



Registration Form

Date enrolled: _____

Registration Fee: \$35 one-time non-refundable fee = Total \$ _____

Annual Supply Fee: \$85 per child = Total \$ _____

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

Parent/Legal Guardian: Last name: _____ First name: _____

Address: _____

Home Phone: _____ [] preferred contact

Cell Phone: _____ [] preferred contact

Occupation & Employer: _____

Work Phone: _____

Email: _____

Parent/Legal Guardian (Optional): Last name: _____ First name: _____

Address: _____

Home Phone: _____ [] preferred contact

Cell Phone: _____ [] preferred contact

Occupation & Employer: _____

Work Phone: _____

Email: _____

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

Child's Emergency Card Information:

Name of Child: (Last, First, Middle Initial) _____

Child's Date of Birth: _____

Address: _____

Name of Child's Physician or Health Clinic: _____

Physician's or Health Clinic's Phone Number: _____

Hospital Preferred for Emergency Treatment (Optional): _____



Tuition Agreement Form

Child's Name: _____

Classroom: _____

(Infant/Young Toddler/Toddler/Preschool/Prekindergarten)

2/3/5 days a week **Monday through Friday** with anticipated hours of care being:

Monday	_____	*Please provide estimated times you'll be needing care, we understand times may change due to schedules.
Tuesday	_____	
Wednesday	_____	
Thursday	_____	
Friday	_____	

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

Weekly tuition is due the Friday morning 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 Tuition can be withdrawn from a checking account automatically or run by credit card with a 5% processing fee.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.

Bounced checks or insufficient funds with direct withdrawal will result in a \$35 fee.

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

Initial below:

- () 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

Can be paid at \$10/hour

() 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

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 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.

Please state if you DO or DO NOT give permission for Above and Beyond to share your child's photographs, video or audio recordings in the following specific instances:

- | | | |
|-------------|-----------------|---|
| I DO | I DO NOT | Documentation around the school (Paper Copies) |
| I DO | I DO NOT | Video Recordings (Classroom purposes/Educational Materials) |
| I DO | I DO NOT | Postings on Edmodo |
| I DO | I DO NOT | Classroom group emails to parents |
| I DO | I DO NOT | Social Media & Marketing |

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.

Printed Parent Name: _____

Parent Signature: _____ Date: _____



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.

<i>John Smith</i>	<i>John Smith</i>	<i>John Smith</i>
<i>3/15/14</i>	<i>3/15/14 (Date brought in)</i>	<i>3/15/14</i>
<i>8 oz</i>	<i>Back up cereal</i>	<i>Granola bar</i>
<i>Breast Milk/Formula</i>		

****When providing any outside food or drink for your child, it must be labeled with your child’s full name, date, amount and contents or we cannot serve it. This includes water bottles, extra snacks, extra lunch, and etc. Please speak to your child’s teacher if this pertains to your child.***

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, etc.)

My child's napping schedule:

My child's comfort items: (lovey, pacifier, 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:

Tell us your child's experiences in group settings: (i.e. dance class, play groups, child centers, etc.)

**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.

() My child has or will obtain an updated health appraisal that will be given to Above & Beyond per licensing rules within 30 days of enrollment date.

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 at Above & Beyond may apply topical nonprescription treatments to my child, including sunscreen, insect repellent and diaper rash cream as needed or at parent request. Above and Beyond provides sunscreen and will use "Banana Boat Kids- Tear free, sting free and fragrance free", if you would like the staff to apply a different sunscreen to your child, please note that you will be providing your own below. We ask that you provide diaper cream for your child and insect repellent if you would like it to be applied to your child as well.

I approve of all such use of topical nonprescription remedies

Sunscreen

I approve of the use of school provided sunscreen

I will be providing my own sunscreen for my child

(Must be labeled and given to your child's teacher)

Child's Name: _____

Parent/Guardian Signature

Date