrolled before or on first day of attendance.)

Emergency Information

Children's Physician: _____ Phone #: _____

Children's dentist: _____ Phone #: _____

Hospital or Urgent Care Center preferred: _____

I give permission for Emergency Medical Transportation: Yes ____ No ____

I give permission for medical treatment: Yes ____ No ____

As the parent or legal-guardian I assume responsibility for payment or any fees due for emergency treatment. Parent Initials: _____

List 2 local emergency contacts other than parents/guardians:

1. _____
   Name Relationship Phone Numbers

2. _____
   Name Relationship Phone Numbers

My children will ONLY be released to the person(s) who have legal custody or those listed below as authorized pick up. Identification will be verified at the time of pick-up. *Legal custody is defined by CCD as parents/legal guardians listed in this enrollment agreement on pg.1.

Name	Relationship

Is there anyone who has a legal restraining order to prohibit or limit contact with your child? If yes, indicate a name, please provide CCD with documentation order and any other pertinent information. Are there custody agreements that we must consider?

Services to be Provided and Costs

The center's hours of operation are Monday through Friday from 7:00am to 6:00pm. The center is closed for the following holidays:

January	Martin Luther King Day (Professional training), New Year's Break (2 day)	**September**	Labor Day
February	President's Day	**October**	Columbus Day
April	Good Friday (Teacher training)	**November**	Thanksgiving Break (2 day)
May	Memorial Day	**December**	Winter Break (1 week)
July	Independence Day		

**Should a holiday fall on a Thursday we will also be closed on Friday. Should the holiday fall on Tuesday we will also be closed on Monday.*
**Tuition remains the same for holiday closures.*

**Should it be necessary to close Caterpillar Clubhouse Daycare due to severe weather conditions, tuition remains the same. We follow APS schedule.*

The registration and weekly fee for full-time enrollment is as follows:

*Non-refundable registration fee of $60.00 or $100.00 for 2 or more children is due at time of enrollment.

Full time is considered up to 50 hours per week, $5.00 per hour thereafter
**Cannot exceed 10 hours a day*

Infants - 6 weeks to 23 months	**$445.00 per week**
2-5-year-old	**$350.00 per week**
Coral Community Charter School - Pre-K Friday	**$30.00 plus tax**

**Pricing does not reflect tax. Current tax rate is 7.875%*

**CYFD contracts: applicable gross receipts tax will apply for the sum of childcare assistance benefit and co-payment.*

Due to our child to teacher ratios we only accept contractual agreements and do not offer "drop in" services. Enrollment fees are due weekly, we will not issue credit for days missed. Thank you.

Enrollment Agreement and Tuition Policy

Payment is due one week in advance at the time of enrollment, and every Monday of the week during the time of enrollment.

If payment is not received by Monday a $5.00 per day late fee applies. If tuition is more than one week past due, childcare services will not be available until the account is made current. Continued delinquency may result in your child being dropped from the program.

Automatic payments from your credit or debit card can be arranged through the center Administrator at the time of Enrollment (or later).

If you decide to dis-enroll your child/children from the center, we request 2 weeks written notice. Should two weeks' notice not be given, you will be liable for 2 weeks' tuition after last day of attendance.

Tuition remains the same if the child/children are absent, we will not issue credits for days missed. Should it be necessary to close Caterpillar Clubhouse Daycare because of severe weather conditions, tuition will remain the same.

The Enrollment Agreement ensures that you purchase a "slot" or position for your child in the appropriate classroom according to age; payment for care is due no matter if your child does not attend the center on a given day. Please understand that our costs are established to cover our enrollment and do not change when your child may be absent.

Late Pick-up Fees: For a child not picked up by 6:00 pm there is a charge of $1 per minute after a 5-minute grace period, this amount is due the next day. The center will call you and, if necessary, will call emergency contacts, to arrange for pick-up. Legal authorities may be contacted if your child/children are left at Caterpillar Clubhouse Daycare for more than thirty minutes to one hour after closing time.

Returned Check Fees: In addition to bank charges, the center will charge families a $35 fee for checks unable to be cashed; full payment for the tuition and the fee must be made with 2 business days after notification of returned check. Caterpillar Clubhouse Daycare will have the option to refuse any future checks and only accept payment for tuition in the form of guaranteed funds (cash, money order, cashier's check).

This agreement is subject to change; CCD will provide updated copy to each family immediately following changes.

Agreement

I agree to pay a non-refundable registration fee of $60.00 or $100.00 (plus tax) for 2 or more children at the time of enrollment.

I agree to pay $ _____ plus tax, weekly/monthly tuition for child/children mentioned in this packet enrolled at CCD.

I understand that payment for each week of care is due in advance; my payment is due weekly/monthly on Monday's beginning ____ / ____ / _____.

- **As a private pay parent,** if tuition for my child/children is not paid by Monday, $5.00 per day late fee applies.
- **Parents on state contracts,** Co-pay is due monthly on the 1st of the month. If payment is not received by the 1st of the month a $5.00 per day late fee applies.
- **Coral PreK students;** payment is due first Friday of attendance on a weekly basis. If payment is not received a $5.00 per day late fee applies.

