

Classroom:	Date/Age at Admission:	
Child's Name:	Date of Birth:	
Home Address:		
Eye Color:	Skin Color:Hair Color:Height:	
Weight:	Sex: Identifying Marks: Primary Language:	
Allergies:	(if your child has an allergy please provide us with an individual health care plan from your c	child's physician.)
Special Diets:		
Parent/Guardian:	Cell #:	
Address (if dif.):	Cell Phone Carrier:	
Business Name:	Work #:	
Work Address:	Hours at Work:	
Email Address:		_
Parent/Guardian:	_Cell #:	_
Address (if dif.):	Cell Phone Carr	ier:
Business Name:	Work #:	
Work Address:	Hours at W	ork:
Email Address:		
Child's Physician Name: _	Child's Physician Address:	lealth Insurance
Coverage:	_ Health Conditions: Limitations or Concerns: _	
Parent/Guardian Signature	e: Date:	



Authorization and Consent Form

I understand that every effort will be made to contact me medical attention for my child	(name). However, if I can't be reached I d to (name) ne necessary medical treatment. I e trained in the basics of First Aid and when appropriate. NOTE: Written
Parent/Guardian Signature:	Date:
Permission Slips	
I give Ivy Early Education permission to apply sunscreen	to my child as needed.
Parent/Guardian Signature:	Date:
I give Ivy Early Education permission to photograph my c	hild for use within the classroom.
Parent/Guardian Signature:	Date:
I give Ivy Early Education permission to post pictures of my child's name will never be mentioned.	ny child on their webpage. I realize that
Parent/Guardian Signature:	Date:
I give Ivy Early Education permission to participate in off-consent on a detailed permission slip.	site activities with further written
Parent/Guardian Signature:	Date:



Child Release and Emergency Contact List

The staff at Ivy Early Education are trained to never release a child to anyone unless we have written consent from the parent and the person authorized by the parent has a picture ID that can be compared with parental written consent. In an emergency we will always try to contact the parent first but anyone that has your consent to pick up your child should be included here in case of an emergency.

I hereby authorize Ivy Early Education to release my child to	the following persons (other than the parents
Name:	_
Relationship:	
Address:	_
Telephone:	-
Name:	_
Relationship:	
Address:	-
Telephone:	-
Name:	_
Relationship:	
Address:	-
Telephone:	-
Name:	_
Relationship:	
Address:	-
Telephone:	-
Parent Signature:	Date:



<u>Transportation Policy and Child Release</u>

Child's Name:	
My child will arrive to the program:	My child will depart from the program:
Parent/Assigned Adult drop-off	Parent/Assigned Adult pick-up
Supervised Walk	Supervised Walk
Unsupervised Walk	Unsupervised Walk
Other:	Other:
All school-age children will either walk or take the	school bus to or from this program.
My child attends	School.
They will:	
Walk to school from the center	Walk to the center after school
Take a school bus from the center school	Take a school bus to center after
All children must be picked up by a parent or parent designee. Whom child is ever released to anyone unless we have written parent notification.	
If children are dropped off, the parent must always enter the building very each classroom by the door.	with the child and sign them in. Sign in sheets are located in
We are not responsible for any child who enters the building una	accompanied by a parent.
We will assume all responsibility for a child once the child is sign	ned in and <u>acknowledged</u> by a teacher.
If children are transported by bus, the teacher who waits for the childr marking the attendance. We will also put children onto the public scho	
We are not responsible for children until they walk off the bus an we are no longer responsible until their return.	nd onto our property. Once we have put them onto the bus
Children will not be transported in any vehicles unless; it is a schedule This permission slip will specifically outline the details of the transport	
All parents must call the center to let us know if their child will be absedirectly after school, we will call you.	ent. If you do not call and your child is not here for attendance
I have read and understand this transportation policy and I agree to it	s terms.
Parent/Guardian Signature:	Date:



Tuition and Service Need Contract Agreement DISREGARD THIS PAGE IF CURRENT STEPPING STONES FAMILY WHO'S CONTRACT WILL BE HONORED.

Child's Name:	Date:		
I agree to pay the amount offollowing days and times:	per week/month as child care tuition for the		
Mondaya.m. (earliest time yo	ou can drop off) until p.m.(latest time you can pick up)		
Tuesday a.m -	p.m.		
Wednesday a.m -	p.m.		
Thursday a.m	p.m.		
Friday a.m	p.m.		
actually here on a daily basis. We need to children. Also, consistency and a schedul follow a daily schedule. Children know where, they will become upset and anxious of you are running late please call the cen because they will ask where you are.	ter so that we know and can prepare your child		
Keep in mind that if you show up earlier than your regular scheduled time you will be asked to stay until we are properly staffed.			
Anyone who has their child here longer than the regular scheduled pick-up time or drop-off time (a few minutes will be given for traffic, etc.) will receive a letter of warning, and a second time you will be given a termination notice.			
We will work with you if you have a particular need to change your hours short term or long, but you must ask the office and get an okay in advance. We do understand from time to time you may be a little late but you must call the center. If you need to change this contract more permanently because job hours change, we can also do that but a new contract will need to be written and additional tuition may apply.			
I understand and agree to the policy as st	tated.		
Parent/Guardian Signature:	Date:		



Payment Policy

All children are on a weekly set schedule. Payments are expected in full each week; regardless, if your child attends or not; no discounts for illness, holiday closure, snow, or unavoidable emergency closures. No discounts for more than one child.

All payments are expected in full, for the week on Monday through ACH withdrawal.

If payment is received more than 7 days late, a \$25 late fee will be applied.

If payment is more than 21 days late, your child will be terminated for non-payment without notice. You will be billed for services rendered with accrued late fees.

All ACH withdrawals returned for insufficient funds will be a \$25.00 additional fee. If your payment is returned you must pay for the tuition in cash including the \$25.00 service fee within two days of us receiving the returned payment.

All payments will be withdrawn from the ACH account given on the auto-pay form at enrollment each Monday or Tuesday if there is a Monday holiday.

No discounts for vacation weeks unless:

- 1. The child has been enrolled for at least 5 months.
- 2. The child is full time year round and is paying full time tuition.
- 3. Have no outstanding balance due.
- 4. Notify us at least three weeks prior.
- 5. It must be taken during the summer months.

NO EXCEPTIONS!

If the above applies, and the child does not attend for the week, you will receive one week, tuition free, each calendar year.

A two week notice must be given prior to your child's withdrawal from the program or if there is a decrease in services. If a two week notice is not given you will be required to pay.

I have read and understand the Payment Policy as written; (A copy of this policy is also in the Parent Handbook that you received at enrollment).

Parent/Guardian Signature: Date:	Parent/Guardian Signature:	Date:
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<u>Payment Policy and Tuition Contract - For Stepping Stones Families</u>

I understand that the tuition contract that was signed through Stepping Stones will be honored by Ivy Early Education for the expiration of the contact date and at that time a new contract will be agreed upon and signed with Ivy Early Education.

Parent/Guardian Signature:	<u> </u>	Date:
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