



## Welcome to Scalliwags!

You've made a great choice for your child! We are honored to become a part of your child's early learning experiences, and we are excited to get to know you and your family. This enrollment form ensures that we all have the best start possible. We also need this information to comply with EEC licensing regulations. The most important thing we want you to know is that we are committed to making your time with us a positive one. Please call us any time, no matter how small your question may seem, especially in the first few weeks, as your family gets used to a new routine.

### TELL US ABOUT YOUR CHILD

First Name:	Middle:	Last:	Nickname:
Date of Birth:	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Language(s) spoken at home:	
Child's home address:			Primary phone:
Please list family members your child lives with, including the names and ages of siblings:			

### TELL US ABOUT YOU

The safety of children in our center is our top priority. Center staff will release your child only to the parents and guardians listed—or to the other emergency contacts you authorize below. If you do need to authorize a new pickup person by phone, you may do so by providing Scalliwags with their name, address and phone number, and you must give us a written note or add them to your emergency contacts the next time your child attends school. For your child's safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.

Parent / Guardian:	Relationship to child:	Primary phone
Home address	Email address:	Secondary phone:
Employer and address:		Other phone:
Parent/ Guardian:	Relationship to Child:	Primary Phone:
Home address:	Email address:	Secondary phone:



Employer and address:		Other phone:
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**WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD (18 or older)?**

The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child.

	Name	Relationship	Address	Primary phone
Contact #1				
Contact #2				
Contact #3				
Contact #4				

Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs.

Please indicate if your child receives any of the following supports:

- Physical therapy
- Applied Behavior Analysis
- Communication device
- Auditory support
- Speech therapy
- Other:
- Feeding tube
- Occupational therapy
- Mobility device
- Visual support

Would you like your child's therapists to deliver services at the center?  Yes  No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

List of medical conditions:

List of current medications:



MY CHILD'S MEDICAL CARE PROVIDER	
Medical Care Provider:	Practice / Clinic name
Provider address:	Phone:
Preferred hospital / clinic:	Date of last physical examination:
Dentist name:	
Dentist Address:	Phone:
Health Insurance Provider and policy number:	

MY CHILD'S ALLERGIES
<input type="checkbox"/> Medications: _____ <input type="checkbox"/> Food: _____ <input type="checkbox"/> Respiratory: _____ <input type="checkbox"/> Bee sting: _____ <input type="checkbox"/> Other: _____
<p>Are any of the allergies severe or life-threatening? c Yes c No (If yes, please talk to your Center Director about completing an allergy plan.)</p>

### MEDICAL ACKNOWLEDGMENTS

- Medication** I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider, as permitted by local child care licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
- Immunizations** I will provide the center with updated immunization information or an exemption for my child.
- Nurse/Health Consultant** Child care centers in some states are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the nurse/health consultant.
- Illness** If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted by a staff member in Scalliwags.



If my child contracts a contagious illness, I understand that my child may return only when he or she is well, as described in the Family Handbook.

5. **Emergencies** In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:

- Consult the physician or dentist named above.
- Administer first aid and/or cardiopulmonary resuscitation.
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
- Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation off the center.

### CENTER HOURS

The center is open from 8 a.m. to 12 p.m

Scalliwags will follow the Wellesley School Calendar. We also dedicate time every year for professional development. The center will be open whenever possible on a regularly scheduled day, except in the case of severe weather or other emergency. Tuition is not reduced as a result of center closures.

### SCHEDULE AND TRANSPORTATION ACKNOWLEDGMENTS

1. **Regular Schedule** Tuition is based on the child's regular schedule. I will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not prorated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days.

1. **Absences** I will notify the center when my child will be absent.
2. **Child Not Picked Up** If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within 60 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.

### TUITION AND FEE INFORMATION



- **Payments** Child care fees are paid in advance on a weekly basis (they can also be paid bi-weekly, monthly, quarterly, or yearly at your discretion) on the Friday before the week begins or the last scheduled day of attendance for the week. Payment obligation is based on the days agreed to use child care, not on actual attendance. There is no change in fee due to your child's absences. If your child is absent or I am closed when payment is due, it is your responsibility to make the payment on time. In the case of your vacation or absence, please make payment before you leave. A personal check, credit card, direct debit/ACH are all accepted forms of payment; however if a check is returned



for any reason and we incur any bank charges from the return of your check, those charges will be added to the following week's daycare. Non-payment or consistent late payments is cause for termination immediately without the required 2 weeks notice. A two week notice of any increase in services will be posted.

- **Deposit** With enrollment, Scalliwags requires a one time, nonrefundable deposit equivalent to two weeks tuition.
- **Late Payment Fee** A \$25 late payment fee (per child) applies for any payment not received on the Friday morning before the week begins. If payment is not received on the Monday of the week an additional \$10.00 fee per day will be charged. Your child will not be permitted to return to child care until both the payment and the late fee are paid in full.
- **Registration Fee** A nonrefundable annual registration and/or equipment fee of \$ 50.00 is due at the time of enrollment and payable each year. If my child has withdrawn from the program and subsequently re-enrolls, a new registration and/or equipment fee is due at that time.
- **Late Pick-Up Fee** A late pick-up fee of \$ 5.00 per minute per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service.
- **Additional Fees** Your child may have the opportunity to participate in special programs, summer programs, or field trips.

SCHEDULED ATTENDANCE	
DAY	HOURS OF CARE (e.g., 8 am-12pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Financial & Other Terms

### FINANCIAL ACKNOWLEDGMENTS

#### Financial Obligations

As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.

Accounts 30 days in arrears may result in immediate termination of services; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Overdue accounts may



be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.

Payments from families with prior unpaid returned checks must be in the form of a money order or cashier's check. Families with returned check activity may be subject to immediate termination of services.

### PHOTOGRAPHY OF CHILDREN

I give permission for my child to be photographed and videoed in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications.

- I give permission    I do not give permission  
 Photography for assessments only

### OTHER TERMS

#### Assessments and Screenings

I give permission for my child to participate in early learning assessments and screenings administered by Scalliwags. The results of these assessments will be used by Scalliwags to measure my child's progress and may be used to evaluate, market and update Scalliwags programs. I will have access to all results of these assessments.

#### Babysitting

We don't encourage private babysitting by our staff. If you hire any of our employees, however, that is solely between you and the employee. Scalliwags is NOT responsible for those services.

#### Communications

I give Scalliwags permission to communicate with me by telephone, text, e-mail, or other means. I understand Scalliwags privacy policy applies to the information I provide.

Please check your preferred method of communication:

- Phone Call    Text Message    E-Mail

#### Resolving Disputes

We do not expect any disagreements. However, we agree that, in the unlikely event we have one we can't resolve, any dispute or claim will be submitted to non binding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.

This Agreement will begin on: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_