

## Young at Heart Early Learning Center Enrollment Agreement

To ensure the safety of your children, and help operations run smoothly, we have created the following policies. We look forward to a happy and healthy relationship with your family.

Child's Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Tuition Fees:**

Class: \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

A registration fee of \$35 is due at the time of application.

Your first payment of \$ \_\_\_\_\_ is due before your child's first day.

Tuition of \$ \_\_\_\_\_ is due in advance each month, and due by the 25<sup>th</sup> of the month prior to services. Tuition is past due on the first day of the month of service. \$5 per day will be added to your child's tuition until it is paid in full. If payment is later than one week late, we reserve the right to suspend care.

A \$25 fee will be charged for a check returned for insufficient funds. If this occurs more than once, we may require payment by cash for enrollment to continue. For those who receive subsidized assistance with enrollment, you will be responsible for what your agency does not cover.

Tuition will not be reduced due to illness or holidays. Each year, a vacation credit can be applied to your tuition, covering five continuous days of absence from care. This credit must be used in a year's time (January to December), and will be lost if not used within that year.

Each year, there is a resupply fee of \$25. This enables us to update policies, and resupply our center. This is due the last day of January every year. Rates will be evaluated each year, and have the potential of a small increase. You will be given a thirty day notice prior to any tuition increase.

Changes in a schedule can occur only when there is an available position in the desired classroom. Please remember that no swapping of days is allowed, if you want a day outside of your regular schedule you will be charged the drop in rate.

### **Our Center Policies:**

Our center is open from 6:30 a.m. to 6:00 p.m., Monday through Friday.

The Center is closed for the following Holidays;

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Fall Break
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the day after
- Christmas Eve and Christmas Day

If a holiday falls on a weekend, we will be closed the Friday proceeding that weekend. On additional holidays that are in question, a sign-up sheet will be on the door of each classroom. If your child needs care, you are responsible for signing your child up for that day. Administration has the authority to close for additional days if low enrollment is expected. If the center closes for facility, weather related problems, or low enrollment during holidays, parents are responsible for full tuition.

Your child will ONLY be released to you or to the persons you have listed on the Child Release Form. If you want someone to pick up your child that is not on the list, you must notify Center management in writing. YOUR CHILD WILL NOT BE RELEASED WITHOUT PROPER AUTHORIZATION AND IDENTIFICATION OF UNKNOWN PERSONS. We cannot legally deny access to or release of a child to either parent/guardian, unless there is an active restraining order, court order with specific schedules or visitation rights. You are responsible to get the management team these documents. The center is not an appropriate place for non-custodial parents to have visitation with their children.

When you withdraw your child from the center, you must give at least 30 days written notice prior to withdrawal. You are responsible to pay all tuition and fees for the 30 days following your notice, even if your child will not be attending.

If you should hire any staff to babysit, it must be outside the premises and with an understanding that such arrangements and payment for services are solely between you and that staff member. Young at Heart Early Learning Center will be held harmless from any such arrangement

If there is a concern that your child's needs are not being met by our program, we will involve you in trying to identify the issues, and to work towards a resolution. If after appropriate intervention it is determined that the program is not in the best interest for your child, you will be required to withdraw your child from the program. If the actions of a parent or guarding are disruptive, inappropriate, or inconsistent, we have the right to refuse services.

From time to time, Young at Heart Early Learning Centers policies and procedures will change or be updated. This agreement is not intended to be all inclusive of all policies and procedures.

**I understand and acknowledge the procedures and policies stated in this document, as well as the Young at Heart Early Learning Center parent guide. If I have any questions or concerns, I understand that it is my responsibility to contact management. I also acknowledge that I have received the Young at Heart Early Learning Center Family Guide. My e-signature serves as an original signature on all registration paperwork.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Center Management: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Young at Heart Early Learning Center**  
**Child Record Form**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home address if different from above: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Home address if different from above: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

Name of Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information:

Insurance Company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ ID Number: \_\_\_\_\_

**Parents are responsible for all emergency medical treatments.**

In case of emergency, contact: \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Other than the above parent/guardians, only the following person(s) may remove your child from care without previous notice. **PHOTO ID WILL BE REQUIRED.**

**Name:**

**Relationship:**

**Phone:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Young at Heart Early Learning Center**  
**Authorization of Medical Treatment**

In the event of an emergency, please indicate your name and phone number where you and an authorized person can be reached:

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other authorized person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other authorized person: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ hereby give permission to Young at Heart Early Learning Center personnel to obtain medical, dental, or surgical care from a health care facility, physicians or dentists for my child, whose full name is \_\_\_\_\_ and date of birth is \_\_\_\_\_. It is understood that a conscientious effort will be made to locate me. Treatment as deemed necessary by the physicians/dentists may be taken. I further consent to transportation of the above named child to the nearest, most appropriate medical facility.

