

Enrollment Agreement (School Age)

The Success Learning Academy

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs.

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							
Is your child's ethnicity Hispanic / Latino/Spanish Origin regardless of race? ☐ Yes ☐ No		What is your child's race?		Does your child have an Individualized Education Plan (IEP)? If so, Attach a copy. ☐ Yes ☐ No		Does your child receive any of the following services? Check one: ☐ CAPS ☐ SSI ☐ Food Stamps ☐ Medicaid ☐ TANIF ☐ No	
Current School Name				Teacher		Grade	

Family Information

List family members							
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 us 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 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 _____

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks

Child's Medical & Developmental History

- Does your child have any special medical conditions? ☐ No ☐ Yes Explain _____
- Does your child have any chronic illnesses? ☐ No ☐ Yes Explain _____
- Please list a brief history of your child's serious injuries and hospitalizations. _____
- Does your child have diabetes? ☐ No ☐ Yes If yes, please attach care instructions from your physician.
- Does your child have asthma? ☐ No ☐ Yes If yes, please attach care instructions from your physician.
- Will medication be administered regularly? ☐ No ☐ Yes If yes, please attach care instructions from your physician.
- Does your child have any special dietary needs? ☐ No ☐ Yes Explain _____
- Is your child able to fully participate in all activities? ☐ Yes ☐ No Explain _____
- Does your child have any physical restrictions? ☐ No ☐ Yes Explain _____
- Does your child function at the level of other children in his/her age group? ☐ Yes ☐ No Explain _____
- Is your child able to walk ☐ Yes ☐ No _____
- Can your child communicate his/her needs? ☐ Yes ☐ No _____
- Does your child need assistance at meal time? ☐ No ☐ Yes Explain _____
- Does your child rest during the day? ☐ No ☐ Yes _____
- Is your child toilet trained? ☐ No ☐ Yes _____
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? ☐ No ☐ Yes Explain _____
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time? ☐ No ☐ Yes Explain _____
- 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 Rubella _____	☐ 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 - attach).

☐ 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 _____

Medical Information (continued)

Child's name	Birth date
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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
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Child's Immunization History (please attach a copy of your child's immunization records)**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.	
4. If my child becomes ill during his/her time at TWS, 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 <i>Child Emergency Contact and Release</i> to pick up your child.	

Emergency Medical Authorization & Consent

In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , 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.	

Parent initial _____ Staff initial _____ Date _____

Rate Agreement and Contract

Child's name _____

Birth date _____

Hours of Operation

Regular operating hours are **6:00 am – 6:30 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 the 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 your local news . 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.

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

- Starting on _____ a fee of \$_____ is due	☐ weekly. ☐ bi-weekly. ☐ monthly.	Initial
- Tuition is due and payable	☐ every Friday or by Monday 9:00 a.m. (a late fee is due after 9:00) ☐ every other Friday or by the second Monday by 9:00 a.m.	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absence other than hospitalization, contagious illness, or absence at the request of a doctor (a written doctor's note is required to receive credit).		_____
- 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 \$10.00 per day is due if tuition is not received on time.		_____
- A non-refundable application fee of \$75.00 is due yearly.		_____
- A late pick up fee of \$1.00 per minute per child (not to exceed \$60.00 per child) is due if my child is not picked up before closing.		_____
- Accounts two 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 due before the day of the event. A specific permission agreement is required.		_____
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$35.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.		_____
- A two-week written notice is required for any child being withdrawn from the program.		_____
- A receipt for income tax purposes will be provided upon request.		_____

CHILD AND PARENT SERVICES (CAPS)/Temporary Assistance for Needy Families (TANIF)

- Parents are responsible for paying their family fee every week and registration fees. If not, this will be reported to the case manager and Maximus.

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 prohibited and this center shall remain harmless from any such arrangement.

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.

Initial

Parent initial _____ Staff initial _____ Date _____

Enrollment Agreement

The Success Learning Academy

Other Agreements *(continued)*

Child's name

Birth 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.

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 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 Signature

Date

Center Staff Signature

Date