



Child Development Center Enrollment and Tuition Agreement

Date of Enrollment _____

Child's Name _____ BirthDate _____

Nickname _____ M/F ____ Age _____

Address _____ Telephone _____

Father or Guardian's Name _____ Occupation _____

Employer _____

Business address _____ Business phone _____

Address if different than child _____

Phone _____ Cell phone _____ Email _____

Mother or Guardian's Name _____ Occupation _____

Employer _____

Business address _____ Business phone _____

Address if different than child _____

Phone _____ Cell phone _____ Email _____

Hours enrolled (drop-off and pickup times)

Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____

Thursday: _____ to _____ Friday: _____ to _____

Church Affiliation _____

Medical Information:

Child's Doctor _____ Telephone _____

Doctor's Address _____

Doctor's Fax Number _____

Child's Dentist _____ Telephone _____

Dentist's Address _____

Choice of Hospital _____ Telephone _____

Hospital's Address _____

Insurance _____ ID# _____

In case of a medical or other emergency while my child is under CFCCDC's supervision, I understand that CFCCDC staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize CFCCDC to act on my behalf and to take the emergency measures indicated below if deemed necessary by CFCCDC or by medical authorities for the care and protection of my child.

- Contact the physician or dentist named above.
- Administer First Aid and/or CPR.
- Transport my child via ambulance to a local hospital.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of CFCCDC's facility.

Parent/Guardian Signature _____ Date _____

Emergency contacts: the following people are authorized to pick up my child in the event of an emergency or if we (Parent of Guardian) cannot be reached:

Name: _____ Telephone _____

Contact's Address _____

Name: _____ Telephone _____

Contact's Address _____

Name: _____ Telephone _____

Contact's Address _____

Note any custody/visitation restrictions and provide legal documentation of restrictions. If this changes in the future, you must provide us with the current information and legal documentation.

Family Information

Brothers and/or sisters (please indicate ages and whether they live with the child)

Please list any other persons living with the child and their relationship (if any) to the child _____

History

Is child showing a preference with right or left-hand? _____

Previous experience in child care (dates) _____

Previous experience in preschool _____

Please give information concerning your child which will be helpful to caregiver (play, sleeping, eating habits, fears, likes and dislikes) _____

List recent illnesses or chronic problems your child has, eg: allergies (including food), seizures, diabetes, respiratory or heart disease, drug reactions other. Give instructions for treatment _____

Check illnesses the child has had Measles _____ Chicken Pox _____ Mumps _____ Other _____

Does your child have any special needs? _____

If so, please describe your child's needs.

Please provide any additional information such as discipline, child's communication, comforting, and so on?

Nurse Consultant

Childcare centers in Colorado are required to engage the services of a Nurse Consultant to review health policies and procedures and children's records. My signature confirms my consent for review of my child's records by the nurse consultant during center visits.

Parent/Guardian's Signature: _____ **Date** _____

Walking Trips

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. (If required by individual state licensing regulations, I will be given a specific permission slip for each walking trip.)

Parent/Guardian's Signature _____ **Date** _____

Field Trips (PreK and Jr. Kindergarten only)

I give permission for my child to go on field trips, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. The children will be transported in the CFCCDC vans in child safety seats. (If required by individual state licensing regulations, I will be given a specific permission slip for each trip.)

Parent/Guardian's Signature _____ **Date** _____

Water Activities

I give permission for CFCCDC to include my child in supervised water activities.

Parent/Guardian's Signature _____ **Date** _____

Photographs

I give permission for my child to be photographed in the program and during program functions. I understand that the photographs may be taken by center staff or by other parents. I also understand that I will be notified if any photos are to be used for public relations purposes, and that I have the right to refuse permission.

Parent/Guardian's Signature _____ **Date** _____

Videotape

I give permission for my child to be videotaped in the program and during program functions. I understand that the videotape may be taken by center staff or by other parents. I also understand that I will be notified if any videotape is to be used for public relations purposes, and that I have the right to refuse permission.

Parent/Guardian's Signature _____ **Date** _____

Naptime

I give permission for my child to sleep on a cot at naptime. (1 year olds and older)

Parent/Guardian's Signature _____ **Date** _____

Hand lotion

I give permission for the staff at CFCCDC to put GoldBond Ultimate Healing Lotion on my child's hands as a preventative barrier. If a child has any cuts or cracking or open sores, we will not apply lotion.

Parent/Guardian's Signature _____ **Date** _____

Medication

I authorize CFCCDC staff to administer to my child topical non-prescription medications as needed, according to the dosage instructions of the medication container. For any prescription or non-prescription medication, I will provide written authorization from myself and the child's physician for CFCCDC staff to administer the medication. I will provide the medication in its original container with the pharmacist's label.