I authorize Young at Heart Early Learning Center to call an ambulance to transport my child to a hospital and to secure necessary medical treatment. I understand that the Center staff has been trained in CPR and First Aid, and I authorize them to give my child the necessary aid. The Center staff has my permission to review my child's health information, as well as state licensors for compliance purposes.

**The medical insurance company that covers the above named child is:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I authorize the hospital and attending physicians to submit claims to the above names company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Young At Heart Early Learning Center**  
**Topical Medication Authorization**

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I give permission for administration of the following topical medications (non-ingestible only):**

- ☐ Diaper Rash Cream/Ointments
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Cortisone/Anti-Itch Creams/Ointments
- ☐ Lip treatments
- ☐ Over the counter antibiotic creams and ointments

In order to administer the above over the counter medication (OTC):

- ❖ The OTC medication must be brought into the center by the parent.
- ❖ The OTC medication must be in its original container, with legible label, with an expiration date.
- ❖ The child's name must be on the original container in permanent marker.

**I understand that no oral over the counter medication and/or prescription medications will be administered. (This includes, but not limited to Tylenol, cold medications, etc)**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Young at Heart Early Learning Center**  
**Allergy Information**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergen: _____	Symptoms: _____	Treatment/Substitution: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Further Emergency Response Procedures and additional information/instructions:

---

---

**All allergies REQUIRING medication and/or special meal requirements must be documented by the child's physician. If treatments require medication administration, it will be necessary to have medication authorization paperwork completed and the physician's signature must be in place as required.**

Referred for allergy testing: Yes \_\_\_\_\_ No \_\_\_\_\_  
Allergy testing completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To ensure the safety of your child, we cannot delete any allergy which has been previously documented unless we have a note from the child's physician stating that the child is no longer allergic to a previously listed allergy. We cannot add an item or change medication without a note from the child's physician.

**OR**

\_\_\_\_\_ (Initial) **I know of no known allergies or dietary adjustments at this time.**

I understand that Young at Heart Early Learning Center requires the most up to date information regarding my child's allergy. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen on the allergy charts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Young at Heart Early Learning Center**  
**Child Injury and Illness**

**Incident Reports:**

If my child sustains an injury requiring any treatment while during our care, I will receive an Incident Report. This report will outline the accident and what course of action has been taken by the staff members. An Incident Report will also be used when my child shows aggression towards another. This will enable teachers and staff to further help my child and others. I understand that I will be notified immediately if there is an injury that produces any type of swelling, if it is located on the head, or medical attention is needed.

**Child Illnesses:**

I understand that I will be contacted and could be required to pick up my child/children as soon as possible, but no later than 30 minutes. My child will be required to go home if there is a 101° temperature or more, or if my child has diarrhea or has vomited. If my child is showing symptoms of not feeling well, I could receive a phone call. If my child has been diagnosed with a health issue by a doctor, and the doctor requires that my child stays home, I will bring a doctors release for my child to return.

**I understand and accept these conditions stated above.**

Parent/Guardian Signature: \_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 2/2013  
Revised 1/2016

## **Young at Heart Early Learning Center**

### **Permission for Walks**

As part of our day, children will go on **walks or rides in the wagons/strollers inside the Young at Heart Community Center**. If weather permits, we will walk or ride in wagons/strollers *around the perimeter of the center*. **Fire drills are required for all children, and are not included in the walks or rides in wagons/strollers. Permission is not required to participate in fire drills. In the event of an emergency where we need to leave the premises, we shall use all means of transportation for the safety of the children including but not limited to strollers, wagons, and vehicles.**

\_\_\_\_\_ (initial) **I DO** give permission for my child to participate in walks.

\_\_\_\_\_ (initial) **I DO NOT** give permission for my child to participate in walks.