*If tuition is more than one week past due, services will not be available until the account is made current. Continued delinquency may result in your child being dropped from the program.

I acknowledge that I have read the center's Family Handbook, understand and agree to comply with the terms of the Handbook. I specifically acknowledge that I understand the guidance policy of the center. Questions regarding policies should be directed at administration.

I agree with the financial terms and conditions of tuition and fees.

I agree to provide my child's Immunization record, and to maintain an updated current version at the center.

☐ I consent to my child and family members to be photographed or videoed in classroom activities; such images may be displayed in the classroom or center to illustrate activities children enjoy at the center or may be used to identify the child's special cubby for personal belongings.

☐ I consent for my child's pictures to be used in promotional materials, such as brochures, web page and social media.

Signatures

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

CHILD CARE GENERAL HEALTH EXAMINATION FORM

As the parent/guardian/legal caretaker, I certify that my child/children have had a well-child visit(s) with a medical provider. Should I need information pertaining to well-child visits or where to get one for my child, I can be provided with appropriate resources from Caterpillar Clubhouse Daycare.

Child's name: _____ DOB: _____ Date of last exam: _____

Child's name: _____ DOB: _____ Date of last exam: _____

Child's name: _____ DOB: _____ Date of last exam: _____

- ☐ My child/children do not have a health condition or medications that may impact enrollment in childcare.
- ☐ My child/children have a condition or medication that should be known by the childcare provider: _____

_____

- ☐ My child/children have had dental screening note: _____
- ☐ My child/children have had vision screening note: _____
- ☐ My child/children have had hearing screening note: _____

The American Academy of Pediatrics developed a set of comprehensive health guidelines for well-childcare for pediatricians to follow. Each well-child visit has an age-appropriate pre-visit questionnaire that you may find by visiting www.healthychildren.org. The questions focus on developmental milestones, nutrition, safety, your child and family's emotional well-being, and recommendations from AAP.

Health care provider name: _____

Parent/Guardian signature: _____ Date: _____

Consent to Application of Sunscreen and/or Bug Repellant

All children are required to wear sunscreen during outdoor play, I understand that it is my responsibility to provide my child(ren) enrolled at CCD with appropriate sunscreen and bug repellant when necessary.

- ☐ I give permission for staff to apply sunscreen and/or bug repellant on my child.
- ☐ I do not give permission for staff to apply sunscreen or bug repellant, I will apply myself.

Signature of Parent/Guardian _____ Date _____

Walking Excursions

Child/Children: _____

have permission to take walking excursions with Caterpillar Clubhouse Daycare Staff as part of the childcare program. Children will often walk to the nearby park which is three blocks from CCD, on the corner of Lead and Morningside.

** Does not apply to children under 24 months.*

Signature of Parent/Guardian _____ Date _____

Permission to Administer Prescription Medication

CCD will not administer medication without physician's prescription or over the counter medication. CCD maintains a log to record date, time and dosage and is kept with your child's teacher. You may ask to view this record at any time. Only a designated administrator will administer prescribed medication.

Name of child: _____

Name of medication: _____

☐ Prescription copy on file.

Dosage to be administered: _____

I give permission to Caterpillar Clubhouse Daycare staff to administer the above-mentioned medication to my child.

Parent/Guardian signature _____ Date _____

Child Screening Consent

As part of being a participant of the FOCUS program through CYFD, our program offers families the opportunity to complete Ages and Stages Questionnaires, the ASQ-3 and ASQ-SE for our students to help identify possible individual needs and develop a plan to support them. With parent/legal guardian consent teachers will also complete these questionnaires.

ASQ-SE: Ages & Stages Social Emotional Development Questionnaire
ASQ-3: Ages & Stages Child Development Monitoring Questionnaire

Completed questionnaires will be shared with the family at our quarterly Parent-Teacher conferences or on an as needed basis. Staff will offer information about resources in the community that could support identified needs. It will be parent/legal guardians' decision whether to follow through with referral recommendations provided by the programs staff or not. Questionnaires are not shared with anyone outside of CCD. Thank you for partnering with CCD in your child's early childhood education.

I give consent for my child/children, _____, _____, _____ to be screened for the purpose of monitoring developmental milestones.

Parent Signature _____ Date: _____

Child Photographs Permission

As a part of our evaluation and classroom decorations Caterpillar Clubhouse Daycare (CDC) is asking permission to take photographs and/or videotape your child/children during their time in the program.

In order to do this, we must first have parental/guardian permission to take photographs of your child/children. Copies may be used by CDC ongoing research, reports, marketing materials to promote the program, etc. Pictures/film of your child/children may be used for training purposes or in future professional publications.

For all of the above, we require your permission. If you do not want your child/children's photograph taken at all, you have the option of not granting your permission.

Thank you for your cooperation and support.

- ☐ I give consent for my child/children, _____, _____, _____ to be videotaped and/or photographed and the use of my child/children's image for publication in reports, professional articles, the program promotional/marketing materials.
- ☐ I do not give consent for my child/children, _____, _____, _____ to be videotaped and/or photographed.

Date: _____

Parent Signature _____