



Registration Form

Date enrolled: _____

Registration Fee: \$35 one-time non-refundable fee per child x _____ children = Total \$ _____

Annual Supply Fee for Infant/Toddler/Preschool: \$85 per child x _____ children = Total \$ _____

Total amount due \$ _____

Received by: _____ Date: _____ How Paid: _____ Total amount received \$ _____

Mother/Guardian: Last name: _____ First name: _____

Address: _____

Home Phone: _____ [☐] preferred contact

Cell Phone: _____ [☐] preferred contact

Occupation & Employer: _____

Work Phone: _____

[☐] Legal Guardian (If married, mark both parents)

Email: _____

Father/Guardian: Last name: _____ First name: _____

Address: _____

Home Phone: _____ [☐] preferred contact

Cell Phone: _____ [☐] preferred contact

Occupation & Employer: _____

Work Phone: _____

[☐] Legal guardian (If married, mark both parents)

Email: _____

*** If there is joint custody, detailed paperwork from the court must be attached to this form ***

1st Child to Be Enrolled:

First Name: _____ Last Name: _____

Name child prefers to be called: _____ Birthdate: _____

Child's Address: _____ Gender: _____

[] Male [] Female

2nd Child to Be Enrolled:

First Name: _____ Last Name: _____

Name child prefers to be called: _____ Birthdate: _____

Child's Address: _____

Gender: [] Male [] Female

3rd Child to Be Enrolled:

First Name: _____ Last Name: _____

Name child prefers to be called: _____ Birthdate: _____

Child's Address: _____

Gender: [] Male [] Female

Older School Age Siblings:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____



Tuition Agreement Form

Name of child care will be provided for: _____

Parent signing this application: _____
Infant / Toddler / Preschool / School Age

At the time of enrollment, the undersigned parent or guardian understands that care will be billed by Above & Beyond Child Care and Education Center at the rate of \$ _____ every **week**, based on care being provided

five days a week **Monday through Friday** with anticipated hours of care being:

Weekly tuition is due the Friday before the start of the week care will be provided. Tuition can be withdrawn from a checking account automatically or run by credit card with a 5% processing fee.

Late payments:

Weekly tuition payments must be up to date (weekly tuition paid by the Friday before the first day care for that week) or will result in a \$25 late fee. If the weekly tuition is not paid in full for the current week by the end of the week, the child will not be accepted for care until the bill is brought up to date.

I understand that signing this form serves as my acknowledgment of the tuition rates, policies and late fees of A & B.

(Parent or Guardian signature)

(date)

(Signature of Provider)

(date)



Parent Contract

I will respect the teachers, staff, volunteers and children at Above & Beyond.

I will communicate regularly with the teachers and staff knowing that I am an important piece of my child's learning experiences.

I will keep all information about my child up to date.

I understand there is a \$35 one time non-refundable registration fee per child at the time of enrollment.

I understand that there will be an annual supply fee of \$85.

I understand there is a mandatory requirement of 40 volunteer hours within the calendar year that can be completed in a variety of ways.

Volunteer Hour Requirement Options:

Can be completed by any adult relative or friend (may require background check before volunteering)

Can be completed by A&B Community Volunteer Pool

Can be paid at \$10/hour which will go to the Above & Beyond Special Fund

() Yes, I plan to complete the volunteer hours and realize I will be billed at the end
of the year at \$10 an hour for hours not completed.

() No, I am unable to volunteer but I will pay for my volunteer hours up front
= 40 hours x \$10 an hour

The Above & Beyond Special Fund is overseen by an advisory committee that will consist of but not be limited to A&B staff, parents, and community members. The funds will be used for but not limited to the following: 1) To support the provision of new equipment, services and enrichment opportunities for the center, 2) To support the provision of special staff development opportunities, 3) To support the provision of special staff bonuses, and 4) To provide tuition assistance to those with demonstrated need.

Parent/Guardian Signature

Date

Provider Signature

Date



Permission Form

While your child is enrolled at Above & Beyond Child Care and Educational Center, he/she will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything that is unclear to you. You, of course, have the option of withdrawing permission at any time.

Child's last name: _____ Child's first name: _____

Please circle your choice:

- A. I **DO** **DO NOT** give my permission for my child to be screened for speech and language delays.
- B. I **DO** **DO NOT** give my permission for my child to be screened for developmental delays and specific educational needs.
- C. I **DO** **DO NOT** give my permission for my child to go on walks with the classroom teacher off the property at Above & Beyond.
- D. Photographs, audio recordings, and video recordings of your child documenting the enriching experiences in the center may be made and used for educational, advocacy, and publicity/marketing purposes, including social media.
- I **DO** **DO NOT** give my permission for photographs, audio recordings and video recordings of my child to be made and used for educational, advocacy, and publicity/marketing purposes, including social media. This permission is applicable for current as well as future use.

Your child's records may be included for the following purposes. In all cases, the confidentiality of your child's records will be maintained.

1) In research to determine the effectiveness and value of programming at Above & Beyond in order to improve our own programming and to document the effectiveness of early childhood education in general and 2) In any evaluation of Above & Beyond by the State of Michigan Licensing Bureau.

Parent Signature: _____ Date: _____ Printed

Name: _____



I will provide formula and baby food for my infant until they are old enough to eat the food provided by Above & Beyond. I understand I am required to send in “back up” food and formula in the event my child requires more or goes through a growth-spurt while in A&B’s care. All formula or breast milk must come ready to serve and be labeled with my child’s name, date, amount and contents. All bottles will be sent home daily for sanitizing.

****See below for proper daily labeling examples***

Back up formula/food can be written directly on the can/glass container/cereal box.

We requested that both parents/guardians sign and date this form if applicable.

John Smith

3/15/14

8 oz

BREAST MILK/FORMULA

John Smith

3/15/14 (date brought in)

Back up cereal

Printed Name

Signature

Printed Name

Signature

Date form was signed: _____



Unique Needs Form

Every child is different and has unique needs to make their days successful.

To make sure the transition from home to Above & Beyond is smooth please fill this form in completely.

Child's name: _____

My child sleeps best: (length of time, with a stuffed animal/blanket etc.)

When my child is upset the best way to comfort him/her:

My child has a fear of:

My child adjusts to different situations by:

My child expresses anger and frustration by:

My child especially loves these types of food:

My child dislikes these types of food:

**Please give any other information you feel is important to
allow your child to be successful in their days with us.**



Health Statement Form

Child's Name: _____

Birthdate: _____

() My child is in good health, up to date on age appropriate vaccines, is able to participate in group care, and has no special health or medical requirements.

() My child is up to date on age appropriate vaccines, is able to participate in group care but has special health or medical requirements as listed below.

Please list below 1) any allergies along with the symptoms caused, 2) behavior, developmental, emotional, or mental health conditions or concerns, 3) special medical concerns, including chronic health problems (seizures, asthma etc.), and 4) special needs that your child may have.

I certify that the above information is true to the best of my knowledge.

Parent/Guardian Signature

Date



Over-the-Counter Product Use Form

The staff and volunteers at Above & Beyond may use sunscreen and diaper rash cream as needed or at parent request. Diaper cream must be provided by parents. Sunscreen provided by the center is "Banana Boat Kids- Tear free, sting free and fragrance free."

[] I approve of all such use

[] Contact me before using the following product(s) _____

[] Do not use the following product(s) _____

Parent/Guardian Signature

Date