

Christ Ascension Preschool (CAPS)

Enrollment Agreement 2025-2026

Welcome to CAPS! School begins the day after Labor Day each year and is in session until the first week of June.



Student Enrollment Information									
Child's first name		Child's middle name		Child's last name			Child's nickname		
Age	Sex	Child's primary language			Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip	
Does your child attend school anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name Christ Ascension Preschool (CAPS)			Classroom attending this year – Please circle one: <u>Younger Toddler</u> (15mos – 2 years old) <u>Older Toddler</u> (2 years turning 3) <u>Threes</u> (3 years turning 4) <u>Pre-Kindergarten</u> (4 years turning 5)		School phone 215 247 4233		
School address 8300 Germantown Ave, Chestnut Hill, PA 19118							School email capsdirector@christascension.org		
Family Information									
List family members & pets your child lives with – please include first names, relation, and ages of siblings:									
Parent/guardian/sponsor		Relationship to child		Home phone			Cell phone		
Home address if different from above				City		State		Zip	
Home email		Work email				Work phone			
Employer	Employer address			City		State		Zip	Work hours
Other parent/guardian/sponsor		Relationship to child		Home phone			Cell phone		
Home address if different from above				City		State		Zip	
Home email		Work email				Work phone			
Employer	Employer address			City		State		Zip	Work hours

Student Emergency Contact and Release Information (please list contacts OTHER THAN parents/guardians/sponsors)

Please notify CAPS if an Emergency Release Contact will pick up your child on a given day.

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed below. If you wish a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization. For the safety of your child, we request that all preauthorized pick-up persons provide a photo ID at the time of pick up if new to staff.

Person #1	Relationship to child	Home phone	Cell phone		
Home address		City	State	Zip	
Home email		Work email	Work Phone		
Employer	Employer address	City	State	Zip	Work hours

Person #2	Relationship to child	Home phone	Cell phone		
Home address		City	State	Zip	
Home email		Work email	Work Phone		
Employer	Employer address	City	State	Zip	Work hours

Person #3	Relationship to child	Home phone	Cell phone		
Home address		City	State	Zip	
Home email		Work email	Work Phone		
Employer	Employer address	City	State	Zip	Work hours

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks, if any:

Child's Medical & Developmental History – Please use any space below each question to provide an explanation as necessary.

1. Does your child have any special medical conditions? ☐ No ☐ Yes
2. Does your child have any chronic illnesses? ☐ No ☐ Yes
3. Please list a brief history of any serious injuries and hospitalizations.
4. Does your child have diabetes? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*

6. Will medication be administered regularly? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*

7. Does your child have any special dietary needs? ☐ No ☐ Yes

8. Is your child able to fully participate in all activities? ☐ Yes ☐ No

9. Does your child have any physical restrictions? ☐ No ☐ Yes

10. Does your child function at the developmental level of other children in his/her age group?
☐ No ☐ Yes

11. Is your child able to walk? ☐ Yes ☐ No

12. Can your child communicate his/her needs? ☐ Yes ☐ No

13. Does your child need assistance at mealtimes? ☐ No ☐ Yes

14. Does your child nap during the day? ☐ No ☐ Yes

15. Is your child potty trained? ☐ No ☐ Yes

16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? ☐ No ☐ Yes

17. Does your child require one-on-one care/supervision on a regular basis for a significant period? ☐ No ☐ Yes

18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? ☐ No ☐ Yes

Illness History *(please check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Skin rashes | <input type="checkbox"/> Mouth sores |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Sore throats | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Other |

Please attach care instructions from your physician for any of the above illnesses.

Disease History (please check all that apply and add the date)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Bronchiolitis | <input type="checkbox"/> Botulism |
| <input type="checkbox"/> Measles Rubeola | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Haemophilus Influenza |
| <input type="checkbox"/> Rubella (German Measles) | <input type="checkbox"/> Pertussis (Whooping cough) | <input type="checkbox"/> Meningococcal Infection |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Bacterial Meningitis |

Allergies to: (please list)**Medication**

Reaction

Foods

Reaction

Bee Stings

Reaction

Respiratory

Reaction

Other

Reaction

Are any of these allergies life-threatening?☐ **Yes** ☐ **No****Please attach care instructions from your physician for any life-threatening allergies.****Miscellaneous Screenings and Tests** (please check all that apply and add the date of last screening)

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Developmental | <input type="checkbox"/> Tuberculosis (PPD) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Aptitude | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Educational | <input type="checkbox"/> Other |

Child's Medical Care Provider

Primary physician's name		Primary physician's practice name		Phone	
Physician's practice address			City	State	Zip
Preferred hospital/clinic for emergency care			City	State	
Dentist's name		Dentist's practice name		Phone	
Dentist's practice address			City	State	Zip

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number

Child's Immunization History (please submit a copy of your child's immunization records along with this agreement).

