

Enrollment Agreement



Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state childcare licensing regulations.

Enrollment Information									
Child's Information									
Child's first name			Child's middle name			Child's last name		Birth Date	
Age	Sex	Child's primary language			Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip	
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name			Grade		School phone		
School address				Drop off time			Pick-up time		
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

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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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 on-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 participated in a group care setting?
 No Yes Explain
19. Does your child have an IEP or IFSP? No Yes If so, please see last page of agreement.

Illness History (please check all that apply)

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

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

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

- | | | | | | |
|---|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox (Varicella) | _____ | <input type="checkbox"/> Bronchiolitis | _____ | <input type="checkbox"/> Botulism | _____ |
| <input type="checkbox"/> Measles Rubeola | _____ | <input type="checkbox"/> Pneumonia | _____ | <input type="checkbox"/> Heamophilus Influenza | _____ |
| <input type="checkbox"/> Rubella (German Measles) | _____ | <input type="checkbox"/> Pertussis (Whooping cough) | _____ | <input type="checkbox"/> Meningococcal Infection | _____ |
| <input type="checkbox"/> Mumps | _____ | <input type="checkbox"/> Tetanus | _____ | <input type="checkbox"/> Rabies | _____ |
| <input type="checkbox"/> Scarlet Fever | _____ | <input type="checkbox"/> Diphtheria | _____ | <input type="checkbox"/> Bacterial Meningitis | _____ |

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

- | | | | | | |
|----------------------------------|-------|--|-------|---|-------|
| <input type="checkbox"/> Vision | _____ | <input type="checkbox"/> Developmental | _____ | <input type="checkbox"/> Tuberculosis (PPD) | _____ |
| <input type="checkbox"/> Hearing | _____ | <input type="checkbox"/> Aptitude | _____ | <input type="checkbox"/> Sickle Cell Anemia | _____ |
| <input type="checkbox"/> Speech | _____ | <input type="checkbox"/> Educational | _____ | <input type="checkbox"/> Other | _____ |

Medical Information (continued)

Child's name	Birth date
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Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
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Child's Immunization History *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that your child may have received. Immunizations in **bold** are required by our state

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus Influenzae type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

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 childcare regulations.	Initial
2. I agree to provide information to the childcare 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 childcare 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 <i>Child Emergency Contact and Release</i> .	_____
5. I understand that if my child is 5 years or older, he/she will be required to wear a mask for the entire day.	_____

Emergency Medical Authorization & Consent

In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.	Initial
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.	_____

Application of Sunscreen & Insect Repellent Authorization

I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which product you will permit.</i>	Initial
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.	_____
I have special instructions for the application process. <input type="checkbox"/> None <input type="checkbox"/> _____	_____

Enrollment Agreement



Rate Agreement and Contract

Child's name	Birth date
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Hours of Operation AND Services Provided

Regular operating hours are **Monday through Friday from 6:00 AM to 6:00 PM** except closings for various holidays, and inclement weather as described in the Parent 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 our communication APP, **Bright Wheel**. 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.

Here at YaYa Daycare Center, LLC we believe children learn though interactive play, observations and experiences. Children's early experiences enrich and stimulate future growth. Studies have shown early exposure to learning will create confident and enthusiastic life-long learners.

We provide the following services:

- Quality childcare services for children ages infant to 12 years old; Monday through Friday, 6a-6p.
- A nurturing and safe environment for children to learn and development.
- Daily exposure to an array of activity to help develop children's cognitive skills and overall development.
- A healthy and rewarding learning environment for children; for children deserve to be treated and respected as individuals in an environment that welcomes reason, exploration, question, and imagination.
- Help with potty-training.
- Healthy meals for breakfast, lunch and afternoon snack.
- Individualized classrooms with qualified teachers.
- Indoor and outdoor play; nature walks and trips.
- Introduction to computers and other technology.

We respect each child's need for love, security, acceptance, warmth and stimulation. We are committed to our children's learning experience with the hope of providing them with the necessary tools and skills to be prepared for Kindergarten.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows (not to exceed 10 hours):

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

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

- Starting on _____ a fee of \$ _____ is due	<input type="checkbox"/> weekly. <input type="checkbox"/> bi-weekly. <input type="checkbox"/> monthly.	Initial
- Tuition is due and payable on: <input type="checkbox"/> the <u>day</u> "before" service is rendered <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absences.		
- 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.		
- A late fee of \$20.00 per day is due if tuition is not received on time.		
- A non-refundable registration fee of \$ 30.00 is due yearly on child's start date		
- I agree to pay a late-fee of \$1.00 per minute per child if my child is not picked up before closing starting at 6:01pm.		
- I agree to pay \$15.00 per 30 minutes if my child is not picked up 6:31pm.		
- I agree to pay late fees by next business day or an additional fee of \$20 dollars will be assessed.		

- 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 will be charged a fee up to the maximum amount allowed by law. Two or more returned checks will result in my account being place on "cash" or "money order only" status.
- A receipt for income tax purposes will will not be provided.

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 _____

Media Release

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

Initial _____

In addition, you agree to download our communication app to receive daily feedback from the daycare.

Initial _____

Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center.

Initial _____

I give my permission for my child to be transported (by walking) from Ya Ya Daycare Center to Prince Hall Elementary School or Pennell Elementary School

Initial _____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent 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 **Ya Ya Daycare Center, LLC Parent Handbook and Post COVID 19 policies and procedures 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* and the *Parent Handbook*.

Primary Parent/Guardian/Sponsor Signature

Date

Center Staff Signature

Date

6 Month Review

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

Primary Parent/Guardian/Sponsor Signature

Date

Center Staff Signature

Date

Parent Sign-off Sheet

Child's Name: _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____ **Date:** _____

Printed Name: _____