**Enrollment Agreement Instructions**

CCA For Social Good™ (“CCA”) has developed this material as a model for your program’s Enrollment Agreement. This agreement helps you obtain most of the important information you need as you enroll a child in your program. **It will require your review and revision in order to reflect your program’s policies, procedures and culture, and to comply with applicable federal, state, and local law.**

**NOTICE**

**The content of this agreement is not all-inclusive. It is provided to help you get a jumpstart on creating an Enrollment Agreement specifically for your program. Items marked in red vary widely and should be reviewed carefully prior to adoption.**

**You should modify or withdraw items within this agreement in accordance with your program’s policies, goals, and objectives.**

**After you create your program’s Enrollment Agreement be sure to have it reviewed by qualified legal counsel to make sure it is in compliance with applicable federal, state, and local regulations. That review by your counsel should be updated from time to time. CCA may update this model Enrollment Agreement from time to time, but is not obligated to do so.**

**This agreement was prepared by, and is the property of, CCA. CCA is the creator of the material contained herein, and it is protected under federal and state intellectual property law. CCA provides the agreement to CCA’s licensees. The use of the agreement is subject to the terms of the user’s license with CCA. The right to use the agreement terminates upon termination of the user’s license with CCA. CCA hereby grants the right to use the agreement to authorized licensees of CCA’s licensee, subject to the same conditions.**

**This agreement was last reviewed May, 2020.**

|  |
| --- |
| **PREPARING THIS ENROLLMENT AGREEMENT** **FOR DISTRIBUTION** |
| * **Save a copy** ofthis Enrollment Agreement onto your computer.
 |
| * **This entire document** **is editable and you should review every sentence to make sure you are in agreement.** Red sections indicate areas where you should pay particular attention as you will typically be required to make choices and/or input information. Red text indicates descriptive prompts for your program’s specific content. Modify red sections to reflect your program’s specific procedures by simply clicking on the text. Be sure to change the font color to black after revising the text. (Highlight the red text, right click the mouse button once, choose **Font**, make **Font Style = Regular** and **Font Color = Black** and click **OK**.)
 |
| * Text between are prompts for your program’s specific information; simply click and type the revised content.
 |
| * **SAVE your work frequently**. (Click on **File** and then **Save As**. It’s helpful to add the date and your initials to the saved file.)
 |
| * **Customize the Enrollment Agreement** by adding your program’s name. If you follow the instructions below, the words “Early Childhood Education Program” which appear in green throughout the document will automatically be replaced with your program’s name all at one time.
 |
| **For Microsoft Word 2010:** |
| * + Go to the Title page, click on the Title
 |
| * + Under the **Home** ribbon, select **Replace**
 |
| * + - In the Replace screen, enter the following:
 |
| * + - Under **Find What**, type (case sensitive): **Early Childhood Education Program**
 |
| * + - Under **Replace With**, type (without the brackets): [the name of your Program]
 |
| * + - Click **Replace All**. A pop-up screen will appear stating you have replaced the text.
 |
| * + - Click on **OK**. Click on **Close** in the *Replace* window.
 |
| **For Microsoft Word 2007 and older:** |
| * + Go to the Title Page, click on the Title.
 |
| * + On the Menu Bar, click **Edit**.
 |
| * + From the drop down, choose **Replace**.
 |
| * + In the Replace screen, enter the following:
 |
| * + - Under **Find What**, type (case sensitive): **Early Childhood Education Program**
 |
| * + - Under **Replace With**, type (without the brackets): [the name of your Program]
 |
| * + - Click **Replace All**. A pop-up screen will appear stating you have replaced the text.
 |
| * + - Click on **OK**. Click on **Close** in the *Replace* window.
 |
| * **Delete** the instructions pages.
 |
| * **Add other agreements** you may have established that are not covered within these pages.
 |
| * **Update the font colors** throughout the handbook.
 |
| * + Go to the Title Page, click on the Title click on **Edit** on your menu bar, **Select All**.
 |
| * + Click on **Format** on your menu bar, select **Font**.
 |
| * + Under **Font Color**, choose **Black**.
 |
| * Review the completed agreement with an attorney in your state to ensure all the state, federal, and local laws have been considered.
 |

