



Chapter One

MONTESSORI

Child Information

Name: _____ Middle: _____ Last: _____ Nickname: _____
Age: _____ Sex: _____ Primary Language: _____ Parent Language: _____
Address: _____ City: _____ State: _____ Zip: _____
DOB: _____ Phone: _____ Previous Daycare: _____ Classroom: _____
Mail Address: _____ City: _____ State: _____ Zip: _____

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 email: _____

Work phone: _____ Work email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work hours: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Other Parent/guardian/sponsor: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____ Home email: _____

Work phone: _____ Work email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work hours: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

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

Person #1: _____ Relationship to child: _____

Home phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Person #2: _____ Relationship to child: _____

Home phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Person #3: _____ Relationship to child: _____

Home phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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. 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: _____

Medical Information

Child's Name: _____ Birth Date: _____
Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Child's Medical & Developmental History

1. Does your child have any special medical conditions?

Explain:

Yes No

2. Does your child have any chronic illnesses?

Explain:

Yes No

3. Please list a brief history of your child's serious injuries and hospitalizations.

4. Does your child have diabetes?

If yes, please attach care instructions from your physician.

Yes No

5. Does your child have asthma?

If yes, please attach care instructions from your physician.

Yes No

6. Will medication be administered regularly?

If yes, please attach care instructions from your physician.

Yes No

7. Does your child have any special dietary needs?

Explain:

Yes No

8. Is your child able to fully participate in all activities?

Yes No

Explain:

9. Does your child have any physical restrictions?

Yes No

Explain:

10. Does your child function at the level of other children in his/her age group?

Yes No

Explain:

11. Can your child communicate his/her needs?

Yes No

Explain:

12. Does your child need assistance at meal time?

Yes No

Explain:

13. Does your child rest during the day?

Yes No Yes

14. Is your child toilet trained?

No Yes No

15. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.?

Explain:

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

Yes No

Explain:

17. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?

Yes No

Explain:

Illness History (please check all that apply)

- | | | | |
|--|---|---|---|
| <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/breathing problems | <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Other: _____ | |

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

Disease History (please check all that apply and add the date)

- | | | |
|--|--|--|
| <input type="checkbox"/> Chicken Pox (Varicella)_____ | <input type="checkbox"/> Bronchiolitis _____ | <input type="checkbox"/> Botulism _____ |
| <input type="checkbox"/> Measles Rubeola_____ Rubella | <input type="checkbox"/> Pneumonia _____ | <input type="checkbox"/> Scarlet Fever_____ |
| <input type="checkbox"/> (German Measles)_____ | <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Rabies _____ |
| <input type="checkbox"/> Haemophilus Influenza_____ | <input type="checkbox"/> Tetanus _____ | <input type="checkbox"/> Bacterial Meningitis_____ |
| <input type="checkbox"/> Meningococcal Infection_____ | <input type="checkbox"/> Diphtheria _____ | |
| <input type="checkbox"/> Pertussis (Whooping cough)_____ | | |

Allergies (please list)

	Allergies	Reaction
Medication Allergies		
Food Allergies		
Medication Allergies		
Food Allergies		
Other Allergies		
Other Allergies		

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)

- | | | |
|--|--|--|
| <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.

Parent initial: _____ Date: _____

Child's Medical Care Provider

Primary physician's name: _____
 Primary physician's practice name: _____ Phone: _____
 Physician's practice address: _____
 City: _____ State: _____ Zip Code: _____
 Preferred hospital/clinic for emergency care: _____
 City: _____ State: _____ Zip Code: _____

Dentist's name: _____ Dentist's practice name: _____ Phone: _____
 Dentist's practice address: _____
 City: _____ State: _____ Zip Code: _____

Child's Insurance Provider

Child's health insurance provider: _____ Secondary health insurance provider: _____
 Policy number: _____ Policy number: _____

Child's Immunization History (please attach a copy of your child's immunization records)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initials

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. _____
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. _____
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

Initials

1. In case of a medical emergency, the staff will attempt to contact me, those listed in the Child Emergency Contact and Initial Release, and lastly my physician. _____
2. In case of a medical emergency, I agree that my child may receive first aid and/or CPR. _____
3. 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. _____
4. In case of a medical emergency, I will be responsible for the emergency medical expenses. _____
5. In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. _____
6. I give my permission to this center to apply sunscreen and insect repellent to my child. Please check which products Initial you will permit. _____
7. 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. _____

Parent initial: _____ Date: _____

Rate Agreement and Contract

Child's Name: _____ Birth Date: _____

Hours of Operation

Regular operating hours are except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures, unless confirmed by director.

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 . 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.

Initials

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
Monday					
Tuesday					
Wednesday					
Thursday:					
Friday					

Fee Policy (to be completed by staff, reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on _____ a fee of \$ _____ is due weekly
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absence.
- 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 \$5.00 is due if tuition is not received on time and fee will continue daily until credited in full.
- A non-refundable registration fee of \$50 00 is due yearly.
- A late pick up fee of \$1.00 per minute per child is due if my child is not picked up before contracted schedule time.
- Accounts one weeks 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 duo 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 TCC bank charges. Two or more returned checks or ACH transactions will result in my account being placed on "money order only".
- 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 will not be provided.

Initials

Other Agreements

Child's Name: _____ Birth Date: _____

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.

Initials

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.

Walking Excursions

- I give my permission for my child to participate in supervised walking excursions near and around the center.

Handbook Acknowledgement

- I give my permission for my child to participate in supervised walking excursions near and around the center.
- I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in Initial 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.

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 (print name): _____

Primary Parent/Guardian/Sponsor Signature: _____ Date: _____

Center Staff Signature: _____ Date: _____