Parent/Guardian's Signature _____ **Date** _____

Enrollment Agreement

By signing this agreement and enrolling my child at CFCCDC, I am acknowledging my understanding and acceptance of the following:

1. The Center is open from 6:30 am to 6:00 pm, Monday—Friday. The center will be closed in recognition of various holidays throughout the year. We are closed New Year's Day, President's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day, and New Year's Day. There is no reduction in tuition as a result of holiday or weather-related closures.
2. A late pick up fee will be assessed when a child is left beyond the Center's operating hours and is payable on the next regularly scheduled day along with the next tuition payment. No cash will be accepted for this late fee. The late pickup fee does not constitute an agreement to provide after hours services, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
3. If you or other authorized person fail to pickup and contact the center, and cannot be reached, center staff, within thirty minutes after closing time, or in accordance with state licensing regulation, may release children to the custody of child protective services or other local authorities.
4. The Center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the Center from opening on time or at all will be posted.
5. CFCCDC staff will release your child only to you or to those persons you have listed. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize to pick up your child. Your child will not be released without prior written authorization, we cannot accept phone authorization. The center will ask any person other than yourself who picks up your child to provide photo identification.

6. For the safety of your child, it is critical to sign children in and out of the building using your individual fingerprint. To ensure the safety of our Center, please do not share the door access code.

Parent/Guardian's Signature _____ **Date** _____

Other Terms

1. You acknowledge that you have received and will abide by the policies in the Parent Handbook.
2. Babysitting by Center staff members is discouraged. However, should you hire any Center staff members, it must be outside the Center premises and with the understanding that such arrangements and payment for services are solely between you and the Center staff member. CFCCDC is not responsible for any liability that may arise from such arrangements.
3. State Child Care Licensing Regulations are on file at the Center and are available for review upon request.

I have read, understand and accept all terms and conditions described in this Agreement. This is a legally binding contract between CFCCDC and myself.

Medical Policies

1. A copy of your child's immunization record is required on or before the first day of attendance. Within 30 days of enrollment, you must provide the Center a current medical record for your child. These records must be updated annually, with the exception of infants/toddlers whose records must be updated according to the American Academy of Pediatrics schedule for routine health assessments. Children without appropriate, current medical records may not attend the Center.
2. You agree to provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention.
3. If the center staff notifies you that your child is ill, you must pick up your child as soon as possible and within one hour of being contacted.
4. If your child is absent due to a reportable contagious disease, your child may return only with a physician/health care professional's note indicating that he or she is no longer contagious.
5. You give permission for your child to receive emergency care and first aid when necessary and for your child to be transported to an emergency medical facility. You also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and you authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.

Parent/Guardian's Signature _____ **Date** _____

Tuition (Check or money order only, no cash)

1. Tuition is paid according to the Tuition Schedule and is not subject to pro-ration for illness, holidays, or emergency closure of the Center. If your hours change in any way or your child will be absent on any particular day, please notify the Center immediately so appropriate staffing may be arranged. The center requests a two-week notice of your vacation.
2. Tuition is due on Thursday in advance of services rendered. Monday AM late fees will be added to any unpaid accounts. Accounts in arrears on Tuesday will result in immediate termination of service; however, upon payment enrollment may be reinstated. Accounts in arrears may be referred to a licensed collection agency. In the event an account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and attorney fees associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute, all sponsors on the account will be responsible for full payment of the account, including late fees. If the bank returns two or more checks for insufficient funds, only money orders or cashier's checks will be accepted for payment.
3. As your child changes programs, the tuition and fee schedule change and you agree to pay such adjusted tuition or fee as a condition of your child's continued enrollment. You will be given appropriate notification of any changes in tuition.
4. A nonrefundable annual registration fee is due at the time of enrollment and every August. If your child has been withdrawn from the program and subsequently re-enrolled, a new registration fee is due at that time.
5. Families receiving assistance from CCCAP are responsible for payment of excess absences over three per month.
6. Field trip fees will be added to your account and are due with tuition the week before the field trip. All children in the class must attend the field trip.
7. Additional activities are offered at an additional cost. See Director for further information.
8. Two weeks' written notice is required prior to the last day of attendance. If you do not give proper notice, you agree to pay any fees or tuition that may be due for the final two weeks regardless of attendance.
9. The center is not responsible for maintaining your childcare financial records for tax purposes.

Parent/Guardian's Signature _____ **Date** _____