

Last name

First

Birthday

Address

City

State

Zip

Cell #

**Permission to text**

yes or no

Provider:

Email

Home #

Employer

Address

Work #

Email address

Last Name

First

Birthday

Address

City

State

Zip

Cell #

**Permission to text**

yes or no

Provider:

Email address

Home #

Employer

Address

Work #

Email address

If divorced or separated, provide details of legal parenting arrangements:

List the full name of any person(s) who are **SPECIFICALLY DENIED** permission to pick up your child.

Reason

Reason

Family Status – List the family members your child lives with. List names & ages:

Employment – Parent / Guardian / Sponsor Work hours

Parent / Guardian / Sponsor Relationship to Child

Employment – Parent / Guardian / Sponsor Work hours

Parent / Guardian / Sponsor Relationship to Child

Child’s first name:

Last name:

Date of Birth: Gender: Male Female



**PERSON(S) DESIGNATED BY PARENT to whom the child may be released and emergency contacts Information.** Please notify the center if someone listed below is going to pick up your child on any given day. Make sure they have a **PHOTO ID** when they arrive. Thank you.

Last Name

First name

Cell #

Home #

Work #

Home Address

City

State

Zip

Last Name

First name

Cell #

Home #

Work #

Home Address

City

State

Zip

Last Name

First name

Cell #

Home #

Work #

Home Address

City

State

Zip

Does your child have diabetes? No Yes Attach care instructions from your Physician

Does your child have asthma? No Yes Attach care instructions from your Physician

Will medication need to be administered regularly? No Yes Attach care instructions from your Physician

Does your child have any special dietary needs? No Yes Explain

Medication Allergy

Reaction

Food Allergy

Reaction

Respiratory Allergy

Reaction

Bee Stings

Reaction

Other Allergy

Reaction

Are any of these allergies life-threatening? No Yes Instructions

Please describe any other special medical conditions or chronic illnesses?

Allergies (please list)

Medical Information:

**Physician’s Name / Medical Provider**

**Phone**

**Address City**

**State / Zip**

**Dentist’s Name / Practice Name**

**Phone**

**Address City**

**State / Zip**

Chronic Conditions:

Contact #3 Relationship to child

Contact #2 Relationship to child

Contact #1 Relationship to child

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Discovery Zone Learning Center Rate Agreement and Contract** | | | | | | | |
| **Child’s name** | | | | | | **Birth date** | |
| **Hours of Operation** | | | | | | | |
| Regular operating hours are **Monday through Friday from 7:00 AM to 5:30 PM** 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. At the start of the new school year, September 8, 2020, we will contract for a maximum of *9 hours daily*. | | | | | | | |
| 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 Facebook, text and email. 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: **9 hours maximum per day** | | | | | | | |
| **Day of week** | **Start time** | **AM / PM** | **End time** | **AM / PM** | **Comments** | | |
| **Monday** |  |  |  |  |  | | |
| **Tuesday** |  |  |  |  |  | | |
| **Wednesday** |  |  |  |  |  | | |
| **Thursday** |  |  |  |  |  | | |
| **Friday** |  |  |  |  |  | | |
|  | | | | | | | |
| **Fee Policy** (to be completed with staff; reviewed and initialed by the parent/guardian/sponsor after completion) | | | | | | | |
| 1. Child’s first day of school will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your weekly fee or copay is $­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In addition to my ELRC copay, there is a $10/ weekly fee from Discovery Zone.  2. A one-week tuition deposit of $\_\_\_\_\_\_\_\_\_\_\_ is due prior to your child’s first day of attendance, \_\_\_\_\_\_\_\_.  3. My ELRC caseworkers name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my record number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. And my *Discovery Zone Copay is $10/weekly per family.*  4. Tuition is due on Friday prior to the week of services. Please note at this time we are unable to process cash, checks or money orders. All payments must be made via Tuition express or MyProcare.  5. \*Tuition is not waived or subject to discounts for holidays and daycare closures, emergency closures (i.e., weather), or absence other than hospitalization, or contagious illness (a doctor’s note will be required to return.)  6. I agree to pay the full tuition fee even if my child is absent for one or more days.  7. A **non-refundable new student** registration fee of **$75.00 per child or $100 per family** is due prior to your start. There is also an additional sheet fee of $10 per sheet (if you buy a sheet from the center)  8. Accounts **2 weeks past due** may result in suspension of service, until account is brought current.  9. 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.  10. All returned checks or ACH transactions (automatic debits) will be charged a fee up to the maximum amount allowed by law. | | | | | | | **Initial**  **1.\_\_\_\_\_**  **2.\_\_\_\_\_**  **3.\_\_\_\_\_**  **4.\_\_\_\_\_** |
| **5.\_\_\_\_\_** |
| **6.\_\_\_\_\_** |
|  |
| **7.\_\_\_\_\_\_** |
|  |
| **8.\_\_\_\_\_**  **9.\_\_\_\_\_** |
| **10.\_\_\_\_\_** |
|  |

