

# Laceys Littles - Enrollment Agreement

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state childcare licensing regulations.

## Child's Information

**Child's Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Primary Language of Child and spoken at home:** \_\_\_\_\_  
**Child's home address:** \_\_\_\_\_

## Family Information

List family members & pets your child lives with - include names, relation & ages of siblings

\_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Home/Daily Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Home Address if different than above:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_ **Work Hours:** \_\_\_\_\_  
**Employer & Address:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Home/Daily Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Home Address if different than above:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_ **Work Hours:** \_\_\_\_\_  
**Employer & Address:** \_\_\_\_\_

## Child Emergency Contact & Release Information

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

[For the safety of your child, we request that all authorized pick-up persons with whom staff is not familiar provide a photo ID at the time of pickup.]

**Person #1:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_  
**Person #2:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

**Person #3:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_

**Person #4:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_

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 above. If you want 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.

### Child's Medical & Developmental History

Does your child have any special medical conditions? YES NO If yes, please explain \_\_\_\_\_

Does your child have any chronic illnesses? YES NO If yes, please explain \_\_\_\_\_

Please list a brief history of your child's serious injuries/hospitalizations \_\_\_\_\_

Does your child have diabetes? YES NO If yes, please explain \_\_\_\_\_

Does your child have asthma? YES NO If yes, please explain \_\_\_\_\_

Will medication be administered regularly? YES NO If yes, please attach detailed care instructions from physician.

Does your child have any special dietary needs? YES NO If yes, please explain \_\_\_\_\_

Is your child able to fully participate in all activities? YES NO Explain \_\_\_\_\_

Does your child have any physical restrictions? YES NO Explain \_\_\_\_\_

Does your child function at the level of other children his/her age? YES NO Explain \_\_\_\_\_

Is your child able to walk? YES NO Explain \_\_\_\_\_

Can your child communicate his/her needs? YES NO Explain \_\_\_\_\_

Does your child need assistance during meals? YES NO \_\_\_\_\_

Does your child nap/rest during the day? YES NO \_\_\_\_\_

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

Is your child potty trained? YES NO \_\_\_\_\_

Does your child use any special equipment such as braces, glasses, etc.? YES NO Explain \_\_\_\_\_

Does your child require one-to-one care/supervision on a regular basis for a significant period of time?

YES NO Explain \_\_\_\_\_

Does your child require any accommodations or modifications to equally enjoy and participate in a group care setting? YES NO Explain \_\_\_\_\_

### Illness History

- |                                               |                                         |                                           |
|-----------------------------------------------|-----------------------------------------|-------------------------------------------|
| <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/lung problems | <input type="checkbox"/> UTIs           | <input type="checkbox"/> Other _____      |

*Please attach care instructions from your physician for any of these illnesses.*

### Disease History

- |                                                         |                                                           |                                                        |
|---------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Chicken Pox (varicella) _____  | <input type="checkbox"/> Bronchitis _____                 | <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 (please list)

#### Medications

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#### Reactions

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#### Bees/Bugs Allergies

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Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_

Are any of these allergies life-threatening? YES or NO

Please attach care instructions from your physician for any of these allergies.

Miscellaneous Screenings & Tests (Please check all that apply and add 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 _____              |

To the best of my knowledge the information contained above is accurate \_\_\_\_\_

Medical Information

Primary Physician's Name & Practice Name \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital/clinic for emergency care \_\_\_\_\_

Child's Insurance Provider

Provider Name \_\_\_\_\_ Policy No. \_\_\_\_\_ Secondary health insurance provider \_\_\_\_\_ Policy No. \_\_\_\_\_

Immunization History (below is a list of immunizations your child may have received. The ones required by the state of TN are in bold)

Anthrax  
**Diphtheria**  
**Haemophilus**  
**Influenzae type b (Hib)**  
Hepatitis A  
**Hepatitis B**  
Human Papillomavirus (HPV)

Influenza  
Lyme Disease  
**Measles**  
Meningococcal Disease  
**Mumps**  
**Pertussis (Whooping Cough)**  
**Pneumococcal Disease**

**Polio**  
Rabies  
Rotavirus  
**Rubella**  
Shingles (Herpes Zoster)  
Smallpox  
Tetanus

**Tuberculosis**  
Typhoid Fever  
**Varicella (Chickenpox)**  
Yellow Fever

Additional Medical Policies

- Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state childcare regulations.
- I agree to provide information to the childcare center about my child's conditions, illnesses, allergies or other needs.
- 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. The center does have the ultimate decision on when child can return to school if they feel the child is still not well.
- If my child becomes ill during his/her time at the childcare center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the Child Emergency Contact and Release.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Medical Authorization & Consent

\_\_\_\_\_In case of a medical emergency, the staff will attempt to contact me, those listed in emergency contact and release, and lastly my physician.