Enrollment Agreement State of the Arts LLC

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.

|  |
| --- |
| **Enrollment Information** |
| **Child’s Information** |
| Child’s first name | Child’s middle name | Child’s last name | Child’s nickname |
| Age | Sex | Child’s primary language | Parent/guardian/sponsor primary language |
| Child’s home address | City | State | Zip |
| Does your child attend school? □ Yes □ No | School name | Grade | School phone |
| School address | Drop off time | Pick up time |
| **Family Information** |
| List family members & pets your child lives with – include first names, relation and ages of siblings |
| Parent/guardian/sponsor | Relationship to child | Home phone | Cell phone |
| Home address if different from above | City | State | Zip |
| Home email  | Work email | Work phone |
| Employer | Employer address | City | State | Zip | Work hours |
| **Other** parent/guardian/sponsor | Relationship to child | Home phone | Cell phone |
| Home address if different from above | City | State | Zip |
| Home email  | Work email | Work phone |
| Employer | Employer address | City | State | Zip | Work hours |
| **Child Emergency Contact and Release Information** (do not include parents/guardians/sponsors) |
| Please notify the center if an Emergency Release Contact will pick up your child on a given day. List contacts that are in state only. [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 pick up.] |
| **Person #1** | Relationship to child | Home phone | Cell phone |
| Home address | City | State | Zip |
| Home email  | Work email | Work Phone |
| Employer | Employer address | City | State | Zip | Work hours |
| **Person #2** | Relationship to child | Home phone | Cell phone |
| Home address | City | State | Zip |
| Home email  | Work email | Work Phone |
| Employer | Employer address | City | State | Zip | Work hours |
| **Person #3** | Relationship to child | Home phone | Cell phone |
| Home address | City | State | Zip |
| Home email  | Work email | Work Phone |
| Employer | Employer address | City | State | Zip | Work hours |

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.

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

Enrollment Agreement State of the Arts

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| **Medical Information** |
| Child’s name | Birth date | Height | Weight | Hair color | Eye color |
| Distinguishing marks |
| **Child’s Medical & Developmental History** |
|  1. Does your child have any special medical conditions? □ No □ Yes Explain  |  |
|  |  |
|  2. Does your child have any chronic illnesses? □ No □ Yes Explain |  |
|  |  |
|  3. Please list a brief history of your child’s serious injuries and hospitalizations. |  |
|  |  |
|  4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.* |
|  5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.* |
|  6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician.* |
|  7. Does your child have any special dietary needs? □ No □ Yes Explain  |  |
|  |  |
|  8. Is your child able to fully participate in all activities? □ Yes □ No Explain |  |
|  |  |
|  9. Does your child have any physical restrictions? □ No □ Yes Explain  |  |
|  |  |
|  10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain  |  |
|  |  |
|  11. Is your child able to walk □ Yes □ No  |  |
|  12. Can your child communicate his/her needs? □ Yes □ No  |  |
|  13. Does your child need assistance at meal time? □ No □ Yes Explain |  |
|  |  |
|  14. Does your child rest during the day? □ No □ Yes  |  |
|  15. Is your child toilet trained? □ No □ Yes  |  |
|  16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? □ No □ Yes Explain |
|  |  |
|  17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain |  |
|  |  |
|  18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? |
|  □ No □ Yes Explain  |  |
|  |
| **Illness History** *(please check all that apply)* |
| □ Vision problems | □ Nosebleeds | □ Seizures |
| □ Hearing problems | □ Skin rashes | □ Mouth sores |
| □ Constipation | □ Sore throats | □ Fainting |
| □ Diarrhea | □ Ear infections | □ Persistent cough |
| □ Asthma/breathing problems | □ Urinary tract infections | □ Other |  |
| *Please attach care instructions from your physician for any of these illnesses.* |
|  |
| **Disease History** *(please check all that apply and add the date)* |
| □ Chicken Pox (Varicella) |  | □ Bronchiolitis |  | □ Botulism |  |
| □ Measles Rubeola |  | □ Pneumonia |  | □ Haemophilus Influenza |  |
| □ Rubella (German Measles) |  | □ Pertussis (Whooping cough) |  | □ Meningococcal Infection |  |
| □ Mumps |  | □ Tetanus |  | □ Rabies |   |
| □ Scarlet Fever |  | □ Diphtheria |  | □ Bacterial Meningitis |  |
|  |
| **Allergies** *(please list)* |
| **Medication** Allergies |  | Reaction |  | **Food** Allergies |  | Reaction |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
| **Bee Stings** Allergies |  | Reaction |  | **Respiratory** Allergies |  | Reaction |  |
|  |  |  |  |  |  |  |  |
|  |
| **Other** Allergies |  | Reaction |  | **Are any of these allergies life-threatening?**  | □ **Yes**  | □ **No**  |
|  |  |  |  |  |
|  |
| *Please attach care instructions from your physician for any life-threatening allergies.* |
|  |
| **Miscellaneous Screenings and Tests** *(please check all that apply and add the date of last screening)* |
| □ Vision |  | □ Developmental |  | □ Tuberculosis (PPD) |  |
| □ Hearing |  | □ Aptitude |  | □ Sickle Cell Anemia |  |
| □ Speech |  | □ Educational |  | □ Other |  |  |  |
|  |  |  |  |  |  |  |  |

