

Enrollment Form

Date of Admission:_____ Classroom:_____

Child Information

Name:_____ M/F _____ Date of Birth:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Ethnicity:_____ Primary Language:_____

Eye Color:_____ Hair Color:_____ Height:_____ Weight:_____

Parent/Guardian Information

Name:_____ Relationship to Child:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Home Phone Number:_____ Cell Phone Number:_____

Email Address:_____

Place of Employment:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Work Phone Number:_____ Work Hours:_____

Parent/Guardian Information

Name:_____ Relationship to Child:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Home Phone Number:_____ Cell Phone Number:_____

Email Address:_____

Place of Employment:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Work Phone Number:_____ Work Hours:_____

Any custody agreements, court orders, and/or restraining orders pertaining to the child? _____

(If yes, please attach copies)

Parent/Guardian Signature

Date



Developmental History Information

(Licensing regulations require this information to be on file to address your child's individual needs while in our care)

Child's Name: _____ Date of Birth: _____

Developmental History

Age your child began: Sitting: _____ Crawling: _____ Walking: _____ Talking: _____

Does your child use a pacifier? _____ If yes, when? _____

Does your child have a fussy time? _____ If yes, when? _____

How do you soothe your child? _____

Can your child self-soothe? _____ If yes, how? _____

Does your child have any speech difficulties or developmental delays? _____

If yes, explain: _____

Health

Any complications at birth? _____ If yes, explain: _____

Serious illness and/or hospitalizations? _____

Special physical conditions and/or disabilities? _____

Any allergies and/or asthma? _____ If yes, explain: _____

Your child's overall health is: _____

Eating

Can your child feed themselves? _____

Does your child use: Hands: _____ Spoon: _____ Fork: _____ Knife: _____

Does your child use: Bottle: _____ Sippy Cup: _____ Regular Cup: _____

Favorite Foods: _____

Refused Foods: _____

Does your child sit at: High Chair: _____ Booster Seat: _____ Regular Chair: _____

Any special feeding/eating instructions? _____

Toileting

Are disposable or cloth diapers used? _____ Frequency of diaper rash? _____

Do you use: Oils: _____ Powders: _____ Lotions: _____ Creams: _____
Is your child potty trained? _____ If not, have you begun potty training? _____
How do you handle toileting? _____
What is used at home? Potty Chair: _____ Child Seat: _____ Toilet: _____
Are bowel movements regular? _____ How many per day? _____
Is there an issue with diarrhea? _____ Constipation? _____
Does your child have accidents? _____ Is your child reluctant to use the toilet? _____
What words does your child use to indicate bathroom needs? _____

Sleeping

Does your child sleep in a: Crib: _____ Bed: _____
Does your child become tired or nap during the day? _____ If yes, for how long? _____
What time does your child go to bed at night? _____ Get up in the morning? _____
Describe any special characteristics or needs for sleeping/walking: _____

Social Relations

Describe your child: _____
Favorite toys/activities: _____
Fears: _____
What is your behavior management/discipline at home? _____

What do you want your child to gain from their experience at Early Learners Academy?

Parent/Guardian Signature

Date



First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program, who are trained in the basics of First Aid/CPR, to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____ Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (in order to be contacted)

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to this person? Yes _____ No _____

Parent/Guardian Signature

Date

Child Pickup Authorization

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Can pick-up child **without** notification? Yes _____ No _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Can pick-up child **without** notification? Yes _____ No _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Can pick-up child **without** notification? Yes _____ No _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Can pick-up child **without** notification? Yes _____ No _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Can pick-up child **without** notification? Yes _____ No _____

Parent/Guardian Signature

Date



Photo/Walking Field Trip Permission Form

Authorization for Taking Child's Picture

During the course of various activities, pictures may be taken to document the child's accomplishments. We are requesting your permission to display your child's picture within the school, Early Learners Academy's Facebook and Instagram pages, the school's website, or other social media outlets to illustrate these activities.

_____ Yes _____ No _____ Within the **School Only**

Walking Field Trip Permission

From time to time, we take the children on walks outside of the building, but still on the premises of Early Learners Academy. This includes the parking lot and nature trail in the back of the building. We are requesting your permission to allow your child to participate in these group walks.

