Enrollment Agreement

Welcome!

You've made a great choice for your child! We're honored to become a part of your child's early learning experiences—and we're excited to get to know you, your family members, and the other important people in your child's life.

This enrollment form ensures that we all have the best start possible. We also need this information to comply with child care licensing regulations. (Please don't hesitate to request a copy of those regulations if you'd like.) We'll also set up a time to review our Family Handbook with you very soon.

TELL US ABOUT YOUR CHILD

First Name	Middle	Last	Nickname

Date of Birth	Gender	Language spoken at home
	☐ Female ☐ Male	

Child's home address	Primary phone

Please list family members your child lives with, including the names and ages of siblings:

TELL US ABOUT YOU

The safety of children in our Daycare is our top priority. Daycare staff will release your child only to the parents and guardians listed—or to the other emergency contacts you authorize below.

If you do need to authorize a new pickup person by phone, you may do so—but we will ask you to answer the two security questions you provide here to verify your identity. For your child's safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.

Parent / Guardian	Relationship to child	Primary phone

Home address	Email address

Employer and address	ID number and type	Work phone
	choose type	

Security Questions (2 Required)			
	Question		Answer
	Question		Answer

WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD *(18 or older)*?

The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child.

	Name	Relationship	Address	Primary phone	Secondary phone
Contact #1					
Contact #2					
Contact #3					
Contact #4					

OFFICE USE ONLY

START DATE	END DATE

Parent/Guardian Signature Date

Care Information

Child's Name

Height	Weight	Hair color	Eye color

Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

☐ Physical therapy ☐ Speech therapy ☐ Occupational therapy ☐ Applied Behavior Analysis ☐ Other:
☐ Mobility device ☐ Communication device ☐ Feeding tube ☐ Visual support ☐ Auditory support

Would you like your child's therapists to deliver services at the center? ☐ Yes ☐ No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

List of current medications:

MY CHILD'S MEDICAL CARE PROVIDER

Medical Care Provider name	Practice / Clinic name	
Provider address		Phone
Preferred hospital / clinic	Date of last physical examination	
Dentist name		
Dentist Address		Phone
Health Insurance Provider and policy number		

MY CHILD'S ALLERGIES

☐ Medications Reaction

☐ Food Reaction

☐ Respiratory Reaction

☐ Bee sting Reaction

☐ Other Reaction

Are any of the allergies severe or life-threatening? ☐ Yes ☐ No (If yes, please talk to your Center Director about completing an allergy plan.)

MEDICAL ACKNOWLEDGMENTS

1. **Medication** I will provide written permission for Daycare staff to administer medication with written instructions from me or the child's health care provider, as permitted by local child care licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
2. **Immunizations** I will provide the Daycare with updated immunization information or an exemption for my child.
3. **Illness** If Daycare staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well, as described in the Family Handbook.
4. **Emergencies** In case of an emergency, I understand that Daycare staff will attempt to contact me immediately. I also authorize Daycare staff to:
   - Consult the physician or dentist named above.
   - Administer first aid and/or cardiopulmonary resuscitation.
   - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility. Ambulance and medical bills are paid by the child's insurance and is the parent's responsibility not the Daycare's
   - Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
   - Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

Parent/Guardian Signature Date

Schedules / Transportation / Tuition

Child's Name	Child's Date of Birth

CENTER HOURS

The center is open from 7:00 am am to 6:00 pm pm, Monday through Saturday .

Crayola will be closed Easter & Good Friday, New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and day after, as well as Christmas Day. We also dedicate time every year for professional development. Your Daycare Director will inform you when your Daycare will be Closed for these training days. The Daycare will be open whenever possible on a regularly scheduled day, except in the case of severe weather or Other emergency. Tuition is not reduced as a result of center closures.

PICK-UP INFORMATION

Name	Relationship	Phone
Name	Relationship	Phone

SCHEDULE AND TRANSPORTATION ACKNOWLEDGMENTS

1. **Transportation Changes** I agree to notify the Daycare if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.
2. **Regular Schedule** Tuition is based on the child's regular schedule. I will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not pro-rated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days, except for pre-arranged "reservation weeks."
3. **Absences** I will notify the center by 6:00 am when my child will be absent.
4. **Child Not Picked Up** If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within 45 minutes after closing time, Daycare staff may release my child to the custody of child protective services or other local authorities.