To the best of my knowledge the information contained above is accurate.

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

Enrollment Agreement State of the Arts

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| **Medical Information** *(***continued)** |
| Child’s name | Birth date |
| **Child’s Medical Care Provider** |
| Primary physician’s name | Primary physician’s practice name | Phone |
| Physician’s practice address | City | State | Zip |
| Preferred hospital/clinic for emergency care | City | State |
| Dentist’s name | Dentist’s practice name | Phone |
| Dentist’s practice address | City | State | Zip |
| **Child’s Insurance Provider** |
| Child’s health insurance provider name | Policy number | Secondary health insurance provider name | Policy number |
| **Child’s Immunization History** *(please attach a copy of your child’s immunization records)* |
| Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. **[Check with your state requirements. You may do this at** [**http://www.immunize.org/states/**](http://www.immunize.org/states/) **Bold any immunization below that is a requirement.] Check each one that you child has received. If your child has not gotten the appropriate shots, please get shots updated.**  |
| Anthrax | Influenza | **Pneumococcal disease** | Smallpox |
| **Diphtheria** | Lyme Disease | **Polio** | **Tetanus** |
| **Haemophilus Influenzae type b (Hib)** | **Measles** | Rabies | Tuberculosis |
| Hepatitis A | Meningococcal disease | Rotavirus | Typhoid Fever |
| **Hepatitis B** | **Mumps** | **Rubella** | **Varicella (Chickenpox)** |
| Human Papillomavirus (HPV) | **Pertussis (Whooping Cough)** | Shingles (Herpes Zoster) | Yellow Fever |
| **Additional Medical Policies** |
| 1. 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 child care regulations. | **Initial** |
|  |  |
| 2. I agree to provide information to the child care center about my child’s conditions, illnesses, allergies or other needs. |  |
|  |  |
| 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 and has a return to school letter.  |  |
|  |  |
| 4. If my child becomes ill during his/her time at the child care 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 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. |  |
|  |  |
| **Emergency Medical Authorization & Consent** |
| In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child* *Emergency Contact and Release*, and lastly my physician.  | **Initial** |
|  |  |
| 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 repellant to my child. *Please check which products you will permit.* | **Initial** |
|  |  |
| I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, non-opened and it will be labeled with my child’s name if I choose not to use the ones provided by the childcare.  |  |
|  |  |  |  |
| I □ have □ do not have special instructions for the application process.  |  |
|  |  |  |

