



**** Every Child is Special EAST Location Enrollment Forms ****

Return All Completed Enrollment Forms to:
Every Child is Special Business Office
 4703 South Canyon Rd Rapid City, SD 57702
 (605) 721-3770

**Immunization Records
 must be turned in with
 Enrollment Forms**

Family Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Child			Relationship to Child		
<input type="text"/>			<input type="text"/>		
Street Address			Street Address		
<input type="text"/>			<input type="text"/>		
Apartment/Unit			Apartment/Unit		
<input type="text"/>			<input type="text"/>		
City	State	Zip Code	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Ext.	Home Phone	Work Phone	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email Address		Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Child Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	Date of Birth		Sex	Date of Birth	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Emergency Contact	Emergency Phone		Emergency Contact	Emergency Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Dentist	Dentist Phone		Dentist	Dentist Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Doctor	Doctor Phone		Doctor	Doctor Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Insurance Provider	Policy Number		Insurance Provider	Policy Number	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Known Allergies			Known Allergies		
<input type="text"/>			<input type="text"/>		

Emergency Care Authorization

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature _____ Date _____

OFFICE USE ONLY

Tuition: \$ _____	Classroom: _____	Enrolled: _____
Billing Cycle: _____	Program: _____	Enrolled by: _____



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Dear Parents,

CHILD INFORMATION SHEET

To understand the needs and provide essential services for your child, we ask that each piece of information below is answered honestly. Information provided will be kept in an individual folder for the classroom teacher's reference. Rest assured that all information will be treated with confidentiality. Please feel free to update this file as often as needed.

PROFILE

Child's Full name: _____ Would Like to be called: _____
Place of Birth: _____ Date of Birth: _____
Gender: _____ Adopted: Yes () No ()
Address: _____
Birth Rank: Only Child () 1st () 2nd () 3rd () 4th () 5th () 6th () other: _____

FAMILY INFORMATION

Fathers Name: _____ Parents Divorced?
Mothers Name: _____ Yes () No ()
Sibling(s) Name(s): Arrange according to birth order
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

HEALTH & SOCIAL INFORMATION

Food/ Medication Allergies: _____
(Doctors note must be provided for us to eliminate/substitute served meals for your kid)

Health Concerns we need to know: _____

Any Known Fears/ concerns we need to know: _____

Hobbies/ Extracurricular Activities: _____

AUTHORIZATION

I hereby authorize Staff members of Every Child is Special to apply sunscreen only to the child's face. The child and their partner will be responsible for applying sunscreen on the rest of the body under the staff's supervision. If my child is under 5 y/o, two staff will be present for the administration. Yes () No ()

I hereby Authorize Every child is Special to use pictures/ photos of my child to be used for any type of marketing in their program. Yes () No ()

Signature & Date



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AUTHORIZATION RELEASE FORM

Please complete the following information authorizing the following individuals to pick-up your child from the Every Child is Special Program.

I, (Parent/ Guardian's Name): _____, authorize the following list of individuals to drop off and/or pick up my child (Child's Name): _____, to/from Every child is Special program.

Name: _____	Relationship to Child: _____
Address: _____	City: _____
State: _____	Zip Code: _____
Phone: (____) _____	
Alternate Phone: (____) _____	Cell Phone: (____) _____

Name: _____	Relationship to Child: _____
Address: _____	City: _____
State: _____	Zip Code: _____
Phone: (____) _____	
Alternate Phone: (____) _____	Cell Phone: (____) _____

Name: _____	Relationship to Child: _____
Address: _____	City: _____
State: _____	Zip Code: _____
Phone: (____) _____	
Alternate Phone: (____) _____	Cell Phone: (____) _____

I understand that they must *be informed* to **present** a valid photo for identification when picking up/ dropping off my child.

Signature of Parent/Guardian: _____ Date: _____



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CREDIT CARD AUTOPAY AUTHORIZATION

Type of card

Visa Mastercard Discover

Credit Card Number

Expiration Date (MM/YY)

/

3-Digit Code on Back

Street Address and Zip Code

Cardholder's Name as it appears on the card

By signing below, I allow Every Child is Special, LLC to automatically charge my account for any balance due for services that have not been paid by the close of business on the second business day of each week or the second business day after the start of the fee period (1st or 15th of the month during the school year).

Signature

Date

Enrolled

2022 Summer Registration

Child's Name		Initial for each week of attendance
Date of Birth and Age		
Week 1	June 1-3	<input type="text"/>
Week 2	June 6-10	<input type="text"/>
Week 3	June 13-17	<input type="text"/>
Week 4	June 20-24	<input type="text"/>
Week 5	June 27-July 1	<input type="text"/>
Week 6	July 5-8 (Closed 4 th)	<input type="text"/>
Week 7	July 11-15	<input type="text"/>
Week 8	July 18-22	<input type="text"/>
Week 9	July 25-29	<input type="text"/>
Week 10	August 1-5	<input type="text"/>
Week 11	August 8-12	<input type="text"/>
Week 12	August 15-19 (closed 20 th)	<input type="text"/>
Week 13	August 22-26	<input type="text"/>

The undersigned agrees to contract childcare with Every Child Is Special for the 2022 Summer Adventure. During the duration of the contract, reservation for the child will be secured. Rates are not prorated. The only possible exception to this policy may be due to profound health-related absences (accompanied by a physician's note). Cash refunds do not apply. All issues pertaining to credits/prorated fees are subject to Every Child Is Special Director's approval. The patron must understand that in the event of absences during the program hours and activities, the patron is responsible for time reserved, not actual time spent, at the program. **Policy Change: After May 15th**, weeks can be added but not subtracted. The weeks are Non-Transferable and Non-Refundable. Families will be expected to pay for the weeks selected.

