



**Six Month Review:**

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**ENROLLMENT REGISTRATION INFORMATION**

CHILD INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed

Primary Residence:  Mother  Father  Both  Guardian \_\_\_\_\_

List the family members your child lives with—include names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Same As Above

Email Address: \_\_\_\_\_

Do we have permission to email news, forms, information on events, etc.? yes no

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Same As Above

Email Address: \_\_\_\_\_

Do we have permission to email news, forms, information on events, etc.? yes no

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the person(s) you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Emergency Contact & Release  Release Only

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Emergency Contact & Release  Release Only

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Emergency Contact & Release  Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after scheduled pick up time or closing time, you will be charged a late fee per 15 minute or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time if no one comes to pick up your child. Please see your Director for additional information.

Your secured door access code is: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

## ENROLLMENT AGREEMENT

Please initial each section listed below, then sign and date the last page.

### SECTION 1: TUITION AND FEES

\_\_\_\_ **First Week Deposit:** I understand that I must pay a deposit equal to my child's weekly tuition (based on days being reserved) in order to hold his/her spot for enrollment. If I choose to withdraw my child's application, I understand that this deposit is non-refundable. This deposit will be used to pay your child's first week of tuition.

**Curriculum & Registration Fee:** I agree to pay an annual curriculum fee of \$25/infant & toddler, \$35/preschool aged & school aged (summer camp) child, and \$50/kindergarten student each fall or at time of enrollment. This fee will be directly withdrawn from my account on file with advanced notice. Parent's paying monthly will pay via check or cash on the due date given.

**TUITION and MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.

Days: (check all that apply)  M  T  W  TH  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. I agree to register for direct deposit. I understand my child's tuition will be deducted from the savings or checking account, which was given at time of enrollment, every Monday or Tuesday (if a bank holiday is observed on a Monday).

\_\_\_\_ **PAYMENT OF TUITION:** I understand monthly tuition is due by the fifth of each month. The rate is based on my child's weekly tuition rate multiplied by the number of Mondays which fall during that given month.

\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due or payment is returned by your bank for insufficient funds, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The center follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The center cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** I understand that if I fail to pick up my child by the scheduled pick-up time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

\_\_\_\_ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount for full-time students and 5% discount for part-time students from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. If my center uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, I am responsible for the principal amount plus all returned check fees.

\_\_\_\_ **Mandated Closures:** In the event of a federal, state, county, or local closure which is deemed out of our control for any reason, the following tuition payment schedule will be enacted: **Day to Day** closures will be charged 100% tuition rate, **Week 1-** 100% tuition will be collected **Week 2-** 75% of tuition will be collected **Week 3-** 50% of tuition will be collected **Week 4** until center reopens- 35% will be collected. If you decide to unenroll your children from our programs a two week written notice is required. You will be responsible for the above mentioned payments until the two week notice expires.

## SECTION 2: DAILY PROCEDURE

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_\_ **Meals:** I understand that I must provide breakfast (if arriving before 8:30 am), 2 snacks, and a lunch for my child while in care. Milk will be provided by the center.

I agree to refrain from sending in peanuts, peanut products, or tree nuts, as this may be a risk to other children. I will also notify the center should my child develop any food allergies, which were not listed on the original registration information.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

\_\_\_\_\_ **MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_ **CHANGES IN SCHEDULE:** I understand that I must give two weeks notice of any changes in days or times in my child's schedule, whether adding or dropping days.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Eve (half day), New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday thereafter, during Christmas Day break (dates will be given on a yearly basis), as well as either Martin Luther King, Jr. Day or President's Day for in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. Specific closure dates will be given by July for the following year via the Family Handbook.

\_\_\_\_\_ **ABSENCES/VACATIONS/EXTENDED ABSENCE:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness, vacations, etc.). A reservation fee of 35% of my regular week's tuition will be due when a child takes an extended leave of absence (more than 30 consecutive school days) with advance written notice to the Director. This rate will be observed for a maximum of 10 weeks, after that I agree to pay the full 100% of tuition rate in order to hold my child's spot. Two weeks notice must be given before the tuition rate is reduced to 35% of weekly rate. I also understand that if I withdraw my child during the summer months or any other time of the year, I will be required to pay a new non-refundable registration fee upon return. I understand my child's spot will not be guaranteed if 35% tuition rate is not paid during extended leave.

Do you plan on having your child attend during the summer session? \_\_\_\_\_ yes \_\_\_\_\_no

\_\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days. **If you would like text sent to your phone concerning center closures, delays, special events, etc. please text @mrs.toolan to 484-578-0792. Your number is kept private and will not be viewed by any other party.** See director for more details.

**SECTION 4: STATE LICENSING AND OUR POLICIES**

**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

\_\_\_ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by the same.

**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided there under, is available from the Director.**

**These policies have been reviewed with me by the center's management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.**

\_\_\_ I give permission for my child to participate in the Ages & Stages Questionnaire Child Monitoring System. This developmental screening will take place during the first 45 days of a child's enrollment. Parents will be notified by the center's director if the screening shows concern in any of the developmental areas accessed. Our center currently works with several local agencies such as; NEIU 19, Early Intervention Services, and Early Childhood Mental Health Consultant.

\_\_\_ I give permission for the staff of The Edison Early Learning Center to use sunscreen, provided by me, as needed for outside playtime.

\_\_\_ I give permission for the staff of The Edison Early Learning Center to use diaper cream, provided by me, as needed while in care.

\_\_\_ I give permission for the staff of The Edison Early Learning Center to use hand sanitizer, if water is not available, to disinfect my child's hands. This pertains to children over the age of two and adult supervision is required.

