



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

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 PROGRAM HOURS: 8:00 am to 3:30 pm (\$35/day) OR 8:30 am to 12:30 pm (\$25/day)

***Please keep us updated on your district's return date and how long you will need our support. We ask for two weeks notice of any schedule changes and/or adjustments. We will try our best to adjust days as needed, but can not guarantee available days due to limited space.**

_____**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).

_____**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.

_____**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.

SECTION 2: DAILY PROCEDURE

_____**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.).

____ **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 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 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 up to 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. I also understand the risk of my child attending a group setting for childcare. Although CDC recommendations and precautions are being implemented, our center can not guarantee your child will not contract an illness or COVID-19 while at our learning center. I agree I will not hold The Edison ELC responsible for any illness or the results of illness my child may contract while in care.

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. I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is Cottage Hose, Pike St. Carbondale or Trichilo's Food Service, Pike St. Carbondale

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: _____ **Phone Number:** _____
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: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent
information: _____

*an updated health assessment must be on file within 30 days of enrollment.

Items Your Child Will Need

Food:

- Lunch & Snacks
- Drinks (we provide milk & water)
- Peanut & Tree Nut Free Center
- Bring in brown paper bag with all disposable containers
- We provide plates, cups, forks, spoons

Learning Materials: (all may not apply)

- Notebooks
- Books/Workbooks
- Computer
- Earbuds/Headphones (required)
- Printed School Assignment (if appropriate)
- Backpacks are allowed in order to carry materials

Other:

- Mask (must be cleaned daily)
- Sneakers or other safe shoes for playground

Edison ELC- Learning Academy
Virtual Learning Questionnaire

Student Name: _____

Home School District: _____ Grade: _____

Teachers Name: _____

Online Platform (ex. google classroom): _____

How will your child's assignments be delivered? (check all that apply)

Live Recorded Printed Other

Please explain your districts plan or attached information provided from district:

Daily Schedule:

Time	Subject	Live (L) or Recorded (R)

***Parents may wait to submit this form until they have the information from your school district and/or teacher. This form must, however, be submitted prior to my child's first day in the program.**

What do you feel will be your child's biggest obstacle with distant learning?

Which subject(s) does your child enjoy most?

Are there any subject(s) you feel your child struggles with?

Does your child currently have an IEP or see a resource teacher at school?
If so, which types of services does he/she receive at school?

Please provide a copy of your child's IEP as soon as possible.

Describe your child's attitude toward school, in general?

Is there anything else we should know about your child in order to support them with the success of learning remotely?

Disclaimer: Please read carefully!

I understand the success of my child's learning depends very heavily on the communication between Edison, myself, and my child's home district teacher(s). I understand I must be active in my child's learning. The Edison staff will try their best to support my child's online learning while at Edison, however I understand I am ultimately responsible for checking in with my child's teacher/school to verify my child's work is completed and done well! I understand the Edison Learning Academy is a support system for online learning, at no time do they accept responsibility for my child's grades or progress with my child's home district or online school. I will bring any concerns, regarding my child's progress in the classroom, to the center's director in a timely matter.

Parent Signature

Date