Enrollment Agreement

St. Jacob's UCC Early Learning Center

Welcome to St. Jacob's UCC Early Learning Center!
We are honored to be a part of your child's early learning experiences – and we're excited to get to know you, your child, and your other family members. This enrollment form ensure that we all have the best start possible. We also need this information to comply with childcare licensing regulations.

Enrollment Information

Child's Information

Child's first name	Child's middle name	Child's last name	Child's nickname
Age / Sex	Child's primary language	Parent/guardian/sponsor primary language	
Child's home address	City	State	Zip
Does your child attend school? □ Yes □ No / School name	Grade	School phone	
School address	Drop off time at Center	Pick up time at Center	

Family Information

List family members & pets your child lives with – include first names, relation and ages of siblings

Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone
Home address if different from above	City	State	Zip
Home email	Work email	Work phone	
Employer	Employer address	City / State / Zip	Work hours

Other parent/guardian/sponsor	Relationship to child	Home phone	Cell phone
Home address if different from above	City	State	Zip
Home email	Work email	Work phone	
Employer	Employer address	City / State / Zip	Work hours

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

Please notify the center if an Emergency Release Contact will pick up your child on a given day.
[For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]

Person #1	Relationship to child	Home phone	Cell phone
Home address	City	State	Zip
Home email	Work email	Work Phone	
Employer	Employer address	City / State / Zip	Work hours

Person #2	Relationship to child	Home phone	Cell phone
Home address	City	State	Zip
Home email	Work email	Work Phone	
Employer	Employer address	City / State / Zip	Work hours

Person #3	Relationship to child	Home phone	Cell phone
Home address	City	State	Zip
Home email	Work email	Work Phone	
Employer	Employer address	City / State / Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Date_____ Staff initial _____ Date _____

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color

Distinguishing marks

Child's Medical & Developmental History

1. Does your child have any special medical conditions? □ No □ Yes Explain _____
2. Does your child have any chronic illnesses? □ No □ Yes Explain _____
3. Please list a brief history of your child's serious injuries and hospitalizations. _____
4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs? □ No □ Yes Explain _____
8. Is your child able to fully participate in all activities? □ Yes □ No Explain _____
9. Does your child have any physical restrictions? □ No □ Yes Explain _____
10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain _____
11. Is your child able to walk □ Yes □ No _____
12. Can your child communicate his/her needs? □ Yes □ No _____
13. Does your child need assistance at meal time? □ No □ Yes Explain _____
14. Does your child rest during the day? □ No □ Yes
15. Is your child toilet trained? □ No □ Yes
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? □ No □ Yes Explain _____
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain _____
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? □ No □ Yes Explain _____

45 Day Conference *(Optional for New Enrollees to discuss child's initial progress)*

I □ would/ □ would not like to have a conference with my child's teacher(s) within 45 days of enrollment.

Illness History *(please check all that apply)*

□ Vision problems	□ Nosebleeds	□ Seizures
□ Hearing problems	□ Skin rashes	□ Mouth sores
□ Constipation	□ Sore throats	□ Fainting
□ Diarrhea	□ Ear infections	□ Persistent cough
□ Asthma/breathing problems	□ Urinary tract infections	□ Other

Please attach care instructions from your physician for any of these illnesses.

Disease History *(please check all that apply and add the date)*

□ Chicken Pox (Varicella) _____ □ Bronchiolitis _____ □ Pneumonia _____

Allergies *(please list)*

Medication Allergies	Reaction	**Food** Allergies	Reaction
Bee Stings Allergies	Reaction	**Respiratory** Allergies	Reaction
Other Allergies	Reaction	**Are any of these allergies life-threatening?**	□ **Yes** □ **No**

Please attach care instructions from your physician for any life-threatening allergies.

Miscellaneous Screenings and Tests *(please check all that apply and add the date of last screening)*

□ Vision	_____	□ Developmental	_____	□ Tuberculosis (PPD)	_____
□ Hearing	_____	□ Aptitude	_____	□ Sickle Cell Anemia	_____
□ Speech	_____	□ Educational	_____	□ Other _____	_____

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Date_____ Staff initial _____ Date _____

Medical Information (continued)

Child's name	Birth date

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone

Physician's practice address	City	State	Zip

Preferred hospital/clinic for emergency care	City	State

Dentist's name	Dentist's practice name	Phone

Dentist's practice address	City	State	Zip

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number

Child's Immunization History *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that is required per Pennsylvania's DHS Regulations

Diphtheria	**Tetanus**	**Pertussis (Whooping Cough)**	**Hepatitis A**
Hepatitis B	**Measles**	**Polio**	**Rubella**
Haemophilus Influenzae type b (Hib)	**Rotavirus**	**Mumps**	**Tuberculosis**
Varicella (Chickenpox)	**Influenza (Flu)**	**Meningococcal**	

Additional Medical Policies

	Initial
1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.	
3. 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.	
4. 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 for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*.	

