



ENROLLMENT INFORMATION

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____
Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____
Child's Primary Language: _____ Parent/Guardian's Primary Language: _____
Home Email Address: _____ Home Phone: _____
_____ Child's Home Address: _____

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 _____ A.M Snack _____ Lunch _____ P.M Snack _____

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 Signature:

Date:

X _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff is not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state childcare licensing regulations.

Mandatory:

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

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 released 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 from this packet 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 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. If you must pick up your child after closing time, you will be charged a late fee per every 15-minute or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Name of Child: _____ Date: _____

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____
Parent/Guardian Name: _____

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

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ _____ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than _____ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

_____ **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 conditions require. The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s):

Days: (check all that apply) M T W TH F from _____ am/pm to _____ am/pm

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each 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 payment 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 one 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-party 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 the 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. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ am to _____ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen-minute period, per child, until the child is picked up.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a _____% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ **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 no 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 an alternate method of payment for the next six-month period.

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. 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. In states where a manual signature is required due to state childcare licensing 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 contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

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

Name of Child: _____ Date: _____

_____ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

_____ **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) weeks, 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.

_____ **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, as well as either Martin Luther King, Jr. Day or President's Day for in-service training. 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). 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/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.

_____ **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 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.

_____ **PARENT 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 it.

_____ **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 Name: _____

Director Signature: _____ **Date:** _____

Name of Child: _____ Date: _____

MEDICAL INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue 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: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of California

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____ Dentist Name: _____
Practice/Clinic Name: _____ Address: _____
Phone: _____ Health Insurance
Provider and Policy Number: _____ Secondary Health Insurance
Provider and Policy Number: _____ Last Tetanus/Diphtheria Booster: _____
Allergies to drugs, foods or other: _____
Please list any special medications or pertinent information: _____

Parent/Guardian signature: _____ **Appeared before me and produced _____ as identification and me. Date:** _____ **Director Signature:** _____
Print name: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Parent Handbook.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

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

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

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

CHILD PROFILE

Child's Name: _____ **Age:** _____ **Date:** _____

Please take a moment to complete this profile, as the information will help us know your child better and to 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 doing the most?

3. What are your child's favorite toys?

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

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

5. Who also cares for your child(ren)? _____

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

-
9. What are the foods your child likes best? _____
Least? _____
10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night? _____
12. Does your child need to be awakened in the morning to attend the school? _____
13. What are your child's sleeping arrangements? Check appropriate answer.
 Own room Shares room with _____ Sleeps in crib Sleeps in bed
14. What are your child's bedtime rituals? _____

15. Does your child take naps? Yes No How long? _____
16. Does your child need a favorite item (such as a blanket) for a nap? Yes No
If so, does your child have a special name for it? _____
17. What words are spoken in your house for toileting? _____
18. How does your child express anger or react to frustration? _____
19. Does your child have any particular fears? _____
20. How does your child react to change (such as being left by parents)? _____

21. How does your child comfort himself/herself? _____
22. What are your child's play interests (preference for creative, dramatic or construction play)? _____

23. How do you discipline your child? _____

24. When did your child begin to use language? _____
25. How would you describe your child (personality characteristics)? _____
26. What do you enjoy the most about your child? _____
27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

28. Has your child had previous preschool experiences? _____
29. Are you available to help us with field trips or other special events? _____
30. Do you have a special interest or hobby you would like to share with the children? _____

31. What family or cultural traditions are important in your home? _____

Would you be willing to share these traditions with the children? _____

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs:

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Reaction: _____

Food Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Laugh and Learn Child Care's Policies.

Name of Parent/Guardian: _____ **Signature:** _____

Relationship: _____ **Date:** _____

Name of Director: _____ **Signature:** _____

Date: _____