

Child's Full Name: _____ Date of Birth: _____

Home Address: _____

	<u>Mother/Guardian</u>	<u>Father/Guardian</u>
Name		
Cell Phone Number		
Home Phone Number		
Email Address		
Workplace		
Job Title		
Work Phone Number		

If there is a separation, divorce, and/or custody issue we should be aware of, please explain; we will need a copy of the order if there are custody arrangements:

My child will begin care on _____.

Communication and Update Agreement

I hereby give my permission for the use of Brightwheel by Children's Garden:

Parent/Guardian Signature

Date

Policy Verification

I have received a copy of the Children's Garden Parent Handbook and agree to abide by the guidelines, rules, and regulations contained therein.

Parent/Guardian Signature

Date

Enrollment Agreement

I understand my rights and responsibilities as a parent/member of Children's Garden. I also understand that tuition is due on a weekly basis. I understand that an invoice will be emailed to me by Monday and that my payment for the invoiced tuition amount is due Wednesday of the same week. I also understand that quarterly parent participation (defined as two hours of participation or \$50) at Children's Garden is required.

Parent/Guardian Signature

Date

Behavior Management

I understand the behavior management policy at Children's Garden. I also understand that my child's behavior could result in disenrollment.

Parent/Guardian Signature

Date

The following individuals are authorized to pick up my child from care:

Parent/Guardian Signature: _____ Date: _____

Name	Relationship	Cell Number	Work Number

Please contact the following people in case of an emergency and you are unable to reach me.

Name	Relationship	Cell Number	Work Number

I hereby give Children’s Garden permission to secure emergency medical or dental care in case of accident/illness:

_____ Parent/Guardian Signature

_____ Date

	<u>Doctor/Physician</u>	<u>Dentist</u>
Name		
Address		
Phone Number		

Hospital Preference: _____

Disaster Relocation Arrangements

If emergency situations result in the need to temporarily evacuate the Children’s Garden facility, I give Children’s Garden staff permission to temporarily relocate my child to a safe location. In the event of a natural disaster that demands an alternative relocation site, I understand the Director of Children’s Garden will contact the Red Cross and will follow the guidance of the Red Cross regarding safe shelter locations. I will be notified by Children’s Garden staff of the temporary relocation and will pick up my child in a timely manner.

_____ Parent/Guardian Signature

_____ Date

Photo Permission

I hereby give permission for my child to be photographed and/or videotaped by Children’s Garden staff to be used within the program and on the BrightWheel App only.

Parent/Guardian Signature *Date*

I hereby give permission for my child’s photographs to be used on the Children’s Garden website.

Parent/Guardian Signature *Date*

I hereby give permission for my child’s photographs and/or videos to be uploaded to Children’s Garden social media sites, uploaded to other internet sites that allow for all parents to view and print, and/or printed or uploaded for use in books and projects sent home to all parents.

Parent/Guardian Signature *Date*

Technology Permission

I hereby give my child permission to utilize technology at Children’s Garden on a limited basis. This technology can include, but is not limited to iPads, computers, CD players, and cameras. **This only applies for ages 2 years and up.*

Parent/Guardian Signature *Date*

Off-site Activity Permission

I give Children’s Garden permission to take my child off the Trinity Lutheran location for field trips, swimming lessons, and other activities. I understand that I will also need to provide signed permission for each individual field trip.

Parent/Guardian Signature *Date*

Extra-Curricular Activity Authorization

I hereby give my child permission to participate in extra-curricular activities at Children’s Garden. These activities may include, but are not limited to Happy Feet, Fit-n-Fun, Yoga, Music, Language Class, and other outside vendor visits.

Parent/Guardian Signature *Date*

Sunscreen Permission

I give Children’s Garden permission to apply sunscreen to my child. I understand that it is my responsibility to provide sunscreen to Children’s Garden and fill out a medication form monthly. I also understand that Children’s Garden teachers will apply sunscreen before outdoor exposure.

Parent/Guardian Signature *Date*

By signing and dating this form, I, _____, acknowledge that I have read, understand, and have been provided the opportunity to ask for clarification on all policies.

Printed Name: _____

Signature: _____ Date: _____

Tuition Schedule at the time of signing (includes Activity Fee)

6 weeks – 11 months old	255.00
12 months – 23 months old	250.00
2 years old	245.00
3 years old	235.00
4 – 5 years old	225.00
Elementary School-Age before school care	60.00
Elementary School-Age after school care	75.00
Elementary School-Age: Before and After School Care	95.00
Elementary School-Age: All Day Care (during school breaks)	175.00

Activity Fee (already included in the full Tuition rate listed above)

Age	Monthly
0-23 months old	\$10
2 years old	\$15
3+ years old	\$25

Late Fee Policy at the Time of Signing

Weekly tuition payments are invoiced through Brightwheel the week before care. These payments are due to be received by the end of business on the Friday prior to the week of care. Due to processing time of electronic payments through Brightwheel,

the due date on the invoice is listed as Wednesday. Electronic payments made through Brightwheel should be initiated on Wednesday to ensure receipt of payment by Friday. If payment is not received by Monday at 10 AM a \$25 late fee will be assessed.

All other billed fees are due by the end of business on the stated due date of the invoice. After that date a 20% late fee will be assessed.

After 2 weeks of carrying an account balance without a Director approved payment plan, the child(ren) will be disenrolled without reimbursement of deposit(s). Unpaid accounts will be turned over a collection agency.

Infant Schedule

In an attempt to meet the individual need of each infant, Children’s Garden works with parents to provide a schedule for infants similar to their routine at home. Please fill out the information below to help us familiarize ourselves with your child’s specific schedule.

Please choose a schedule below:

- Child Based Schedule (*when the child shows the desire to eat, sleep, etc.*)
- Parent Based Schedule (*when parent/guardian would like the child to eat, sleep, etc.*)

My child’s eating schedule is: _____

My child’s sleeping schedule is: _____

Please list any other preferences, requests, or special notes about your child.

*****Please make sure to bring the following supplies with you on or before your child’s first day of care. Please make sure all supplies are labeled.*****

Infant Supplies

- Bottles—at least 3
- Diapers (cloth or disposable)
- Wipes
- Pacifiers
- Extra Outfits (with socks)—at least 3
- Formula (if not using the center supplied formula)
- Breast Milk (if you are using breast milk, it must be brought in its own separate bottles and placed in the fridge upon arrival at the center)

One and Two Year Old Supplies

- Diapers
- Wipes
- Pacifiers
- Extra Outfits (with socks and shoes)—at least 2
- Pillow, Stuffed Animal, Etc. Items Needed for Nap

Three to Twelve Year Old Supplies

- Extra Outfit (with socks and shoes)
- Pillow, Stuffed Animal, Etc. Items Needed for Nap