

Child's Information

Child's Name		Nickname	
Date of Birth	Age at Entry	Sex	Primary Language

ALLERGY ALERT: Does child have allergies? YES NO If yes, list all allergies in Medical section.

Parent or Guardian Contact Information

Name		Relationship	
Home Phone	Cell Phone	Email	
Street Address		City	State Zip
Employer/ Work Hours		Work Phone	

Name		Relationship	
Home Phone	Cell Phone	Email	
Street Address		City	State Zip
Employer/ Work Hours		Work Phone	

Required Emergency Contact & Release Information-(do not include parents/guardians)

Please notify Little Beavers if an Emergency Contact will pick up your child on any given day. For the safety of your child, if an Emergency Contact is unfamiliar to staff, picture identification will be requested.

The persons designated in this section will be contacted if you cannot be reached in a medical or other emergency. Our staff will only release your child to you or others listed on this form. If you want a person not identified on this form to pick up your child, you must notify our staff in advance in person or in writing. Your child will not be release without prior authorization.

Parent/Guardian Initial _____ Date _____ Staff Initial _____ Date _____

Person #1	Relationship	Home Phone
Cell Phone	Work Phone	Email
Street Address		Employer/Hours

Person #2	Relationship	Home Phone
Cell Phone	Work Phone	Email
Street Address		Employer/Hours

Person #3	Relationship	Home Phone
Cell Phone	Work Phone	Email
Street Address		Employer/Hours

School Age Child Enrollment Information

School Name	Grade	School Phone
-------------	-------	--------------

Special Transportation Arrangements

Child's Name	Attends: School/Other Facility Name
--------------	-------------------------------------

He/she will be transported/escorted between Little Beavers Preschool and school by:
 school bus # _____
 Head Start bus
 Little Beavers Preschool
 Other (Please Describe) _____.

*Note: Little Beavers Preschool is not liable for the child until he/she arrive at the program or after the child has left the program for school. Please notify the staff if your child will not be arriving before/after school as usual.

If my child does not arrive as planned, Little Beavers will contact the parent/guardian in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (please specify, i.e.: work with a teacher after school, attend an extracurricular class or meeting, depart for home at a specific time, etc.) _____

Parent/Guardian Signature _____ Date _____

Medical Provider Information

Insurance Provider	Policy Number
Primary Physician	Phone
Dentist (if child is school age. If none, list dental provider for child care facility)	Phone

Child's Medical Information

1. Does your child have allergies? No Yes Please list all allergies to medication, food, insects, respiratory or any other. If allergy is life-threatening, please attach care instructions from your child's physician.

Allergy: _____ Reaction: _____ Medication _____ Life Threatening No Yes

Allergy: _____ Reaction: _____ Medication _____ Life Threatening No Yes

Allergy: _____ Reaction: _____ Medication _____ Life Threatening No Yes

2. Does your child have any special medical conditions or chronic illnesses? No Yes
Explain: _____

3. Please list any other health problems including instructions for providing the best possible care to the stated conditions:

4. Do any of the medical conditions restrict your child's activities? No Yes Explain: _____

Medical Policies

Initial____ 1. Prior to enrollment I will provide Little Beavers Preschool with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.

Initial____ 2. I agree to provide information to Little Beavers Preschool about my child's conditions, illnesses, allergies or other needs

Initial____ 3. 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.

Initial____ 4. If my child becomes ill during his/her time at Little Beavers Preschool, the staff will contact me to pick up my child. I will arrange for pick up **as soon as possible and within an hour** after being contacted. If I cannot be reached, the staff will contact those listed as Emergency Contacts.

Initial____ 5. My child may be given non-prescribed medication as indicated on the container. This may include children's pain reliever, antibacterial first-aid cream and diapering ointment. A parent/guardian will be contacted prior to administering non-prescription pain relievers. All medication brought from home must be current and a medication slip is required for each medication.

Initial____ 6. Staff may apply sunscreen to my child. Little Beavers will provide a product sample at the beginning of summer. If I wish, I may supply my child's own sunscreen with a valid expiration date and it will be labeled with my child's name.

Initial____ 7. I have received and read Little Beavers Health Policy and agree to follow these guidelines.

Emergency Medical Authorization and Consent

Initial____ In case of a medical emergency:

Initial____ 1. The staff will attempt to contact me, those listed as Emergency Contacts and lastly my child's physician.

Initial____ 2. I agree that my child may receive first aid and/or CPR

Initial____ 3. I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.

Initial____ 4. I will be responsible for the emergency medical expenses

Initial____ 5. In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center

Other Authorization and Consent

Initial____ 1. My child may be taken on field trips or excursions by bus or private motor vehicle.

Initial____ 2. My child may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).

Initial____ 3. My child may be photographed for publicity or news purposes: On site Off site

To the best of my ability the information contained above is accurate
Parent/Guardian Signature _____ **Date** _____

For subsequent years: I have reviewed and made revisions as necessary to the information above and on the front side.

1. Parent Initial: _____ Staff Initial _____ Date _____

2. Parent Initial: _____ Staff Initial _____ Date _____

3. Parent Initial: _____ Staff Initial _____ Date _____

4. Parent Initial: _____ Staff Initial _____ Date _____

Child Information

Has your child previously been in child care? No Yes

If yes, what type of care and for how long: _____

What is the primary language spoken in your child's home? _____ Secondary language if applicable _____

Please list family members your child lives with—include first name/nickname, relation and ages of siblings.

