

Enrollment Agreement

Piggyback Rides and Slippery Slides

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information

Child's Information					
Child's first name		Child's middle name		Child's last name	
Child's Nickname					
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language	
Child's home address			City	State	Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade	School phone
School address			Drop off time		Pick-up time

Family Information

List family members & pets your child lives with – include first names, relation and ages of siblings

Parent/guardian/sponsor		Relationship to child		Home phone	
Cell phone					
Home address if different from above			City	State	Zip
Home email		Work email			Work phone
Employer	Employer address		City	State	Zip
Work hours					
Other parent/guardian/sponsor		Relationship to child		Home phone	
Cell phone					
Home address if different from above			City	State	Zip
Home email		Work email			Work phone
Employer	Employer address		City	State	Zip
Work hours					

Child Emergency Contact and Release Information

Please notify the center if an Emergency Release Contact will pick up your child on a given day.
(For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.)

Person #1					
Relationship to child		Home phone		Cell phone	
Home address			City	State	Zip
Home email		Work email			Work Phone
Person #2		Relationship to child		Home phone	
Cell phone					
Home address			City	State	Zip
Home email		Work email			Work Phone
Person #3		Relationship to child		Home phone	
Cell phone					
Home address			City	State	Zip
Home email		Work email			Work Phone

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial _____ Staff initial _____ Date _____

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Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks _____

Child's Medical & Developmental History

- Does your child have any special medical conditions? No Yes Explain _____
- Does your child have any chronic illnesses? No Yes Explain _____
- Please list a brief history of your child's serious injuries and hospitalizations. _____
- Does your child have diabetes? No Yes *If yes, please attach care instructions from your physician.*
- Does your child have asthma? No Yes *If yes, please attach care instructions from your physician.*
- Will medication be administered regularly? No Yes *If yes, please attach care instructions from your physician.*
- Does your child have any special dietary needs? No Yes Explain _____
- Is your child able to fully participate in all activities? Yes No Explain _____
- Does your child have any physical restrictions? No Yes Explain _____
- Does your child function at the level of other children in his/her age group? Yes No Explain _____
- Is your child able to walk Yes No _____
- Can your child communicate his/her needs? Yes No _____
- Please list all current medications used by your child. _____
- Does your child rest during the day? No Yes
- Is your child toilet trained? No Yes
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc? No Yes Explain _____
- Does your child require on-to-one care/supervision on a regular basis for a significant period of time? No Yes Explain _____
- Does your child require any accommodations or modifications to fully and equally enjoy and participated in a group care setting?
 No Yes Explain _____

Illness History (please check all that apply)

<input type="checkbox"/> Vision problems	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Seizures
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Mouth sores
<input type="checkbox"/> Constipation	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Fainting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Persistent cough
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Urinary track infections	<input type="checkbox"/> Other

Please attach care instructions from your physician for any of these illnesses.

Disease History (please check all that apply and add the date)

<input type="checkbox"/> Chicken Pox (Varicella) _____	<input type="checkbox"/> Bronchiolitis _____	<input type="checkbox"/> Botulism _____
<input type="checkbox"/> Measles Rubeola _____	<input type="checkbox"/> Pneumonia _____	<input type="checkbox"/> Haemophilus Influenza _____
<input type="checkbox"/> Rubella (German Measles) _____	<input type="checkbox"/> Pertussis (Whooping cough) _____	<input type="checkbox"/> Meningococcal Infection _____
<input type="checkbox"/> Mumps _____	<input type="checkbox"/> Tetanus _____	<input type="checkbox"/> Rabies _____
<input type="checkbox"/> Scarlet Fever _____	<input type="checkbox"/> Diphtheria _____	<input type="checkbox"/> Bacterial Meningitis _____

Allergies/Diet (please list)		Food Allergies	
Medication Allergies	Reaction		Reaction
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
Special Diet Requirements	Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please attach care instructions from your physician for any life-threatening allergies...

Miscellaneous Screenings and Tests (please check all that apply and add the date of last screening)

<input type="checkbox"/> Vision _____	<input type="checkbox"/> Developmental _____	<input type="checkbox"/> Tuberculosis (PPD) _____
<input type="checkbox"/> Hearing _____	<input type="checkbox"/> Aptitude _____	<input type="checkbox"/> Sickle Cell Anemia _____
<input type="checkbox"/> Speech _____	<input type="checkbox"/> Educational _____	<input type="checkbox"/> Other _____

To the best of my knowledge the information contained above is accurate.
 Parent initial _____ Staff initial _____ Date _____

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Medical Information (continued)

Child's name	Birth date
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Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
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Child's Immunization History *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that your child may have received.

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus Influenzae type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. **Initial**
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs. _____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. _____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. _____

Emergency Medical Authorization & Consent

- In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. **Initial**
- In case of a medical emergency, I agree that my child may receive first aid and/or CPR. _____
- In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. _____
- In case of a medical emergency, I will be responsible for the emergency medical expenses. _____
- In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. _____

Application of Topical Creams

- I give my permission to this center to apply diaper cream sunscreen and insect repellent to my child. *Please check which product you will permit.* **Initial**
- I understand that I must supply my own diaper cream sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name. _____
- I have special instructions for the application process. None _____ _____

Parent initial _____ Staff initial _____ Date _____

Other Agreements and Contract

Hours of Operation

Regular operating hours are Monday through Friday from 6:30AM to 5:00PM except closings noted in the Parent Handbook. There is no reduction in tuition as a result of center closures.

In the event of a delayed opening or closure due to severe weather or other conditions, notification will be made through the WMUR School Closings and recorded on the center answering machine which can be reached at (603) 744-9448. If it becomes necessary to close early, we will contact you or another party on the emergency contact list for pickup.

Scheduled Attendance and Fee Policy

The days and hours that I wish to contract for child care are as follows:

Day of the week	Drop off Time (AM/PM)	Pick up Time (AM/PM)	Total Hours	Comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

I would prefer to make tuition payments on a _____ weekly _____ bi-weekly _____ monthly basis.

The following is to be completed by staff and parent/guardian and initialed by parent:

Initial

Starting on _____ a fee of \$ _____ is due on a _____ basis

Understanding of Payment Policies:

Initial

Tuition is due and payable in advance on the Friday before.

Tuition is not subject to discounts for holidays, absences, closures or any other reason

A late fee of \$5.00 per day is due if tuition is not received on time.

A non-refundable registration fee of \$35.00 is due at time of registration.

A fee of \$5.00 per 10 minutes will be applied per child for late pickups after 5:00PM

Accounts in arrears may result in immediate termination of service.

Field trips offered may result in additional fees of which parents are notified in advance.

All returned checks will be charged a fee of \$35.00.

A receipt will be provided for all payments for income tax purposes.

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement.

Initial

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

Initial

Other Agreements (continued)

Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. Initial

Handbook Acknowledgement

I understand that it is my responsibility to read and familiarize myself with the policies and procedures outlined in the Parent Handbook and agree to abide by them. I also understand that it is my responsibility to obtain clarification from management at the center for any questions I may have. I am also aware that the Parent Handbook may be subject to change. Initial

Note to Parent(s) or Guardian(s): The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Child Care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available to parents to review upon request. Statement of findings and corrective action plans are also available online at: https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y'; or by calling the unit at (800) 852-3345, ext. 9025 or (603) 271-9025.

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgement of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- a. I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group
b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group
c. I do not give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group

Contract Approval

I certify that I have read, understand and accept all of the terms and conditions described in the Enrollment Agreement and Parent Handbook
Parent/Guardian/Sponsor Signature Date
Center Staff Signature Date