\_\_\_ **Health Screenings:** I understand that the staff of The Edison Early Learning Center will be screening my child each day at drop off for signs/symptoms of illness. A child will not be admitted to care if showing any of the following symptoms; fever >100.4 degrees Fahrenheit or 38 degrees Celsius, cough, trouble breathing, shortness of breath, flushed cheeks, rapid breathing, fatigue, rash or hives, fussiness, loss of taste or smell, chills, or repeated shaking with chills, or any other symptom which the staff members believes is contagious and poses a risk to others or hinders the child's ability to participate in the center's daily activities. Student's will also be refused from care if exposed to or lives with another person who has been diagnosed with an extreme illness or COVID-19 for 14 days. After the quarantine period, a physician note and negative test results must be received by the center's director for the student to be allowed admittance to the center. A normal health screening for symptoms of illness will also be required before the child is admitted. The center reserves the right to refuse care to any child showing signs of illness.

**Parent/Guardian Signature #1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature #2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

# MEDICAL INFORMATION

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

***I give permission for the staff of The Edison Early Learning Center to give minor first aid treatment if needed***

\_\_\_\_\_  
**Parent Signature**

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

**Physician's Name:** \_\_\_\_\_ **PhoneNumber:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip:** \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_. I (we), \_\_\_\_\_ authorize, for emergency purposes only, a center-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Pennsylvania  
Preferred Hospital/Clinic for Acute Care and Emergency  
Care: \_\_\_\_\_  
Dentist Name/phone number: \_\_\_\_\_

**Health Insurance Provider and Policy Number:**  
\_\_\_\_\_

Secondary Health Insurance Provider and Policy  
Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_  
Allergies to drugs, foods or other: \_\_\_\_\_  
Please list any special medications or pertinent  
information: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Appeared before me and produced \_\_\_\_\_ as identification.**

**Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook. Cottage Hose, Pike St. Carbondale**

**AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS** The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

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

# CHILD PROFILE

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. Who also cares for your child(ren)? \_\_\_\_\_

5. What are the foods your child likes best? \_\_\_\_\_  
Least? \_\_\_\_\_

6. What are your child's mealtime routines at home?

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7. How many hours of sleep does your child receive at night? \_\_\_\_\_

8. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

9. What are your child's sleeping arrangements? Check appropriate answers.

Own room  Shares room with \_\_\_\_\_  Sleeps in crib  Sleeps in bed

10. What are your child's bedtime rituals?

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11. Does your child take naps?  Yes  No How long? \_\_\_\_\_

13. Does your child need a favorite item (such as a blanket) for a nap?  Yes  No  
If so, does your child have a special name for it? \_\_\_\_\_

14. What words are spoken in your house for toileting? \_\_\_\_\_

15. How does your child express anger or react to frustration? \_\_\_\_\_

16. Does your child have any particular fears? \_\_\_\_\_

17. How does your child react to change (such as being left by parents)?

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18. How does your child comfort himself/herself?

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19. What are your child's play interests (preference for creative, dramatic or construction play)?

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20. How do you discipline your child? \_\_\_\_\_

21. When did your child begin to use language? \_\_\_\_\_

22. How would you describe your child (personality characteristics)?

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23. What do you enjoy the most about your child? \_\_\_\_\_

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24. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

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25. Has your child had previous childcare/preschool experiences? If so, how was that experience?

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26. Are you available to help us with field trips or other special events? \_\_\_\_\_

27. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_

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



# ENROLLMENT REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

## MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school:

\_\_\_\_\_

2. Special Dietary Needs: \_\_\_\_\_

3. Is your child able to walk?  Yes  No

Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs?  Yes  No

Explain: \_\_\_\_\_

5. Is your child toilet trained?  Yes  No

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_

\_\_\_\_\_

Allergies (please check and list all that apply)

Medications Reaction: \_\_\_\_\_

Food Reaction: \_\_\_\_\_

Other: \_\_\_\_\_

Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:

\_\_\_\_\_

\_\_\_\_\_

Does your child use an epi-pen? \_\_\_\_\_ If so, will you be leaving one at the center? \_\_\_\_\_

\*Please note expiration date on epi-pen: \_\_\_\_\_

## **PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY (After School Care)**

I give the school the permission to transport my child from his/her local school. **I understand that the center only provides care for my child after school hours.** Children will not be admitted to the center on school vacation days, half-days, or any school closure, delays, or early dismissals due to weather or other events. In the event an emergency situation should arise and children must vacate their school building immediately, I agree to call the center to ask if an emergency pick up is possible. I must also notify the center if my child was absent from school or was dismissed early and will therefore not need transportation on that particular day.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

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

# **ENROLLMENT CHECKLIST**

Please review the entire Enrollment Registration Information packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

## **OBTAIN SIGNED FORMS FROM FAMILY**

- Completed Enrollment Registration Information Packet
- Family Handbook Acknowledgement
- Ages & Stage Permission Page (45 day evaluation & parent meeting)
- Other State or Federal required forms: Child Health Assessment, Ages & Stages Evaluation Permission Slip, Infant Feeding & Sleeping Schedule, Direct Deposit Tuition Form

## **REVIEW WITH FAMILY**

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, amounts and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Process and Procedures of Security Access
- Authorized pickup, late pickup policy and emergency controls
- Child Custody Documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pickup restrictions
- Any photo restrictions
- Immunization/Health information
- Annual registration fee
- Late fees
- Concerns about child developmental delays/paperwork if applicable
- Special needs
- Absenteeism policy
- Sick policy
- Meals (peanut and tree nut free)
- Allergies
- Security deposit (if applicable)
- Medication policy
- Relevant curriculum features for child's age group
- Infant Feeding & Sleeping Schedule/Form

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of The Edison Early Learning Center's policies.

**Name of Parent/Guardian(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent/Guardian(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

