



Enrollment Agreement

12901 NW 27th Avenue*786-416-9940
Early Childhood Education Center

Completion of this agreement is required for enrollment. This form will allow us to better understand your child and meet their needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information

If your child is participating in school age child care, please complete form titled, "School Age Child Care Supplemental Enrollment Form"

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		
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

We will contact the persons designated in this section if we are unable to reach you in the event of a medical or other emergency. Our staff will only deliver to you or the people mentioned above. If you would like to have your child picked up by a person who is not identified above, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Father's initial _____ Staff Initial _____ Date _____



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Medical Information

Child's Name	Date of birth	Height	Weight	Hair color	Eye color
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Signs of identity

The child's medical and developmental history

- Does your child have any special medical conditions? Do Explain _____
- Does your child have any chronic illnesses? Do Explain _____
- List a brief history of your child's serious injuries and hospitalizations. _____
- Does your child have diabetes? No Yes *If yes, attach your doctor's care instructions.*
- Does your child have asthma? No Yes *If yes, attach your doctor's care instructions.*
- Will medication be given regularly? No Yes *If yes, please attach your doctor's care instructions.*
- Does your child have any special dietary needs? Do Explain _____
- Is your child able to fully participate in all activities? Yes Do Not Explain _____
- Does your child have any physical restrictions? Do Explain _____
- Is your child functioning at the level of other children his or her age? Yes Do Not Explain _____
- Can your child walk? Yes No
- Can your child communicate their needs? Yes No
- Does your child need help at mealtime? Do Explain _____
- Does your child rest during the day? No Yes
- Is your child potty trained? No Yes
- Does your child use any special equipment, such as a respirator, wheelchair, hearing aid, braces, glasses, etc.? Do Explain _____
- Does your child require individual care/supervision on a regular basis for a significant period of time? Nor I did explain _____
- Does your child need any accommodations or modifications to fully and equally enjoy and participate in a group care setting?
 Do Explain _____

Disease history (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 throat | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Diarrhoea | <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"/> Others |

Attach your doctor's care instructions for any of these conditions.

Disease history (check all that apply and add the date)

- | | | |
|---|--|--|
| <input type="checkbox"/> Chickenpox (chickenpox) _____ | <input type="checkbox"/> Bronchiolitis _____ | <input type="checkbox"/> Botulism _____ |
| <input type="checkbox"/> Measles Rubella _____ | <input type="checkbox"/> Pneumonia _____ | <input type="checkbox"/> Influenza Haemophilus _____ |
| <input type="checkbox"/> Rubella (German measles) _____ | <input type="checkbox"/> Pertussis (pertussis) _____ | <input type="checkbox"/> Meningococcal infection _____ |
| <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Tetanus _____ | <input type="checkbox"/> Rabies _____ |
| <input type="checkbox"/> Scarlet fever _____ | <input type="checkbox"/> Diphtheria _____ | <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Attach your doctor's care instructions for any life-threatening allergies...

Miscellaneous exams and tests (check all that apply and add the date of the last assessment)

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision _____ | <input type="checkbox"/> Development _____ | <input type="checkbox"/> Tuberculosis (PPD) _____ |
| <input type="checkbox"/> Ear _____ | <input type="checkbox"/> Fitness _____ | <input type="checkbox"/> Sickle cell anemia _____ |
| <input type="checkbox"/> Discourse _____ | <input type="checkbox"/> Educational <input type="checkbox"/> _____ | <input type="checkbox"/> Others _____ |

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

Father's initial _____ Staff Initial _____ Date _____



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Medical information (continued)

Child's Name	Date of birth
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Child's health care provider

Name of the primary care physician	Name of the primary care physician's office	Telephone	
Doctor's Office Address	City	State	Zipper
Preferred hospital/clinic for emergency care		City	State
Dentist's Name	Name of dental office	Telephone	
Dentist's Office Address	City	State	Zipper

Child Insurance Provider

Name of the child's health insurance provider	Policy Number	Name of secondary health insurance provider	Policy Number
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Child's immunization history (attach a copy of your child's immunization records)

Below is a list of vaccines your child may have received. Vaccines in bold are required by our state. **[Check with your state's requirements. You can do it in <http://www.nnii.org/vaccineInfo/index.cfm#state> Bold, any immunization below that is a requirement.]**

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme disease	Poliomyelitis	Tetanus
Haemophilus influenzae type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid fever
Hepatitis B	Mumps	Rubella	Chickenpox (chickenpox)
Human Papillomavirus (HPV)	Pertussis (whooping cough)	Shingles (shingles)	Yellow fever

Additional Medical Policies

1. Prior to enrollment, I must provide the center with up-to-date medical and immunization information for my child. This information must be kept current and up-to-date 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 notifiable communicable disease, I understand that he or she will not be able to return until I present a doctor's note stating that he or she is no longer contagious. _____
4. If my child becomes ill during their time at the child care center, the staff will contact me to pick up my child. I will take care of the pick-up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, staff will contact the individuals listed on the *Child Emergency and Release Contact*. _____

Emergency Medical Authorization and Consent

In the event of a medical emergency, the staff will attempt to contact me, the individuals listed on the *Emergency Contact and Release for Children*, and lastly, my doctor. **Initial**

In the event of a medical emergency, I agree that my child may receive first aid and/or CPR. _____

In the event of a medical emergency, I allow transportation of my child to a local hospital or other urgent care center, if necessary and by paramedics or other emergency personnel. _____

In the event of a medical emergency, I will be responsible for emergency medical expenses. _____

In the event of 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 sunscreen and insect repellent to my son. Please check which product you will allow. **Initial** _____

I understand that I must provide my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name. _____

I have special instructions for the application process. No _____

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Fee Agreement and Contract

Child's Name	Date of birth
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Hours of Operation

Regular hours of operation are **Monday through Friday from 6:45 a.m. to 6:00 p.m.** , except for holiday closures and inclement weather, as described in the Family Handbook. Check the current holiday calendar. There is no reduction in enrolment as a result of the closure of the centres.