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

Enrollment Agreement State of the Arts

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| **Rate Agreement and Contract** |
| Child’s name | Birth date |
| **Hours of Operation** |
| Regular operating hours are **7:00 AM TO 5:00 PM** except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures. |
|  |
| The procedure to notify families should severely weather or other conditions prevent the program from opening on time or at all will be announced on The Brightwheel app, email, and text. 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** |
| The days and hours that I wish to contract for child care are as follows: |
|  |
| Day of week | Start time | AM/PM | End time | AM/PM | Comments- Please add the pickup times from school each day |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
|  |
| I would prefer to make tuition payments on a | □ weekly | □ bi-weekly | □ monthly | basis. |
|  |  |  |  |  |
| **Fee Policy** (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion) |
| - Starting on 1 January 2024 Full Time is $225.00 a week Tax at 6%Part Time $200.00 a week & Before and After School 180.00 a week | □ weekly.□ bi-weekly.□ monthly. | **Initial** |
|  |  |  |  |
| * Tuition is due and payable by The App!
 | □ Every Monday by drop off or 9:00 AM□ the 1st and 15th of the month or next business day. □ first of the month (no matter what day it falls on) |  |  |
|  |  |
| * Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), closed dates
 |  |
|  |  |
| * 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 $50is due if tuition is not received on time.
 |  |
|  |  |
| * A non-refundable registration fee of$50 is due yearly. State Pay registration is waived.
 |  |
|  |  |
| * A late pick up fee of$2-5 per minute per child is due if my 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 program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.
 |  |
|  |  |
| * All returned checks or ACH transactions (automatic debits) will be charged a fee of $80.00. Two or more returned checks or ACH transactions will result in my account being placed on “money order only” status or removal from program until paid.
 |  |
|  |  |
| * A two-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.
 |  |
|  |  |
| * A receipt for income tax purposes will be provided each year by the 31 January.
 |  |
|  |  |

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| **Other Agreements** |
| **Private Employment Acknowledgement and Release** |
| 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. And any payments are due by you not our childcare.  | **Initial** |
|  |  |
| **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. Circle one. Will allow or Will not allow | **Initial** |
|  |  |

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

Enrollment Agreement State of the Arts

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| **Other Agreements** *(continued)* |
| Child’s name | Birth date |
| **Walking Excursions** |
| I give my permission for my child to participate in supervised walking excursions near and around the center. | **Initial** |
|  |
| **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.  | **Initial** |
|  |  |  |  |
| 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 Handbookmay be subject to change at any time and you will be notified.  |  |
|  |  |

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| --- |
| **Contract Approval** |
| I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment* *Agreement*. |
|  |  |  |  |  |  |  |  |
| Primary Parent/Guardian/Sponsor Signature  | Date | Center Staff Signature  | Date |

School Age Child Care State of the Arts

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 child care licensing regulations.

|  |
| --- |
| **Enrollment Information** |
| **Child’s Information** |
| Child’s first name | Child’s middle name | Child’s last name | Child’s nickname |
| Age | Sex | Child’s primary language | Parent/guardian/sponsor primary language |
| Child’s home address | City | State | Zip |
| Does your child attend school? □ Yes □ No | School name | Grade | School phone |
| School address | Drop off time | Pick up time |
| Child will be attending: □ Morning Care □ Afternoon Care |
| My Child is allowed to walk (3rd grade and older\*): □ To School from Child Care □ From School to Child Care  |
| \*Note: Early Childhood Education Program is not liable for the child until he/she arrives at the program or after the child has left the program to walk to/from school. |

Before and After School Information

Complete the information below to provide us with details about after school activities your child is participating in. Please complete a separate Transportation and School Activity form for each activity.

|  |
| --- |
| **Transportation Authorization to School** |
| My child is transported to school via:  | My child is transported from school via: Bus # |
| Parents are responsible for informing childcare center in writing if your child(ren) will not be attending childcare. |
| Child school information for pick up and drop off: Address, Name, Phone number, teachers name and classroom number.  |
| Type of Activity: |
| Day of the week child is attending school (circle all that apply): M Tu W Th F |
| Times for school. Day:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: | Day:Start Time:End Time: |
| Name of authorized person to pick up / drop off your child:  |

Your child’s safety is our number one priority. State of the Arts will not release children from the program without the above information **in writing**.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Primary Parent/Guardian/Sponsor Signature |  | Date |