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

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 Race

Family Information

FAMILY INFORMATION IS ENTERED AND MUST BE UPDATED AT WWW.MYPROCARE.COM	Is there a legal custody agreement in place for this child? If YES, there is a legal custody agreement, initial here to confirm that a copy must be provided to the school. _____

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

EMERGENCY CONTACT AND RELEASE INFORMATION IS ENTERED AND MUST BE UPDATED AT WWW.MYPROCARE.COM When entering this information in Procare please make sure there are AT LEAST two individuals authorized to pick-up child.

Family and Emergency Contact Information must be entered into your MyProcare account found at www.myprocare.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 MyProcare account. Your child will not be released without prior authorization.

Parent initial _____ Staff initial _____ Date _____

Medical/Developmental/Educational Information

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

Distinguishing marks

Child's Medical & Developmental History

1. Does your child have any special medical conditions? □ No □ Yes Explain _____
2. Does your child have any chronic illnesses? □ No □ Yes Explain _____
3. Please list a brief history of your child's serious injuries and hospitalizations. _____
4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs? □ No □ Yes Explain _____
8. Is your child able to fully participate in all activities? □ Yes □ No Explain _____
9. Does your child have any physical restrictions? □ No □ Yes Explain _____
10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain _____
11. Is your child able to walk □ Yes □ No
12. Can your child communicate his/her needs? □ Yes □ No Explain _____
13. Does your child need assistance at meal time? □ No □ Yes Explain _____
14. Does your child rest during the day? □ No □ Yes Explain _____
15. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? □ No □ Yes Explain _____
16. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain _____
17. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? □ No □ Yes Explain _____

Educational Disabilities Known *(please check all that apply)*

□ Autism	□ Hearing Impaired	□ Visually Impaired	□ Developmental Delay
□ Intellectual Disability	□ Multiple Disabilities	□ Orthopedic Impairment	□ Other Health Impairment
□ Specific Learning Disability	□ Speech/Language Impairment		□ Traumatic Brain Injury
□ Emotional Disability			

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 Rubeola		□ 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)*

□ Vision		□ Developmental		□ Tuberculosis (PPD)	
□ Hearing		□ Aptitude		□ Sickle Cell Anemia	
□ Speech		□ Educational		□ 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

	Initial
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 MyProcare account as authorized pick-ups.	

Emergency Medical Authorization & Consent

	Initial
In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician.	
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.	

Sunscreen and Insect Repellant Authorization & Consent

	Initial
I give my permission to this center to apply □ sunscreen and □ insect repellant to my child. *Please check which products you will permit.*	
I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name.	
I □ have □ do not have special instructions for the application process. _____	

To the best of my knowledge the information contained above in the Medical Contacts and Polices is accurate.

Parent initial _____ Staff initial _____ Date _____

Rate Agreement and Contract

Child's name	Birth date

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, 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)

	Initial
- Starting on _____ a fee of $_____ is due monthly on the first of each month.	
- Tuition is not subject to discounts or refunds for holidays, vacations, emergency closures (i.e., weather or pandemic), or absences.	
- 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% is due if tuition is not received by the fifth of the month.	
- A non-refundable registration fee of $100 is due at registration for students enrolling for the first time.	
- A late pick up fee of $1.00 per minute 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 slip may be required.	
- 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.	
- 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.	

Other Agreements

Child's name	Birth date

Private Employment Prohibited

Arrangements between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center is prohibited as a condition of employment for Saint Miriam School staff. Parent/guardian initial here to acknowledge.

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 _____

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. The Family Handbook can be found at https://saintmiriamschool.com/parent-handbook/

Initial _____

I understand that it is my responsibility to go directly to school administration with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. Best email for questions is Director@SaintMiriamSchool.com

_____

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