

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
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade		School phone		
School address				Drop off time		Pick up time		

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			
Social Security Number		License Number/ ID Number							
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 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 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
--------------	------------	--------	--------	------------	-----------

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. Do you have any social emotional or cognitive concerns No Yes Explain _____
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. What is your child's dominant language? Does your child speak another language other than English? _____
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? No Yes
15. Is your child toilet trained? No Yes
16. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?
 No Yes Explain _____

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Staff initial _____ Date _____

Rate Agreement and Contract

Child's name	Birth date
--------------	------------

Hours of Operation

Regular operating hours are 6am – 6:30pm 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. Before and after hours (extended care) is provided at a higher rate. This includes any hours prior to 6:30am and any times after 6:30pm.

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 Alliance Core and our website. 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.

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					

I would prefer to make tuition payments on a weekly bi-weekly monthly basis.

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

- Starting on _____ a fee of \$_____ is due <input type="checkbox"/> weekly. <input type="checkbox"/> bi-weekly. <input type="checkbox"/> monthly.	Initial
- Tuition is due and payable by 10am <input type="checkbox"/> Every Monday when paying weekly. <input type="checkbox"/> the 1 st and 15 th of the month or next business day. <input type="checkbox"/> first business day of the month.	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, 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 \$40 is due if tuition is not received on time.	_____
- A non-refundable registration fee of \$150 is due yearly.	_____
- A late pick up fee of \$5 per 15 minute per child (not to exceed \$20 per child) is due if my child is not picked up by their scheduled pickup time.	_____
- 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 \$40 Two or more returned checks or ACH transactions will result in my account being placed on "cash or money order only" status.	_____
- A 2-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 <input type="checkbox"/> will <input type="checkbox"/> will not be provided.	_____

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.	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

Tina's Daycare Center
262 Windsor Hwy
New Windsor NY12553
Enrollment Agreement

Web: www.tinastlccdaycare.com

Phone: 845-245-4796

Fax: 845-245-4699

E-mail: tinastlccdaycare@gmail.com

Early Childhood Education Program

Other Agreements *(continued)*

Child's name

Birth date

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