



CHILD’S ENROLLMENT APPLICATION

Child’s Name: _____

Address: _____

DOB: ____/____/____ Enrollment Date: ____/____/____

1st Day of Attendance: ____/____/____

Mother/Guardian Name: _____

Home Address: _____

Employer Name and Address: _____

Work #: _____ Cell #: _____

Email address: _____

Father/Guardian Name: _____

Home Address: _____

Employer Name and Address: _____

Work #: _____ Cell #: _____

Email address: _____

Known Medical Concerns (allergies, asthma, diabetes etc.): _____



EMERGENCY CONTACT

Children will be released ONLY by designated person, 18 years of age or older. ID must be presented upon arrival.

1. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____

2. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____

3. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____

4. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____





EMERGENCY MEDICAL AUTHORIZATION FORM

I hereby give my permission for my child/children _____
may be given emergency treatment (First Aid & CPR) by a qualified staff member at ABC Academy
Daycare.

I also give my permission for my child/children to be transported by ambulance, aid car, or staff
car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care
treatment and procedures to be performed for my child by a licensed physician or hospital when
deemed immediately necessary or advisable by the physician to safeguard my child’s health.

In case of emergency, and if emergency transportation is needed, I _____
agree to pay all costs, including transportation.

Child’s Dentist / phone #: _____

Child’s Physician: _____

Physician’s Address/Phone #: _____

Preferred Hospital: _____

Hospital Address& Phone# : _____

Medical insurance: _____

Policy number: _____

Known Medical Concerns (allergies, asthma, diabetes etc.): _____

Religious Restrictions: _____

Parent/Guardian Signature _____ Date ____/____/____



PERMISSION TO PICK UP

I, _____
(parent's or guardian's name)

give permission for ABC Academy Daycare to release my child(ren),

(child(ren)'s name(s))

into the custody of the following person(s):

Name:	Relationship:	Phone Number:

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one of the above listed individuals to pick up my child (such as in the event of a divorce or custody issue).

Parent/Guardian Signature _____ Date ____/____/____
(parent or guardian signature, and date)



ANNUAL AUTHORIZATION FORMS

Authorization for Emergency Medical Care

I, _____, hereby give my permission to ABC Academy Daycare and/or any Daycare to call for medical or surgical care for my child(ren), _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible, the expenses of emergency medical treatment or care will be accepted/paid by me.



Permission for Trips

I give permission for my child to go on trips away from the premises of ABC Academy Daycare in the company of an authorized staff member, whether on foot or by licensed vehicle.



Permission for Participation in Activities

I give permission for my child to participate in program activities except for the following:

Permission to use Sunscreen

- ☐ that I provide
- ☐ that ABC Academy Daycare provides

(please mark only one)

Social media Use

- ☐ I give permission to photograph, videotape and audio record my child _____ by member of ACB Academy Daycare staff to use for various educational purposes (Mother's Day, class pictures etc.)
- ☐ I give permission to download the image of my child to the website and Facebook page

(please mark all that apply)

Parent/Guardian Signature _____

Date ____/____/____



CONTRACT, RATE & TERMS AGREEMENT

Enrollment Date: ____/____/____ Termination Date: ____/____/____

Termination Reason: _____

We (I), _____ & _____, have received and read the ABC Academy Daycare (Provider) Handbook of Policies and Procedures and we (I) agree to comply with all the provisions in this contract. ABC Academy will provide care for my (our) child(ren)

- 1. _____ DOB ____/____/____
- 2. _____ DOB ____/____/____
- 3. _____ DOB ____/____/____

under the following conditions:

- 1. Parent/guardian compliance with all policies and regulations stated in the Parent's handbook.
- 2. All fees will be paid on time. With the exception of late charges, all fees are due on Monday morning (or first day of the week of your child's attendance) for the upcoming week and are payable in cash, check. Late fees of \$5 per day are due next day and paid in cash.
A fee of \$35 will be charged for all checks returned by the bank. In the event of a returned check, all future payments must be made in cash.
- 3. Refunds are not given for days the child is absent (sick, vacation days, etc.) or the preschool is closed (holidays). Sick care is not available. It is parent's responsibility to make substitute arrangements.
- 4. A 30 day notice is required when withdrawing a child from the program. Parents are responsible for the contracted rate for those 30 days, whether services are used or not.
- 5. Parents arriving after day care closing time of 7:00 PM must pay the late fee of \$15 per quarter hour. Parents must notify the provider if they are delayed beyond their scheduled arrival time.
- 6. A deposit of four weeks tuition is due at the time of registration. This deposit will be applied to your first two weeks and two final weeks tuition. If care is terminated without the required 30 days written notice, this deposit will be forfeited.
- 7. This contract is valid for the length of your family's enrollment at ABC Academy Daycare. Policies may be changed at any time and at the sole discretion of the owner. Any changes will be made in writing and given to the parent/guardian in the form of an updated Parent Handbook with at least a two weeks notice.
- 8. The fee is only applied for one year and is expected to change yearly. The \$100 non-refundable fee is due upon enrollment.

Ages 6 weeks - 2.5-3 years (Mon-Fri 7am-7pm)	\$320 weekly
Ages 2.5-3 years - 5 years (Mon-Fri 7am-7pm)	\$290 weekly

9. For the safety of the children and security of ABC Academy Daycare, security cameras are places inside the building including the classrooms, hallways; and outside including play area and front door area.

Cameras are on accessible to parents (_____ Initial)

10. In occurrence of the child becoming ill, the personnel of ABC Academy Daycare will notify parent/guardian who is responsible to pick the child up in the timely manner by an appointed person.



**THIS CONTRACT, ENROLLMENT FORMS & IMMUNIZATION RECORD
MUST BE RETURNED BEFORE CARE CAN BEGIN**

11. Prior to the commencement of care, the following contract and forms must be on file, and remain up-to-date at all times, at the sole responsibility of the parent/guardian.

- | | |
|---|--|
| 1. CHILD CARE CONTRACT, RATE AND TERMS AGREEMENT | 5. FIELD TRIP (GENERAL) CONSENT FORM w/ SUNSCREEN FORM |
| 2. ENROLLMENT FORM | 6. FOOD ALLERGY FORM |
| 3. EMERGENCY MEDICAL AUTHORIZATION FORM including IMMUNIZATION RECORD | 7. PICKUP AUTHORIZATION FORM |
| 4. HEALTH STATUS FORM (FORM CH-14 ATTACHED) | 8. MEDIA USE FORM |

Occurrences, which are contrary to this contract, will invalidate the contract and be cause for dismissal of the child from our.

