

Sturbridge Early Learning Academy

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 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 Carrier: _____

Business Name: _____ Work #: _____

Work Address: _____ Hours at Work: _____

Email Address: _____

Child's Physician Name: _____ **Child's Physician Address:** _____ **Health Insurance**

Coverage: _____ **Health Conditions:** _____ **Limitations or Concerns:** _____

Parent/Guardian Signature: _____ **Date:** _____

Sturbridge Early Learning Academy

Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ (name). However, if I can't be reached I hereby authorize Sturbridge Early Learning Academy to transport my child to _____ (name) hospital (or nearest hospital) and to secure for my child the necessary medical treatment. I understand the staff members at the child care center are trained in the basics of First Aid and CPR. I authorize them to give my child first and/or CPR when appropriate. NOTE: Written emergency procedures are located in the Health Care Policy given to parents at intake and posted in each classroom.

Parent/Guardian Signature: _____ **Date:** _____

Permission Slips

I give Sturbridge Early Learning Academy permission to apply sun screen to my child as needed.

Parent/Guardian Signature: _____ **Date:** _____

I give Sturbridge Early Learning Academy permission to photograph my child for use within the classroom.

Parent/Guardian Signature: _____ **Date:** _____

I give Sturbridge Early Learning Academy permission to post pictures of my child on their webpage. I realize that my child's name will never be mentioned.

Parent/Guardian Signature: _____ **Date:** _____

I give Sturbridge Early Learning Academy permission to participate in off-site activities with further written consent on a detailed permission slip.

Parent/Guardian Signature: _____ **Date:** _____

Sturbridge Early Learning Academy

Child Release and Emergency Contact List

The staff at Sturbridge Early Learning Academy 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 Sturbridge Early Learning Academy 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: _____

Sturbridge Early Learning Academy

Transportation Policy and Child Release

Child's Name: _____

My child will arrive to the program:

____ Parent/Assigned Adult drop-off

____ Supervised Walk

____ Unsupervised Walk

____ Other: _____

My child will depart from the program:

____ Parent/Assigned Adult pick-up

____ Supervised Walk

____ Unsupervised Walk

____ 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
school

All children must be picked up by a parent or parent designee. Whomever picks up the child is responsible for signing them out. No child is ever released to anyone unless we have written parent notification on file. The person picking up will need to show picture identification.

If children are dropped off, the parent must always enter the building with the child and sign them in. Sign in sheets are located in each classroom by the door.

We are not responsible for any child who enters the building unaccompanied by a parent.

We will assume all responsibility for a child once the child is signed in and acknowledged by a teacher.

If children are transported by bus, the teacher who waits for the children and retrieves them from the bus will be responsible for marking the attendance. We will also put children onto the public school bus when necessary and adjust the attendance accordingly.

We are not responsible for children until they walk off the bus and onto our property. Once we have put them onto the bus we are no longer responsible until their return.

Children will not be transported in any vehicles unless; it is a scheduled field trip where a permission slip is obtained from the parent. This permission slip will specifically outline the details of the transportation.

All parents must call the center to let us know if their child will be absent. If you do not call and your child is not here for attendance directly after school, we will call you.

I have read and understand this transportation policy and I agree to its terms.

Parent/Guardian Signature: _____ **Date:** _____

Sturbridge Early Learning Academy

Tuition and Service Need Contract Agreement

Child's Name: _____ **Date:** _____

I agree to pay the amount of _____ per week/month as child care tuition for the following days and times:

Monday _____ a.m. (earliest time you 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.

Staff is scheduled based on the number of children who are scheduled to be here and who are actually here on a daily basis. We need to keep proper child/staff ratios to ensure the safety of children. Also, consistency and a schedule are needed for most young children, this is why we follow a daily schedule. Children know when they are usually picked up and when you are not here, they will become upset and anxious.

If you are running late please call the center so that we know and can prepare your child because they will ask where you are.

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 stated.

Parent/Guardian Signature: _____ **Date:** _____

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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:_____