Enrollment Date _____

Withdrawal Date _____

Salem Fields Learning Center
Enrollment Form

Child' Name _____ Nickname _____ Date of Birth _____ Sex _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Cell Phone _____ Work Phone _____

Employer Address _____ Email Address _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Cell Phone _____ Work Phone _____

Employer Address _____ Email Address _____

EMERGENCY CONTACT INFORMATION

Persons authorized to pick-up the child daily:

People to be contacted in case of illness, accident or emergency and authorized to pick up the child from the school if the parents or guardians cannot be reached. (***Minimum of 2 required***)

_____

Name Street, City, State Phone Relationship

_____

Name Street, City, State Phone Relationship

Child's Physician _____ Phone _____

Address _____ _____

List allergies and intolerance to foods, medications, or other substances _____

Action to be taken _____

Circle One: Preference _____ Intolerance _____ Allergy (Epi Pen) _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be contacted in an emergency, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian _____ Date _____

PHOTO RELEASE

I give permission for photos of my child to be used by Salem Fields Learning Center Academy, for purposes to include but not limited to Constant Contact Emails and Newsletters, the SFLC website, social media, ads, flyers, brochures, videos and for other marketing purposes.

_____ I do not wish for photos of my child to be taken and used for any of the above purposes.

Signature of Parent or Guardian _____ Date _____

CHILD'S PROFILE

FAMILY

Mother's Occupation	Father's Occupation

Other family members (brothers, sisters, grandparents, etc.) living at home:

NAME	AGE	RELATIONSHIP

Other family members living in the community:

NAME	AGE	RELATIONSHIP

HEALTH

What communicable diseases has the child had? Measles (Big Red) _____ Measles (3 day) _____

Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any chronic physical problem? _____

Type of accommodations needed*: _____

Any developmental or learning need? _____

Type of accommodations needed*: _____

** If special accommodation is needed, a current copy of the child's IEP or ISP is required.*

MEDICATIONS

Are any medications given regularly? (*Please list medications and reasons*) _____

_____

SCHOOLING

Please list any previous school and/or childcare center enrollment:

Name of school/childcare center	City/Town	State	Date

Is your child attending another school concurrently with our program? _____

Name of School _____ Grade or Class Level _____

Has your child been suspended or terminated from another facility within the last 6 months? (Circle one) Yes No

Medical Transportation

If on a fieldtrip and it is medically necessary, do we have permission to transport your child in a personal vehicle to receive emergency care, if needed.

_____ Yes, I give permission
_____ No, I do not give permission

Signature of Parent/ Guardian _____ Date _____

FINANCIAL AGREEMENT

I, _____ *(please print name)*, the parent/guardian of _____ agree to pay my child's tuition no later than Thursday for the following week. If I have not paid by Monday of the current week, I understand that I will be charged a late fee of $50.00 which will automatically be added to my account. If my child's tuition account becomes two weeks in arrears, I understand that my childcare services with Salem Fields Learning Center will be suspended/terminated until my account balance is paid in full. I also agree to pay all costs and expenses including without limitation: court costs and reasonable attorney fees incurred by Salem Fields Learning Center in connection with the collection of tuition of the enforcement of this agreement.

_____ _____

Parent/Guardian Signature Date

WITHDRAWAL NOTICE AGREEMENT

I, _____ *(please print name)*, the parent/guardian of _____ agree to provide two-week written notice when choosing to withdraw my child from the center permanently. I understand that if the required notice is not given, I will be charged tuition for the two additional weeks.

_____ _____

Parent/Guardian Signature Date

HOLD HARMLESS AGREEMENT

I, _____ *(please print name)*, the parent/guardian of _____ agree to release and hold harmless Salem Fields Learning Center and its employees, from any accident or harm that may occur should I retain the services of any Salem Fields Learning Center employee for the care of my child(ren) outside the childcare center. I understand that Salem Fields Learning Center does not condone or encourage its employees to babysit for parents of enrolled children outside of the childcare center. If I retain the services of any Salem Fields Learning Center employee in such capacity, Salem Fields has no responsibility and is held harmless from any incident which may occur.

_____ _____

Parent/Guardian Signature Date

IDENTITY VERIFICATION

FOR OFFICE USE ONLY

Place of Birth: _____ Birth Date: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof: _____

Director/Assistant Director Signature: _____

SALEM FIELDS LEARNING CENTER POLICIES

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that Salem Fields Learning Center will release children to parent sunless a court order indicating sole custody is provided to the center Director. I agree to give to the center a list of all the people authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children.
6. I understand that the managers will notify me whenever my child becomes ill and I agree to pick-up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to school.
8. I understand that I am required to inform the center within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that childcare services may be terminated for any of the following reasons:
    - My child's tuition account is more than two weeks in arrears.
    - Failure to respond in a timely manner when contacted by to pick my child when he or she is sick.
    - Failure to adhere to the 24-hour illness recuperation period.
    - Failure to notify the center, in advance, if my school age child will not be attending after-school care.
    - Failure to provide the center with up-to-date emergency contact information for my child.
    - Salem Fields Learning Center does not receive parental support and help if my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
    - My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and staff.
    - Parents/guardians are no longer supportive of Salem Fields Learning Center's program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
    - Parents who are repeatedly late will be asked to make other child care arrangements.

PLEASE READ AND SIGN:

I have read the policies in the Salem Fields Learning Center Family Handbook and understand their application to me and my child.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____