

# Enrollment Agreement

# SAINT MIRIAM DAYCARE, PRESCHOOL & K

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					
<b>Child's Information</b>					
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		
<b>Family Information</b>					
FAMILY INFORMATION IS ENTERED AND MUST BE UPDATED AT <a href="http://WWW.MYPROCARE.COM">WWW.MYPROCARE.COM</a>					
<b>Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)</b>					
EMERGENCY CONTACT AND RELEASE INFORMATION IS ENTERED AND MUST BE UPDATED AT <a href="http://WWW.MYPROCARE.COM">WWW.MYPROCARE.COM</a>					

Family and Emergency Contact Information must be entered into your MyProcure account found at [www.myprocure.com](http://www.myprocure.com). The persons designated on your account 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 as authorized in your MyProcure account. 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					
Distinguishing marks					
<b>Child's Medical &amp; Developmental History</b>					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
2. Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
3. Please list a brief history of your child's serious injuries and hospitalizations. _____					
4. Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
5. Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
6. Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
7. Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
8. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
9. Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
10. Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
11. Is your child able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Can your child communicate his/her needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
13. Does your child need assistance at meal time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
14. Does your child rest during the day? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
15. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
16. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
17. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
<b>Illness History (please check all that apply)</b>					
<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.					

<b>Disease History</b> (please check all that apply and add the date)			
<input type="checkbox"/> Chicken Pox (Varicella)	_____	<input type="checkbox"/> Bronchiolitis	_____
<input type="checkbox"/> Measles Rubeola	_____	<input type="checkbox"/> Pneumonia	_____
<input type="checkbox"/> Rubella (German Measles)	_____	<input type="checkbox"/> Pertussis (Whooping cough)	_____
<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Scarlet Fever	_____	<input type="checkbox"/> Diphtheria	_____
<input type="checkbox"/> Botulism	_____	<input type="checkbox"/> Haemophilus Influenza	_____
<input type="checkbox"/> Meningococcal Infection	_____	<input type="checkbox"/> Rabies	_____
<input type="checkbox"/> Bacterial Meningitis	_____		_____

<b>Allergies</b> (please list)			
<b>Medication Allergies</b>	Reaction	<b>Food Allergies</b>	Reaction
_____	_____	_____	_____
<b>Bee Stings Allergies</b>	Reaction	<b>Respiratory Allergies</b>	Reaction
_____	_____	_____	_____
<b>Other Allergies</b>	Reaction	<b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Please attach care instructions from your physician for any life-threatening allergies.

<b>Miscellaneous Screenings and Tests</b> (please check all that apply and add the date of last screening)			
<input type="checkbox"/> Vision	_____	<input type="checkbox"/> Developmental	_____
<input type="checkbox"/> Hearing	_____	<input type="checkbox"/> Aptitude	_____
<input type="checkbox"/> Speech	_____	<input type="checkbox"/> Educational	_____
<input type="checkbox"/> Tuberculosis (PPD)	_____	<input type="checkbox"/> Sickle Cell Anemia	_____
<input type="checkbox"/> Other	_____		_____

To the best of my knowledge the information contained above in the Medical Information section is accurate.

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

### Medical Contacts and Policies

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
_____	_____	_____	_____

#### 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.	<b>Initial</b>
_____	_____
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 MyProcure account as authorized pick-ups.	_____

#### 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.	<b>Initial</b>
_____	_____
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 <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which products you will permit.</i> 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. I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process. _____	<b>Initial</b> _____ _____
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To the best of my knowledge the information contained above in the Medical Contacts and Policies is accurate.

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

**Rate Agreement and Contract**

Child's name	Birth date
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**Hours of Operation**

Regular operating hours are 9:00AM to 3:00PM. Before care is offered beginning at 7:30AM, after care is offered until 6:00PM 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 severe weather or other conditions prevent the program from opening on time or at all will be announced on KYW web, Saint Miriam School Facebook, [www.saintmiriamschool.com](http://www.saintmiriamschool.com), via email and/or text to parents. 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.

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

<ul style="list-style-type: none"> <li>- Starting on _____ a fee of \$ _____ is due monthly on the first of each month.</li> <li>- Tuition is not subject to discounts or refunds for holidays, vacations, emergency closures (i.e., weather or pandemic), or absences.</li> <li>- I agree to pay the full tuition in advance of services rendered.</li> <li>- I agree to pay the full tuition fee even if my child is absent for one or more days.</li> <li>- A late fee of 5% is due if tuition is not received by the fifth of the month.</li> <li>- A non-refundable registration fee of \$100 is due at registration for students enrolling for the first time.</li> <li>- A late pick up fee of \$1.00 per minute per child is due if my child is not picked up before closing.</li> <li>- Accounts two weeks in arrears may result in immediate termination of service.</li> <li>- 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.</li> <li>- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$30.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.</li> <li>- A three-week written notice is required for any child requesting a schedule change (approved based on availability) or being withdrawn from the program. Failure to provide notice in writing will result in tuition fees being due for that three-week period.</li> </ul>	<b>Initial</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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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.	<b>Initial</b> _____
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**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.	<b>Initial</b> _____
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Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

**Other Agreements (continued)**

Child's name	Birth date
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**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 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**