Emergency Medical Authorization & Consent

	Initial
In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician.	
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	
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.	
In case of a medical emergency, I will be responsible for the emergency medical expenses.	
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	
I give my permission to this center to apply □ sunscreen.	
I understand that I must supply my own sunscreen with a valid expiration date, and it will be labeled with my child's name.	

I □ have □ do not have special instructions for the application process. _____

Media Release

	Initial
Occasionally, photos will be taken of the children at the center for use within the center and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.	

Walking Excursions

	Initial
I give my permission for my child to participate in supervised walking excursions near and around the center. (Not crossing the street)	

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Date_____ Staff initial _____ Date _____

Rate Agreement and Contract

Child's name	Birth date

Provided Services

St. Jacob's UCC ELC will provide care in a loving, nurturing environment. We will provide breakfast to school-age children if they arrive to the Center no later than 7:25AM. Breakfast for all other children is served from 8:00AM-8:30AM and lunch is served between 11:00AM-11:30AM. An afternoon snack is provided to all children who attend the Center until 3:30PM. Lunch will be provided by us to school-agers on the days when the school district is closed, such as in-service, inclement weather closures, or attend summer camp. St. Jacob's will provide parents with a service report describing their child's growth and development within the context of services proved by the center every six months. Transportation to school will be provided by Spring Grove School District. Parents agree to provide necessary supplies for the child based on their classroom such as labeled extra clothes (shirts, pants, underwear, socks, and shoes), diapers and wipes, nap items, and sunscreen.

Hours of Operation

Regular operating hours are **6:00AM-6:00PM, Monday-Friday** 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. 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 WGAL and Brightwheel. 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.

Drop-off times are from 6:00am-9:00am. Should you need to drop your child(ren) off later than 9:00am, you **must** notify your child's teacher and/or office administrator in advance. In order for our Center to properly staff, plan and prepare for each day, you must indicate to us when your child will be dropped-off and picked-up. Should you pick up your child later then the time indicated without communicating in advance, a written reminder will be communicated. If the practice occurs more than two times, a late fee of $1.00 per minute per child may be assessed to your account.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a □ weekly □ bi-weekly □ monthly basis.

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

Tuition is due and payable by Friday by	**Initial**
- Starting on _____ a fee of **$**_____ is due per day / week.	
- Tuition is not subject to discounts for holidays and/or emergency closures (i.e., weather).	
- I agree to pay the full tuition in advance of services rendered.	
- I agree to pay the full tuition fee even if my child is absent for one or more days.	
- For school-age children, there will be an additional $15.00 charge per day for school closures such as in-service days or weather related.	
- For school-age children, there is a charge of $6.00 per day for half day school closures, weather delays, or early dismissals	
- A late fee of $25.00 is due if tuition is not received on time.	
- I understand should my child have a varying schedule; I must give advance notice of at least 1 month notice of their schedule unless prior approval from the Center.	
- I understand should my child have a varying schedule, St. Jacob's UCC Early Learning Center may not be able to accommodate particular days at time.	
- A non-refundable registration fee of $30.00 for one child or $50.00 per family is due annually.	
- A late pick up fee of $1.00 per minute per child is due if my child is not picked up before closing.	
- Accounts two weeks in arrears may result in immediate termination of service.	
- 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.	
- All returned checks or ACH transactions (automatic debits) will be charged a fee of $30.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.	
- A two-week written notice is required for any child being withdrawn from the program.	

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Date_____ Staff initial _____ Date _____

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 to or sanctioned by this center. This center shall remain harmless from any such arrangement.	**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.	_____
Information contained in the Family Handbook may be subject to change.	_____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date

Periodic Review (every 6 months)

This is to be signed every 6 months if **no major changes** are needed to be made on the contract

Primary Parent/Guardian/Sponsor Signature	Date	Primary Parent/Guardian/Sponsor Signature	Date
Primary Parent/Guardian/Sponsor Signature	Date	Primary Parent/Guardian/Sponsor Signature	Date
Primary Parent/Guardian/Sponsor Signature	Date	Primary Parent/Guardian/Sponsor Signature	Date