



Emergency Contact Information: Please list anyone that could possibly pick up your child. Please list at least three emergency contacts. If a person's name is NOT on the list, you must write a note or tell administration to add their name. We will check the ID of anyone other than the parent or guardian picking up a child.

Emergency= This person can be called for any emergency.

Transportation= This person is only for transporting my child to and from daycare.

Anything= This person can be called for emergency or transportation of my child.

Name on ID	Relationship	Phone #	E	T	A

Child's Medical & Developmental History:

- Does your child have any 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:_____
- Will medication be administered regularly? ☐ 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.*
- Can your child manage his/her own clothing? ☐ No ☐ Yes



(Medical Information Continued)

7. Does your child have any special dietary needs? ☐ No ☐ Yes Explain_____

8. Does anyone read to your child? ☐ Yes ☐ No How Often?_____

9. Does your child have any physical; restrictions? ☐ No ☐ Yes Explain_____

10. Is the entire family together for any time during the day? ☐ Yes ☐ No Explain_____

11. Is your child able to walk? ☐ Yes ☐ No _____

12. Can your child communicate his/her needs? ☐ Yes ☐ No _____

13. Does your child need assistance at meal time? ☐ No ☐ Yes Explain_____

14. Does your child rest during the day? ☐ Yes ☐ No

15. Is your child toilet trained? ☐ Yes ☐ No

16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses, etc.? ☐ No ☐ Yes Explain_____

17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? ☐ No ☐ Yes Explain_____

18. Does he/she play with children from other families? ☐ No ☐ Yes 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.



(Medical Information Continued)

Allergies (please list)

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

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

Name of child's physician: _____ Phone Number: _____

Address: _____

Child's Insurance Company: _____

Policy Numbers: _____

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 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 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Emergency Contact* list. _____



(Medical Information Continued)

Emergency Medical Authorization & Consent

Initial

1. In case of a medical emergency, the staff will attempt to contact me, those listed in the *Emergency Contact* list. _____

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. _____

- I give permission to this center to apply ☐ sunscreen and ☐ insect repellent to my child (Please check which products you would permit)
- 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. ☐ Yes ☐ No
- I ☐ have ☐ do not have special instructions for the application process. _____

Family Information:

Other Children in the family	Date of Birth	School



Getting to Know You Questionnaire

Dear Family,

We look forward to developing a partnership with your family in our program. You provided us with a lot of important medical and contact information during enrollment. We'd like to ask you a few more questions that will allow us to get to know your child and you a little better. Our goal is to do the best job we can do, welcoming your family into our program and creating a comfortable environment for your child. Would you kindly take a few minutes to complete this questionnaire and return it when you've completed it?

Thank you,

Allyson Jones

Director

Name of Child _____ Child's Age _____

1. Does your child have a nickname? Please provide it if you would like us to use it.
2. In what language do you and your child communicate at home?
3. Is there information about your family composition or household members that you would like to share?
4. What are some of your child's favorite things?
5. Are there cultural or religious holidays that your family observes that you would like to share with the program?
6. What are your child's toileting and napping behaviors?
7. Does your child have any special needs?



Getting to Know You Questionnaire (continued)

8. What are your child's favorite foods?

9. Is there anything else you can share with us about your child that will help us ease the transition for your child?

10. What hours will your child likely attend school throughout the week?

11. Is there anything else you would like to share about your child, you, or your family?

Rate Agreement & Contract

Hours of Operation

Regular operating hours are **6:30 AM-5:30 PM** 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.

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 Tadpoles. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact* list, and it will be your responsibility to arrange for your child's early pick up.

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

- Starting on _____ a fee of \$ _____ is due weekly.	** SUBJECT TO CHANGE IF ON THE	Initial
	CERTIFICATE PROGRAM	
- Tuition is due and payable to All God's Children LLC every Monday		_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic)		_____
- I agree to pay the full tuition in advance of service rendered.		_____
- I agree to pay the full tuition fee even if my child is absent for one or more days.		_____
- A late fee of \$25.00 is due if tuition is not received on time.		_____
- A one-time non-refundable registration fee of \$75.00 is due upon enrollment.		_____
- A late pick up fee of \$2, \$3, and \$4 per minute per child (not to exceed \$150.00 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 that may have an additional fee due before the day of the event. A specific permission slip may be required. _____
- All returned checks for ACH transactions (automatic debits) will be charged a fee of \$50.00. Two or more returned checks for ACH transactions will result in my account being placed on "money order/ cash only" status. _____
- A 2-week written notice is REQUIRED for any child being withdrawn from the program. Billing will continue until it is received. _____
- I understand that tuition is due on or before Monday of each week. If delinquent payments persist, services will be discontinued and I will be responsible for all past due tuition, late fees (\$25/ Invoice), Interest charges (1.5% monthly on outstanding balance) and attorney's fees (\$500.00) if the collection process must be initiated for past due services. _____

Other Agreements

Private Employment Acknowledgement and Release

Initial

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. _____

Media Release

Initial

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

Initial

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

Handbook Acknowledgment

Initial

- 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. _____
- 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

Administration Only:

Paid Registration Fee:	Enrollment/ Start Date:	Notice of Withdrawal:
Application Received:	Class:	Withdrawal Date: