SCHOOL-AGE CONTRACT

Child's Name: _____ **Parent's Name:** _____

Child's Birth Date: _____ **Child's Current Age:** _____

Grade/Level: _____ **School:** _____

Initials

The undersigned agrees to purchase care from Every Child is Special for the school year _____. During the duration of the contract, reservation for the child of the undersigned is secured. Rates will only be prorated for health-related absences, *provided that a doctor's note will be presented*. Credits will not be issued for center closures due to weather conditions. Every Child is Special will provide families with a list of dates we are closed for the year. These dates are contracted dates and are not prorated from the tuition fee. The patron must understand that in the event of absences during program hours and activities, **they will be responsible for time reserved, not actual time spent at the program**. Patrons no longer requiring the School-Age Program and wishing to remove their child must notify us via email or in writing by the *15th of the month* before your drop date! _____

I have the option to pay on the 1st or both the 1st and the 15th of the month. I am aware that the program will require a credit card number or ACH withdrawal form on file to automatically pull the tuition from the date or dates you have chosen. If payments are not made by the due date selected, Staff reserve the right to deny care until all balances are paid in full. An extra $30.00 fee will be imposed for insufficient funds. _____

- **Auto Payments on _____ 1st OR _____ 1st and 15th**

I am aware that the School-Age fee will include a healthy snack provided. The snack will be served as soon as my child arrive from school. Children will be allowed to bring lunch into the program on no-school days only. I will *NOT* pack soda and/or candies for my child's lunches when they will be at the program. _____

I am responsible for informing Every Child is Special Staff if my child will not be attending the program or will not be picked up from school. I am aware that I must call the designated number no later than 1:30PM. If the staff is not informed that a school pick-up is not needed, the staff reserve the right to charge a $3.00 billing charge per time, per day. _____

CHILDREN MUST BE SIGNED IN AND OUT OF THE PROGRAM EACH DAY.
We ask that you walk your child to their cubby and let the teacher know they have arrived. Please do not drop your child off at the front door without informing staff of their arrival. This compromises your child's safety and the safety of other children. This also ensures all children's safety in the event of a fire or natural disaster. _____

If my child is not signed out by 6:00PM, a $5.00 charge will be levied for every 5 minutes after that. For example, at 6:05 pm, there will be a $5.00 late charge. Suppose after 30 minutes, my child is not picked up, and the staff cannot reach me or my child's emergency contact. I am aware that the staff reserves the right to contact Child Care Services as per their policy. I am responsible for making prior arrangements with the Director should I pick up my child late. _____

** 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

Relationship to Child	Relationship to Child

Street Address	Street Address

Apartment/Unit	Apartment/Unit

City	State	Zip Code	City	State	Zip Code

Home Phone	Work Phone	Ext.	Home Phone	Work Phone	Ext.

Cell Phone	Email Address	Cell Phone	Email Address

Child Information

Last Name	First Name	MI	Last Name	First Name	MI

Sex	Date of Birth	Sex	Date of Birth

Emergency Contact	Emergency Phone	Emergency Contact	Emergency Phone

Dentist	Dentist Phone	Dentist	Dentist Phone

Doctor	Doctor Phone	Doctor	Doctor Phone

Insurance Provider	Policy Number	Insurance Provider	Policy Number

Known Allergies	Known Allergies

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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4703 South Canyon Rd Rapid City, SD 57702

CHILD INFORMATION SHEET

Dear Parents,

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: _____
Mothers Name: _____
Sibling(s) Name(s): Arrange according to birth order

Parents Divorced?
Yes ( ) No ( )

1. _____
2 _____
3. _____
4. _____
5. _____
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

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

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4703 South Canyon Rd Rapid City, SD 57702

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: _____

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

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4703 South Canyon Rd Rapid City, SD 57702

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

This information contains personal information and requires safeguarding in which is kept confidential. – ECS director

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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.

		Date & Time						
Week 1								
	Parent Initials							
	Employee Initials							

		Date & Time						
Week 2								
	Parent Initials							
	Employee Initials							

		Date & Time						
Week 3								
	Parent Initials							
	Employee Initials							

		Date & Time						
Week 4								
	Parent Initials							
	Employee Initials							