I have read and understood this policy. **Initial** _____

I will make all payments on the first Monday of each week through the ECIS auto-bill system that ProCare and Intuit provide. All patrons must have a valid credit card or ACH account on file. We will not accept checks or cash payments. I understand that payments will be pulled on the Monday of care. There may be a delay in the post of the payment to your bank account. Please understand there will be an additional **\$6.00 per week** for swim days only on the weeks we go. **Initial** _____

All participants must bring their snack & lunch on Field Trip Days. Please **do not pack soda or candy** in your child's lunch as we are part of the USDA food program, and we are not allowed to let children eat these items at the facility. Please have lunches in a labeled container/lunchbox with your child's name on it (no plastic bags). Lunches may be placed in the cooler when children arrive at the center. If your child forgets a lunch, we will provide one for them for an additional cost of **\$5**. **Initial** _____

We are a Peanut Free Facility! Please do not pack peanut products in your child's lunch.

I understand that two bottles of spray/lotion sunscreen must be provided per child when signing up for the summer program. The sunscreen must be a 16-ounce bottle or larger. It must contain at least SPF 30 and must not contain DEET. The children are responsible for applying their sunscreen lotion starting at age 6 (with supervision). The staff may only apply sunscreen to the child's face and on the shoulders. Another child will assist with sunscreen application on other parts of the body with staff supervision. Staff assistance would be needed when applying sunscreens for preschool-age children (ages 3-5). **Initial** _____

Parking is available on the upper level of the building. We ask that you switch off your vehicle and walk your child during drop-off or while signing them in. Never leave any other children unattended in your vehicle. We also ask that no one parks on the curb area. The above actions are requested for everyone's safety. **Initial**_____

Children must be signed in and out of the program each day. The sign-in area is located at the front entrance of the ECIS building. We use the sign in & out form as well as sheets. You can sign in electronically from your mobile device for your child. **Initial**_____

Summer Adventure hours of operation are from 6:00am-6:00pm. Unless extended hours have been arranged for your child. **Initial**_____

If a child has not been signed out by 6:00, a \$5.00 late charge will be levied for every 5 minutes after the closing time. For example, at 6:05, there will be a \$5.00 fee added to the standard fees.

Suppose a child has not been picked up within 30 minutes, and we cannot contact the emergency contact. In that case, our policy is to contact Child Care Services (DSS) and the Rapid City Police Department. **Initial**_____

Please do not bring your child to ECIS if he/she is ill, has a contagious condition, has been on antibiotics for less than 24 hours, has diarrhea, vomiting, a fever of 101 or higher, an eye infection, rash with fever or severe itching, lice or nits, discharge from the eyes or ears, colored discharge from the nose, or any other symptom that indicates illness or potentially contagious condition. A child who is brought to the program with any of these conditions or symptoms cannot be admitted. Parents will need to pick up their child. Suppose any of these symptoms develop after a child has been admitted to the program. In that case, the parents will be called and informed of their child's symptoms and will need to make arrangements to pick up their child within one hour of being notified. **After being sent home for any of these conditions or symptoms, a child may not return for 24 hours.** **Initial**_____

I, guardian of the below-listed registrant, a minor, agree that the registrant and I will abide by the rules of the ECIS program. In accepting the contractual terms of this agreement, I recognize the possibility of the physical injury that may result. At the same time, my child participates in the program and its field trips and/or activities. I hereby release, discharge and/or otherwise indemnify their employees and associated personnel (volunteers), to include the owners of the facilities/equipment utilized for the program, against any claim of personal injury or death or any other claim made by or on behalf of the registrant as a result of my child participating in the program and/or being transported to and from the same. **Initial**_____

I give permission for the ECIS program to transport my child on field trips. **Initial**_____

I _____ agree to contract care at ECIS Summer Adventure for _____ (child's name). I understand the terms of agreement.

Parent or guardian Signature: _____

Date: _____

- The registration fee is \$5.00 per week of attendance if signed up for fall school-year program.
\$10.00 per week of attendance if only coming for summer this fee is nonrefundable and nontransferable.
 - Registration Fees must be paid at time of enrollment or can be billed if currently enrolled.
- Cost per Week: \$170 (We do offer a second child Discount)**



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MEDICATION ADMINISTRATION CONSENT

I _____, the parent/guardian of _____
 give permission to the Every Child is Special Staff to administer the following medication(s) to
 my child.

Medication Name: _____ Dosage/ Formulation: _____

Medication Administer Amount: _____

Parent/Guardian Signature _____ Date: _____

The below box must be initialed and dated by the parent each day the child needs medication
 administered to them. Kindly remember:

1. Without the parents' initials, medication cannot be given.
2. Please keep in mind that we will not accept unlabeled medications.
3. Our staff has the right to refuse medication administration when prescriptions are not provided.

Week 1		Date & Time						
	Parent Initials							
	Employee Initials							

Week 2		Date & Time						
	Parent Initials							
	Employee Initials							

Week 3		Date & Time						
	Parent Initials							
	Employee Initials							

Week 4		Date & Time						
	Parent Initials							
	Employee Initials							