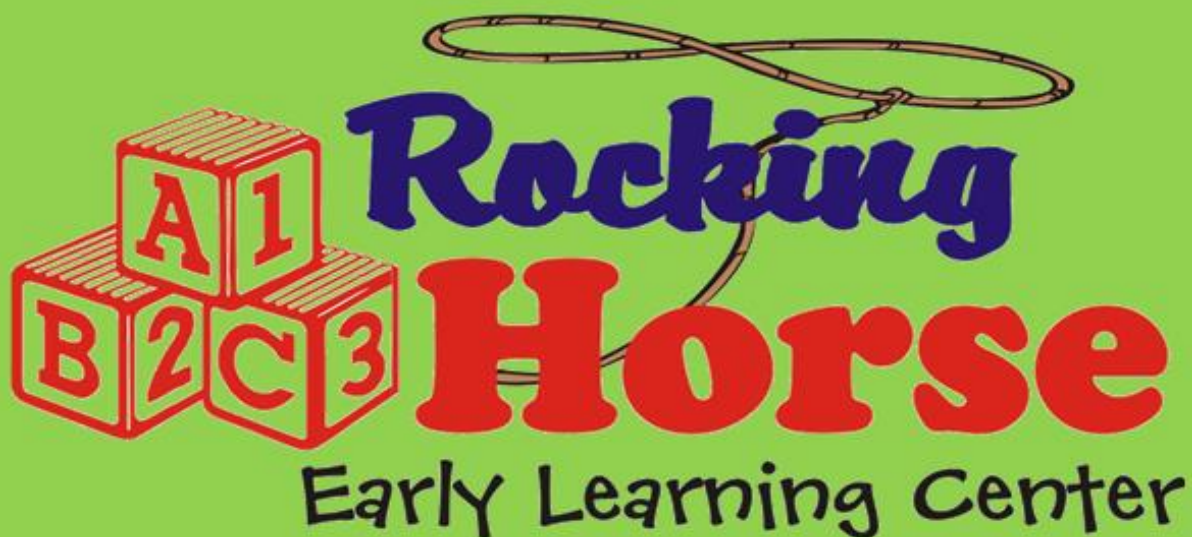


# Enrollment Information



A Community Partner In



2253 American Way  
Port Allen, LA 70767  
(225) 749-4004

Email: [info@RHELC.com](mailto:info@RHELC.com)  
Website: [www.RHELC.com](http://www.RHELC.com)

# ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every January and July.

Picture

Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)

School Code: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Date of Termination Status: \_\_\_\_\_

## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

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

Child's Primary Language (If not English): \_\_\_\_\_ Parent/Guardian's Primary Language (If not English): \_\_\_\_\_

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

Child's Home Address: \_\_\_\_\_  
Street City State Zip Code

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: \_\_\_\_\_

## SCHOOL-AGE INFORMATION

School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_ Bus Number: \_\_\_\_\_

## PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wireless Carrier : AT&T Sprint T-Mobile Verizon Other

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street City State Zip Code @

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number/State: \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wireless Carrier : AT&T Sprint T-Mobile Verizon Other

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street City State Zip Code @

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number/State: \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

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

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



# ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons 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..

### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Photo ID (Type & Number): \_\_\_\_\_  
Street city State Zip Code

Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

☐ Emergency Contact & Release ☐ Release Only

### Optional:

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Photo ID (Type & Number): \_\_\_\_\_  
Street city State Zip Code

Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

☐ Emergency Contact & Release ☐ Release Only

### Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Photo ID (Type & Number): \_\_\_\_\_  
Street city State Zip Code

Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

☐ Emergency Contact & Release ☐ Release Only

### Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Photo ID (Type & Number): \_\_\_\_\_  
Street city State Zip Code

Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

☐ 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 that you sign in and sign out your child according to state child care licensing regulations. If you must pick up your child after closing time, you will be charged a late fee of \$1.00 per minute, 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. Please see your Director for additional information.

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

Revised 06/14



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

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

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

### SECTION 1: TUITION AND FEES

\_\_\_\_\_**REGISTRATION FEE:** All new students registered in RHELC are required to pay a **non-refundable** registration fee of \$100.00. This registration fee must be paid at the time enrollment. You are required to indicate your child's start date on your registration form. If your child does not begin on the indicated start date all fees are forfeited by you. I understand that an annual, non-refundable, Registration /Supply Fee of \$100.00 shall be paid in no later than October 1st each year.

\_\_\_\_\_**TUITION and MODIFICATIONS CONDITIONS:** The current rate of tuition for children 6 weeks to 1 year 23 months is \$145.00 per week (\$625 per month) and 2 years – 5 years is \$135.00 per week (\$585 per month), Before and After School Care is \$170.00 per month. I understand that rates are subject to change with reasonable notice.