Name	Relationship	Nickname	Age	Sex
Name	Relationship	Nickname	Age	Sex
Name	Relationship	Nickname	Age	Sex
Name	Relationship	Nickname	Age	Sex
Name	Relationship	Nickname	Age	Sex
Name	Relationship	Nickname	Age	Sex

Goals for Your Child- please include any areas of importance to you including learning, social, emotional, etc.

Child's General Information-

 please include all information that will help us in providing the best care for your child

Likes and Dislikes

Eating Habits and Schedule

Sleeping Habits and Schedule

Toileting Behaviors/Schedule

Play

Fears

Special Words and their Meanings

Is there anything else you would like to share about your child, you or your family?

Participation Opportunities

Strong family partnership is one of our keys to success. We welcome your participation in your child's classroom and invite you to share your talents, interests and culture. Please mark any of the volunteer opportunities below that interest you.

I would like to share:

A personal interest or hobby _____ About my occupation _____ A family tradition _____

Our family heritage/culture _____ A special story _____ A craft/project _____

I would like to plan/participate in:

A field trip _____ A class party _____

Other suggestion or idea for a class activity _____

Any other information regarding your interests, including days, times, seasons that work best for you _____

This information is to be completed at enrollment and at least annually.

Parent/Guardian Signature _____ Date _____

Enrollment Contract and Rate Agreement

Child's Name	Parent's Name
Enrolled Program	Start/Renewal Date
Monthly Tuition Rate	Registration Fee

Full Time Part Time Child's Scheduled Hours _____

Hours of Operation: Regular operating hours are **Monday through Friday from 7:00 AM to 6:00 PM (7:30 PM to 5:30 PM Infant/Wobbler/Toddler program)** except for various holidays and inclement weather. There are no reductions for vacations or absent days. There is no reduction for the following closure days because they have been taken into account in determining tuition.

Teacher Preparation 8/30/19	Labor Day 9/2/19	Thanksgiving 11/28-29/19
Christmas Holiday 12/23/19-1/1/20	New Year Reopening 1/1/20	MLK Day 1/20/20
President's Day 2/17/20	Memorial Day 5/25/20	Independence Day 7/3/20

* Weather Closure - following the 509J School District

During severe weather conditions, we will follow the delays and closure decisions made by the Corvallis 509J School District. In the case of a school closure, Little Beavers will also be closed. In the case of a 2 hour delay, Little Beavers will also open 2 hours late at 9am. You can find this information on the Corvallis School District website where you may also sign up for an email where you may also sign up for an email alert <http://www.csd509j.net/en-us/districtinformation/emergencyinformation/flashalert.aspx> All changes or closures will be announced on Little Beavers voice mail and our website at: www.littlebeaverspreschool.com.

Discontinuing Services or Program Changes:

If I wish to discontinue this contract or change to a less than full time program, I agree to provide the Director with a thirty day advance written notice prior to leaving or making changes. If this required notice is not given, I understand that I will be charged the full month's tuition. Little Beavers reserves the right to discontinue services for a child at any time.

Discounts:

A ten percent discount will be given to families with two or more children enrolled in a full-time program. The discount(s) will be applied to the lesser tuition(s). No discounts will be given for part time tuitions. There are no discounts for absent days planned or unplanned including illness and vacation.

Terms

- Initial____ 1. As a parent/guardian of the above named child, I hereby enroll my child in the stated program at Little Beavers Preschool.
- Initial____ 2. I agree to pay the tuition in full by the first of every month or arrange an alternative date with the Director.
- Initial____ 3. For any credit card payments, I will incur a 3% transaction fee.
- Initial____ 4. I understand that I will incur a \$25.00 late fee if tuition is not paid in full by the fifth of each month.
- Initial____ 5. I understand that I will be held responsible for any legal, late or bank fees in connections with the collection of unpaid tuition.
- Initial____ 6. I agree to pick up my child by 6:00 PM (5:30 PM for Infant/Toddler).
- Initial____ 7. A late pick up fee of \$25.00 per every fifteen minutes is due if my child is not picked up by closing.
- Initial____ 8. A non-refundable registration fee of \$100.00 is due at the time of enrollment.
- Initial____ 9. Accounts two weeks in arrears may result in immediate termination of services.
- Initial____ 10. My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the date of the event. A specific permission/registration form may be required.
- Initial____ 11. All returned payments will be charged a fee up to the maximum amount allowed by law. Two or more returned payments may result in my account being placed on "money order only" status.
- Initial____ 12. A report for income tax purposes will be provided each January.
13. Receipts may be requested from the office.

I prefer to receive my statement by: Parent Mailbox Email _____

This information is to be completed at enrollment.

Declaration of Viewing: By signing below, I acknowledge that I have reviewed a copy of the current license certificate for this facility.

I acknowledge that I have read, understand and accept all of the terms and conditions of this Enrollment Contract and Rate Agreement

Parent/Guardian Signature _____ Date _____

Authorized Signature _____ Date _____