TUITION AND FEE INFORMATION

My Tuition is: ☐ Weekly ☐ Daily

TUITION	DISCOUNT/ADJUSTMENT TYPE (if applicable)	TOTAL TUITION
$		$

- **Late Payment Fee** All tuition is due in advance of services rendered. If tuition is not paid in advance, a late fee of $25 will be charged.
- **Registration Fee** A nonrefundable annual registration and/or equipment fee of $125 is due at the time of enrollment and payable each year. If my child has withdrawn from the program and subsequently re-enrolls, a new registration and/or equipment fee is due at that time.
- **Reservation Week Fee** I agree to pay the full tuition fee even if my child is absent for one or more days. I understand I will receive two (2) vacation weeks per year and the payment for reservation fees are due in advance of the absence. The center requests a two-week notice of an intended vacation.
- **Late Pick-Up Fee** A late pick-up fee of $5 per child per 15 min will be assessed when a child is left beyond the Daycare's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service.
- **Additional Fees** Your child may have the opportunity to participate in special programs, summer programs, or field trips with an additional fee.
- **School-Age Care Fees** If your child regularly attends elementary school but school is not in session due to a school holiday, closure, or early release, he or she may attend a full/half day at the center for an additional $ 40 per day or $ 25 per half day. When school is not in session for the entire week, full-time tuition is $ 200 per week.

SCHEDULED ATTENDANCE

DAY	HOURS OF CARE (e.g., 7 am–6 pm)
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

FOR CRAYOLA USE ONLY

MEALS (please circle)	MEAL DEFINITION:
B A L P	
B A L P	B = Breakfast
B A L P	A = AM Snack
B A L P	L = Lunch
B A L P	P = PM Snack
B A L P	
B A L P	

Photograph

PHYSICAL DESCRIPTION

Eye Color _____ Weight_____

Hair Color _____

Sex_____ height _____

Birth Marks

_____

_____

_____

Financial & Other Terms

Child's Name

FINANCIAL ACKNOWLEDGMENTS

1. **Payment Authorizations** I authorize Crayola Kids daycare (CKD) to:
   - Use my tuition and fee payment checks to initiate electronic debits to my checking account.
   - Attempt to collect on returned checks up to two additional times.
   - Electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law.
   - Initiate one-time ACH debits to my checking account for any amounts owed that become past due (upon written notice from the Daycare.) My payment authorizations will remain in effect until I give the Daycare written notification to terminate the authorization.

2. **Financial Obligations**
   As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.
   Accounts two weeks in arrears may result in immediate termination of services; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.
   Payments from families with prior unpaid returned checks must be in the form of a money order or cashier's check. Families with returned check activity may be subject to immediate termination of services.
   Any prepaid balance of $25 or less which remains at the time of my child's dis-enrollment will not be refunded unless requested in writing within 90 days.
   two weeks written notice is required prior to the last day of attendance. If I do not give written notice of withdrawal, I agree to pay full tuition and fees due for the final two weeks regardless of my child's attendance.

PHOTOGRAPHY OF CHILDREN

I give permission for my child to be photographed and videoed in the Daycare and during program functions and field trips. I understand that photographs/videos may be taken by CKD staff or by other parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications, Instagram Face book & You tube.

Parent/Guardian Initials

OTHER TERMS

Assessments and Screenings
I give permission for my child to participate in early learning assessments and screenings administered by CKD. The results of these assessments will be used by CKD to measure my child's progress and may be used to evaluate, market and update CKD's programs. I will have access to all results of these assessments.

Babysitting
We don't encourage private babysitting by our staff.

Communications
I give CKD permission to communicate with me by telephone, text, e-mail, or other means. I understand CKD's privacy policy applies to the information I provide (Crayolakidsdaycare@teachers.org).

Resolving Disputes
We do not expect any disagreements. However, we agree that, in the unlikely event we have one we can't resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.

FOR PENNSYLVANIA ONLY – Pennsylvania Department of Social Services (PDSS)
The PDSS or other public agencies authorized by PDSS to assume such responsibilities shall have the authority to interview children or staff, and to inspect and audit school records without prior consent. The Daycare shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the Daycare. The Department shall also have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

I have read, understand and accept all of the terms in this Agreement. I will promptly update any information provided for in this Agreement if any information changes. Daycare management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the Daycare without prior notice if, in the sole opinion of the Daycare, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days' notice.

This Agreement will begin on _____. Daycare Director Signature _____ Date _____

OFFICE USE ONLY

- ☐ Immunization Information
- ☐ Medical Information form, if applicable
- ☐ Family Handbook
- ☐ Parent Agreement, Application

Parent/Guardian Signature Date