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| --- | --- |
| **Discovery Zone Learning Center Enrollment Contract** | |
| **Child’s Name** | **Birthdate** |
| Additional Medical Policies | |

1. I agree to provide the center with updated medical and immunization information for my child. This information must be kept current in accordance with state childcare regulations.
2. I have provided a copy of my child’s medical insurance card to be kept on file in case of emergency.
3. I agree to provide information to the center about my child’s conditions, illnesses, allergies or other needs.
4. 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.
5. 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 pick up as soon as possible but within 2 hours after being contacted. If I can’t be reached the staff will contact those listed in the Emergency Contact list.
6. If my child has an IFSP or IEP, I will disclose this information to Discovery Zone, as well as work with administration to help continue this support for my child.

**Initial**

**1.\_\_\_**

**2.\_\_\_**

**3.\_\_\_**

**4.\_\_\_**

**5.\_\_\_**

**6.­­\_\_\_**

|  |
| --- |
| Emergency Medical Authorization & Consent |

**Initial**

**1.\_\_\_\_**

**2.\_\_\_\_**

**3.\_\_\_\_**

**4.\_\_\_\_**

**5.\_\_\_\_**

**6.\_\_\_\_**

**7.\_\_\_\_**

1. In case of a medical emergency, the staff will attempt to contact me, those listed in the Child Emergency Contact list and lastly my physician. In a life-threatening emergency 911 will be called first.
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.
6. I give permission for this center to apply  sunscreen  insect repellant  diaper cream to my child. Check the products you permit.
7. I understand that I must provide my own sunscreen, insect repellant and diaper cream with a valid expiration date, and it will be labeled with my child’s name. Please list any special instructions.

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| **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 or sanctioned by this center. This center shall remain harmless from any such arrangement. | **Initial** |
| **Photo / Media Permission** | |
| Videos and photos are used solely in promotion of the center and related activities. | **Initial** |
| I, the parent,  **ALLOW** /  **REFUSE** the following marked permission:  Publications  Video Productions  In-School Use  Center Website Photos sent home with friends  Social Media (Facebook, Twitter, etc.) | **Initial** |

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| --- | --- |
| **Walking Excursions** | |
| I give my permission for my child to participate in supervised walking excursions near and around the center. This included emergency evacuations. | **Initial** |
| **Services to be provided by the center** | |
| Discovery Zone Learning center will provide each child with a Christ centered curriculum, alongside of developmentally appropriate curriculum. | **Initial** |
| Discovery Zone Learning Center will provide all meals and snack in accordance with the Child and Adult Food Care Program (CACFP). | **Initial** |
| Twice a year your child’s teacher will complete a service report based on intentional observations of the child’s skill level. Parent teacher conferences are held at that time to review the service reports and speak with the teacher about your child’s progress. | **Initial** |
| I understand that drop off after 9:00am is not permitted, unless the main office has been made aware **prior** to any appointment/ late drop offs. | **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. | **Initial** |
| Information contained in the **Family Handbook** may be subject to change. | **Initial** |

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| --- |
| **Contract Approval** |
| I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment* *Agreement* and the *Family Handbook*. |