\_\_\_\_\_**PAYMENT OF TUITION:** Tuition is payable in advance for all children. Tuition may be paid either monthly or weekly. If tuition is paid weekly it is due the Friday before the week of attendance. **ALL WEEKLY TUITION PAYMENTS ARE REQUIRED TO BE SET UP ON AUTOMATIC DRAFT FROM CHECKING, SAVINGS OR CREDIT CARD.** If tuition is paid monthly it is due on the first of the month. When the first day of the month falls on a weekend or holiday, tuition should be paid the last business day before the weekend or holiday. Tuition is considered late by 12:00 noon the following day.

**BILLING: I choose to pay my tuition: (Initial One) \_\_\_\_\_ Weekly Automatic Draft (Requires Signed Tuition Express Form) \_\_\_\_\_ In Full the First of Each Month**

\_\_\_\_\_**LATE TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$35 per week that tuition is not received. All late fees are subject to change with reasonable notice. 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 school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any late/unpaid tuition fees may be sent to a third-party collection agency. There are no exceptions to the late fees. Tuition is payable for all children even when they are absent, on school holidays, on vacation and during closure due to emergency weather conditions. The parent/guardian will be responsible for any and all legal fees and attorney cost incurred by RHELC in the collection of unpaid tuition and other fees.

\_\_\_\_\_**UNPAID TUITION:** By enrolling my child in Rocking Horse Early Learning Center, I authorize RHELC to initiate credit card charges to my credit/debit card on file OR initiate debit entries to my (our) checking or savings account for any late/unpaid tuition or fees incurred while enrolled, including the required two (2) week notice, up to 45 days after withdrawing from the center.

\_\_\_\_\_**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 6:30 am to 6:00 pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$1.00 per every 1 minute or portion of 1 minute, per child, until the child is picked up.

\_\_\_\_\_**ADDITIONAL FEES:** The school offers several enrichment programs during the school year and summer months. These enrichment programs are separate from normal daily activities and therefore may or may not require a separate fee for participation. Please consult the Director for details.

\_\_\_\_\_**DISCOUNTS:** I understand that if I have more than one child enrolled and attending full-time care from my immediate family, a discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). The discount is 5% for two children, 10% for three or more children. 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 may be required to pay by an alternate method of payment for the next six month period. 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, RHELC will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. A fee of \$25.00 will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

### 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.

\_\_\_\_\_**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 with a physician's authorization to return to school.

\_\_\_\_\_**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.

\_\_\_\_\_**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.



# ENROLLMENT REGISTRATION INFORMATION

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

\_\_\_\_\_ HOLIDAYS: I understand that the school is closed on the following holidays: New Year's Day, Mardi Gras Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day and New Year's Eve, as well as two other days (with prior notification) 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.

\_\_\_\_\_ ABSENCES/VACATIONS: 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). I also understand that if I withdraw my child during a vacation or any period of time, I will be required to pay a new non-refundable registration fee upon return.

\_\_\_\_\_ 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.

## 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 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 thereunder, is available from the Director.

These policies have been reviewed with me by school 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.

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

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

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

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

Revised 06/14

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

## ENROLLMENT REGISTRATION INFORMATION

### MEDICAL INFORMATION

#### AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

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) do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child. I authorize, for emergency purposes only, a school-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 Louisiana.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**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.**

#### 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: \_\_\_\_\_

#### PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

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

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

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



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



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

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

Revised 06/14

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

## ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps? ☐ Yes ☐ No      How long? \_\_\_\_\_
16. 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? \_\_\_\_\_
17. What words are spoken in your house for toileting? \_\_\_\_\_
18. How does your child express anger or react to frustration? \_\_\_\_\_
19. Does your child have any particular fears? \_\_\_\_\_
20. How does your child react to change (such as being left by parents)? \_\_\_\_\_  
\_\_\_\_\_
21. How does your child comfort himself/herself? \_\_\_\_\_
22. What are your child's play interests (preference for creative, dramatic or construction play)? \_\_\_\_\_  
\_\_\_\_\_
23. How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_
24. When did your child begin to use language? \_\_\_\_\_
25. How would you describe your child (personality characteristics)? \_\_\_\_\_  
\_\_\_\_\_
26. What do you enjoy the most about your child? \_\_\_\_\_
27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_  
\_\_\_\_\_
28. Has your child had previous preschool experiences? \_\_\_\_\_
29. Are you available to help us with field trips or other special events? \_\_\_\_\_
30. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_

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

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

Revised 06/14



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

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