Below is a list of immunizations that your child may have received. Immunizations in bold are required by the state of Pennsylvania.

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus Influenzae type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies – Initial to indicate agreement

	Initial
Prior to enrollment, I must provide CAPS with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with PA state childcare regulations.	<hr/>
I agree to provide information to CAPS about my child's medical conditions, illnesses, allergies or other needs.	<hr/>
If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	<hr/>
If my child becomes ill during his/her time at CAPS, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .	<hr/>

Emergency Medical Authorization & Consent

	Initial
In case of a medical emergency, the staff will attempt to contact me first, then those listed in the <i>Child Emergency Contact and Release</i> , and lastly, my child's pediatrician or physician.	<hr/>
In case of a medical emergency, I agree that my child may receive pediatric first aid and/or CPR from a certified staff member.	<hr/>
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	<hr/>
In case of a medical emergency, I will be responsible for the emergency medical expenses.	<hr/>
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	<hr/>

Sunscreen Consent

I give my permission to CAPS to apply sunscreen to my child as needed.

Initial

I understand that I must supply my own sunscreen with a valid expiration date, and it will be labeled with my child's name.

Diaper Rash Cream Consent

I give my permission to CAPS to apply diaper rash cream to my child as needed.

Initial

I understand that I must supply my own diaper rash cream with a valid expiration date, and it will be labeled with my child's name.

Rate Agreement and Contract

Regular operating hours are **9:00am to 12:00 (exclusive of optional Early Drop off or Extended Day)**, except closings for various holidays, and inclement weather as described in the CAPS Family Handbook. Please consult the current calendar for holidays and school breaks. There is no reduction in tuition because of closures or personal vacations as outline in the CAPS Family Handbook.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time, or at all, will be announced via ProCare messaging. If it becomes necessary to close early, we will contact you or those listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

CAPS bills one month in advance. Invoices are sent on the 1st of the month, and payments are due on or before the 15th, one month prior.

The days and hours that I wish to contract for enrollment are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments (i.e. lunch bunch, specify PM pick up time)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

CAPS Tuition and Fee Policy – Please read and initial.

- Tuition is not subject to discounts for vacations, holidays, emergency closures (i.e., weather), or absence other than hospitalization which extends past one week.
- I agree to pay the full tuition in advance of services rendered.
- I agree to pay the full tuition fee even if my child is absent for one or more days for illness or vacation.
- Tuition is due promptly on the 15th of the month, one month prior.
- A late fee of \$5 per day is due if tuition is not received on time for the first week and increases to \$10 per day each week thereafter.
- A non-refundable registration fee of \$100 is due yearly, per child. (\$125 for two or more children).
- A once yearly materials fee of \$50 is billed with the first tuition payment upon enrollment.
- A late pick-up fee of \$1 per minute per child is due if my child is not picked up by the child's designated pick-up time and are due within 14 calendar days of lateness.
- Accounts two weeks in arrears will result in immediate suspension of service until tuition and assessed late fees are paid in full.

- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip and separate payment may be required.
- ACH (automatic debits) will incur no fee.
- For all returned checks or ACH transactions (automatic debits) will be assessed \$36.
- A thirty-day written notice is required for any child being withdrawn from the program for any reason. Failure to provide notice in writing to the Director will result in forfeiture of deposit and any portion of unused paid tuition.
- A receipt for income tax purposes (please check one) ☐ should ☐ should not be provided.

**Initial to accept
all above tuition
and fee policies.**

Other Agreements

Private Employment Acknowledgement and Release – Please read and initial.

Any arrangement/employment between me and staff of CAPS (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement.

Initial

Media Release – Please check to indicate those you wish to allow and initial.

Occasionally, photos or videos will be taken of the children at CAPS. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program for the following purposes. You may check only those that you wish to allow.

- ☐ Social Media (CAPS/CALC Facebook pages, and CAPS Instagram page)
- ☐ ProCare (Internal, CAPS families only)
- ☐ CAPS or CALC website
- ☐ Brochures/Postcards or other print marketing
- ☐ Please do not share photos or videos

Initial

Walking Excursions – Please read and initial.

I give my permission for my child to participate in supervised walking excursions near and around CAPS.

Initial

Family Handbook Acknowledgement – Please read and initial.

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the CAPS Family Handbook and agree to abide by them.

Initial

I understand that it is my responsibility to go directly to the Director with any questions I may have regarding the policies and procedures and information contained in the CAPS Enrollment Agreement.

I understand that Information contained in the CAPS Family Handbook may be subject to change during the school year.

Contract Approval – Please read and initial.

I certify that I have read, understand, and accept all of the terms and conditions described in this Enrollment Agreement.

Primary Parent/Guardian/Sponsor Signature

Date

CAPS Director Signature

Date