\_\_\_\_\_In case of a medical emergency, I agree that my child may receive first aid and/or CPR.

\_\_\_\_\_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.

\_\_\_\_\_In case of a medical emergency, I will be responsible for the emergency medical expenses.

\_\_\_\_\_In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

\_\_\_\_\_I give my permission to this center to apply ☐ sunscreen and ☐ insect repellent to my child. Please check which products you will permit.

\_\_\_\_\_I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.

\_\_\_\_\_I understand that I must supply my own diaper rash cream and/or ointment with a valid expiration date, and it will be labeled with my child's name. A medication form will be filled out at each application.

## Rate Agreement & Contract

### **Hours of Operation**

Regular operating hours are **7:00 AM – 5:30 PM, Monday – Friday**, except closings for various holidays, staff development days, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. There is no reduction in tuition due to center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on Laceys Littles Facebook page and messages sent via text message and email. If it becomes necessary to close early, we will contact you or someone listed in the Emergency Contact and Release, and it will be your responsibility to arrange for your child's early pick up.

### **Scheduled Attendance**

Please fill in the days and times you wish to contract for childcare:

Day of the week	Drop Off	Pick Up	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

What is your preferred method to pay tuition?

☐ cash ☐ check ☐ via school app, BrightWheel (bank transfer or CC, fees do apply)

*These preferences will be reviewed by administration.*

Fee Policy (Please read & initial beside each line stating that you agree to the policies listed below.)

-Starting on **2.1.2025** a fee of \$ \_\_\_\_\_ is due weekly, on Mondays no later than 5:30 PM \_\_\_\_\_

-Tuition is not subject to discounts for holidays, emergency, closures, (i.e., weather or pandemic), absence other than hospitalization, or at the request of a doctor (a written doctor's note is required to receive credit), or staff development days. \_\_\_\_\_

-I understand that the enrollment fees are NON-Refundable. If my child chooses to not enroll as previously discussed, these fees will not be refunded. \_\_\_\_\_

-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. \_\_\_\_\_

-A late fee of \$20.00 per day is due if tuition is not received on time. \_\_\_\_\_

- I understand the late policy is as follows; **\$20.00** per day late fee will begin the day after it's due. If payment is not received by Monday at 5:00pm, the following day late fees will begin to accrue. After the 2nd day of non-payment, care services will not be provided for the child until the late fees and full tuition is paid. \_\_\_\_\_

-A non-refundable fee of \$100.00 is due to hold your child's spot in class, for no more than 30 days. \_\_\_\_\_

-A late pick up fee of **\$5** per minute per child is due if child is not picked up before closing. \_\_\_\_\_

-Accounts one week in arrears may result in immediate termination of service. \_\_\_\_\_

-My child may have the opportunity to participate in a special activity or program that may require an additional fee due before the day of the event. \_\_\_\_\_

-All returned checks or ACH transactions (automatic debits) will be charged a fee of \$40.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status, cash only, or possible termination. \_\_\_\_\_

-A 2-week written notice is required for any child being withdrawn from the program. \_\_\_\_\_

-I agree to pay the tuition for the two weeks should I withdraw without notice. \_\_\_\_\_

-I agree to pay the annual \$70 material fee at time of enrollment and each year thereafter. \_\_\_\_\_

### Private Employment Acknowledgment

Any arrangement/employment between me and staff of this center (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. \_\_\_\_\_

### Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. \_\_\_\_\_

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

### Handbook Acknowledgement

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

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

Information contained in the Family Handbook may be subject to change.

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Parent/Guardian Printed Name

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Date

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Parent/Guardian Signature

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

Contract Acknowledgment

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_





## Notice of Received Licensing Summary

Please see the attachment titled Licensing Summary Requirements and complete the following statement.

I, (PRINT NAME) \_\_\_\_\_, have received the Tennessee Department of Human Services Summary of Licensing Requirements for Child Care Agencies. I understand that it is available to me via online access through the Brightwheel app as well as posted on the bulletin board at the entrance of Laceys Littles.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_