### **Permission for field trips- SCHOOL AGED KIDS ONLY**

I understand that field trips are a part of the program for school aged children. Children will be transported using STAR Transit and will be properly restrained. Field trip permission slip forms are required for EVERY field trip that my child takes, even if it a recurring event.

\_\_\_\_\_ (initial) I understand that I must sign a permission slip for each field trip my child takes, without one my child will not be able to participate in the field trip activity.

### **Notice of Photography/Video and Acknowledgement**

Photographs are a part of our day at Young at Heart Early Learning Center. We use photos for documentation boards, in our curriculum, newsletters, classroom displays, and transmit photos to parents via email. Young at Heart Early Learning Center retains all rights, title and interest in any photograph or video taken of children at the Center.

\_\_\_\_\_ (initial) **I DO** give permission for my child to have their photos/videos taken for center purposes.

\_\_\_\_\_ (initial) **I DO NOT** give permission for my child to have their photos/videos taken for center purposes.

There may be times when the news media covers an event here at the center using photography and/or video. This may include your child.

\_\_\_\_\_ (initial) **I DO** give permission for my child to have their photos/videos taken by media for center events.

\_\_\_\_\_ (initial) **I DO NOT** give permission for my child to have their photos/videos taken by media for center events.

### **Phone/Email/Address**

There are occasions that phone numbers, email addresses or addresses are requested by parents/guardians to arrange a time to play outside of the center. We will be glad to pass on a parent request, but will not give out this information.

\_\_\_\_\_ (initial) **I DO** give permission for Young at Heart Early Learning Center to send me text messages. I do understand that standard text messaging rates may apply through my cellular phone provider, and I will be responsible for these charges

\_\_\_\_\_ (initial) **I DO NOT** give permission for Young at Heart Early Learning Center to text message me.



## **Facebook Acknowledgement**

We have a Facebook page that is open to the public. The Facebook page will allow us the opportunity to reach the community. We would like to share our experiences here as well as inform other parents who are searching for a reliable place for their children to learn and grow. We will be featuring pictures or videos of some of our activities. Please designate if you approve for your child's picture to be on the Facebook page.

\_\_\_\_\_ (initial) **I do** give permission for my child's picture to be placed on the Early Learning Center's Facebook page.

\_\_\_\_\_ (initial) **I DO NOT** give permission for my child's picture to be placed on the Early Learning Center's Facebook page.

**I have read, understand, and accept the conditions noted above.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 3/13/2013  
Revised 1/2016

**Young at Heart Early Learning Center**  
**About Your Child**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical**

Any serious illnesses or hospitalizations: (ear infections, strep throat, seizures, etc.):

\_\_\_\_\_  
List any communicable diseases your child has had: (chicken pox, measles, mumps, etc.)

Is your child currently taking any medications? \_\_\_\_yes \_\_\_\_no

Are there any special medical concerns we should know about? \_\_\_\_\_

**Development**

Age child began: \_\_\_\_sitting \_\_\_\_crawling \_\_\_\_walking \_\_\_\_talking

Does your child have any speech difficulties? \_\_\_\_\_

If your child is an infant, check which nourishment is used: \_\_\_\_Breast \_\_\_\_Formula \_\_\_\_Both

Your child's favorite food is? \_\_\_\_\_ Food dislikes: \_\_\_\_\_

Does your child drink from \_\_\_\_Bottle \_\_\_\_Sippy Cup \_\_\_\_Regular cup

How does your child express feelings? \_\_\_\_\_

How does your child get along with other children: \_\_\_\_\_

What behavior do you find most difficult to handle: \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What is your child's least favorite thing to do? \_\_\_\_\_

Does your child require assistance with \_\_\_\_Buttons \_\_\_\_Zippers \_\_\_\_Laces \_\_\_\_Snaps

\_\_\_\_Velcro \_\_\_\_Getting pants, shoes and jackets on and off?

Does your child have a fussy time? \_\_\_\_Yes \_\_\_\_No Time? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

Has your child been in child care before? \_\_\_\_No \_\_\_\_Group care \_\_\_\_Home care

How would you best describe your child? \_\_\_\_\_

**Family**

Whom does your child reside with? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Describe your child's schedule on a typical day: \_\_\_\_\_

What do you, as a parent, hope to get out of this child care experience: \_\_\_\_\_