The procedure for notifying families in the event that severe weather or other conditions prevent the program from starting on time or being announced at all, will be announced on radio or television stations. If early closing is necessary, we will contact you or someone listed on the *Emergency and Release Contact*, and it will be your responsibility to arrange for your child to be picked up early.

Scheduled attendance

The days and hours I wish to hire for childcare are as follows:

Day of the week	Start time	AM/PM	End Time	AM/PM	Feedback
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments at a weekly fortnightly monthly base.

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

-Start day _____ A fee of \$ _____ It must be	Initial _____
<input type="checkbox"/> weekly. <input type="checkbox"/> biweekly. <input type="checkbox"/> monthly.	_____
- Tuition is due and payable at the <input type="checkbox"/> first working day of the week. <input type="checkbox"/> on the 1st and 15th of the month or the following working day.	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absences other than hospitalization, communicable illness, or absence at the request of a physician (a written note from the physician is required to receive credit).	_____
- I agree to pay the full tuition fee in advance for the services rendered.	_____
- I agree to pay full tuition even if my child is absent for one or more days.	_____
- A late fee of \$ _____ It must be paid if the registration is not received on time.	_____
- A non-refundable registration fee of \$ _____ it expires annually.	_____
- A late pickup fee from \$ 10 for the 1st per child and \$2 each add'l minute is due if my child is not picked up by closing.	_____
- Accounts that are two weeks past due 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 prior to the day of the event. A specific permission slip may be required.	_____
- All returned checks or ACH (automatic debits) transactions will be charged a fee up to the maximum amount allowed by law. Two or more returned checks or ACH transactions will result in my account being placed in "money order only" status.	_____
- Income tax receipt <input type="checkbox"/> will not be provided.	_____

Other agreements

Recognition and Release of Private Employment

Any agreement/employment between me and the staff of this center (i.e., childcare), outside of the programs and services offered by this center, is an individual effort and a private matter not connected to or sanctioned by this center. This center will remain harmless from any such agreement.	Initial _____
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Press release

Occasionally, photos of children at the center will be taken for use within the center or on our website. Please indicate that you consent to the use and reproduction of photographs of your child in conjunction with the program.	Initial _____
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Father's initial _____ Staff Initial _____ Date _____



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Other agreements (continued)

Child's Name

Date of birth

Walking tours

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

Initial _____

Manual Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with the 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 you may have regarding the policies and procedures and information contained in this Enrollment Agreement.

The information contained in the Parent Handbook may be subject to change.

Approval of the contract

I certify that I have read, understood, and agree to all of the terms and conditions described in this *Enrollment Agreement* and the Parent Handbook.

Parent/Guardian/Primary Sponsor's Signature

Date

Signature of the center staff

Date



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School-Age Child Care Supplemental Enrollment Form

Completion of this agreement is required for enrollment. This form will allow us to better understand your child and meet their needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Registration Information					
Child Information					
Child's Name		Child's middle name		Child's Last Name	
Age		Sex		Child's native language	
Parent/guardian/sponsor's primary language		City		State	
Child's Home Address			City		Zipper
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name		Degree	
School Address			Delivery time		Pick-up time
The child will attend:		<input type="checkbox"/> Morning Care		<input type="checkbox"/> Afternoon Care	
My child is allowed to walk (3rd grade and up*):		<input type="checkbox"/> To school from childcare		<input type="checkbox"/> From school to nursery	
*Note: [Name of Child Care Center] is not responsible for the child until he/she arrives at the program or after the child has left the program to walk to/from school.					

Information on after-school activities

Please fill out the information below to provide us with details about the after-school activities your child is participating in. Complete a separate transportation and school activity form for each activity.

Transportation and after-school activities					
My child is transported to school via:			My child is transported from school via:		Bus #:
Parents are responsible for informing the child care center in writing if their child(ren) will be participating in an after-school activity:					
The child participates in the following after-school activities (list all):					
Type of activity:					
Day of the week the child attends the activities (circle all that apply): T W Th F M					
Activity Time Period:		Day:		Day:	
Day:		Start time:		Start time:	
Start time:		End time:		End time:	
End time:		Day:		Day:	
Day:		Start time:		Start time:	
Start time:		End time:		End time:	
End time:		Name of the person authorized to pick up/drop off your child for the extracurricular activity:			

Transportation and after-school activities					
My child is transported to school via:			My child is transported from school via:		Bus #:
Parents are responsible for informing the child care center in writing if their child(ren) will be participating in an after-school activity:					
The child participates in the following after-school activities (list all):					
Type of activity:					
Day of the week the child attends the activities (circle all that apply): T W Th F M					
Activity Time Period:		Day:		Day:	
Day:		Start time:		Start time:	
Start time:		End time:		End time:	
End time:		Day:		Day:	
Day:		Start time:		Start time:	
Start time:		End time:		End time:	
End time:		Name of the person authorized to pick up/drop off your child for the extracurricular activity:			

Your child's safety is our number one priority. **1 World Learning Center** will not release children from the program without the above information **in writing**.

Parent/Guardian Signature

Date