_____ Yes _____ No

Parent/Guardian Signature

Date



Sunscreen Permission Form

I, _____ give my child _____
permission to have sunscreen applied. I agree to apply the first
application of sunscreen prior to dropping him/her off at Early
Learners Academy, daily when needed.

_____ I will supply sunscreen for my child with his/her name on the bottle.

Brand: _____

Parent/Guardian Signature

Date



Electronic Funds Transfer Automatic Payment Agreement

Child's Name: _____

Account (Parent's Last Name): _____

Payment Plan 1: Automatic Bank Draft (weekly draft from checking/savings account)

_____ ☐ Checking
Print Name on the Account _____ ☐ Savings

Address	City	State	Zip Code
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Name of Bank

Routing Transit Number	Account Number (attach voided check)
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Authorized Signature

Bank Authorization: I authorize Early Learners Academy to deduct my current balance on Thursday of each week prior to the week of service from my account with the financial institution named above for payment of my weekly child care tuition. I understand that I have the right to stop these automatic payments upon 14 days written notice to Early Learners Academy prior to the time my account is charged. I also understand that Early Learners Academy reserves the right to end this payment and my participation therein. I understand that transactions returned unpaid by my financial institution will result in a \$35 returned fee being added to my Early Learners Academy account.

Please start with the billing cycle beginning _____ (month) _____ (day) _____ (year).

Authorized Signature

Payment Plan 2: _____ Cash _____ Check



Transportation Plan

Child's Name: _____

Date of Birth: _____

My child will **arrive** at the program:

My child will **depart** from the program:

_____ Parent Drop Off

_____ Parent Pick Up

_____ Supervised Walk

_____ Supervised Walk

_____ Unsupervised Walk

_____ Unsupervised Walk

_____ Public/Private/Van

_____ Public/Private/Van

_____ Program Bus/Van

_____ Program Bus/Van

_____ Contract/Van

_____ Contract/Van

_____ Private Trans. Arranged by Parent

_____ Private Trans. Arranged by Parent

_____ Other : _____

_____ Other: _____

Please notify the center if your child will be in late or absent for the day.

Parent/Guardian Signature

Date





Parent Agreement Contract

Child's Name: _____ Start Date: _____

Please fill in the hours of care and education that are needed accurately. These hours will be used to staff accordingly. There can be NO exceptions to this schedule without checking the office first. In order to change your scheduled hours, a new Parent Contract will be filled out by you at least one week in advance. If we can accommodate you and still remain properly staffed, we will.

Monday	Tuesday	Wednesday	Thursday	Friday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Please Check One:

Full Day(9hr) ____ Half Day(4hr 12:30 pickup) ____ School Day(7hr 3:30 pickup) ____ Ext. Day(+9hr) ____

Weekly method of payment: ____ Auto bank draft ____ Cash/Check

- To secure a spot for your child, a non-refundable registration fee, and first week's contracted tuition are required.
- The one time registration fee is \$100 per child or \$150 per family.
- The annual enrollment fee of \$80 per child or \$120 per family will be charged yearly on September 1.
- There is a two-day minimum commitment per week.
- Four hours or less is considered half day; anything over hours or up to nine hours is considered full day.
- Full-time care should not exceed nine hours per day. If not contracted for extended day, there will be a daily charge per child.
- Tuition is due on the Friday before care is given. If paid after 9:00am on the following Monday, our system automatically bills a late fee of \$25 per week until the balance is paid in full.
- If hours of care exceed the contracted amount, the parents/guardians will be subject to additional tuition charges accordingly.
- Accounts in arrears will be subject to termination and parents/guardians held responsible for litigation.
- There is a \$25 charge for all returned checks and declined bank drafts. If a replacement payment is not made within 24 hours, a \$25 late fee will also be assessed.
- Agreed upon days and times on this contract can only be altered when another Parent Agreement Contract is filled out and given to the office.
- Late departures after closing are subject to \$25 per quarter hour per child. After closing, if we are unable to contact you or the emergency contacts provided, local authorities will be called after a reasonable amount of time has passed.
- No child will be cared for when sick with an infectious illness, or are unable to participate within state mandated ratio, for the well-being of your child as well as others. Credit cannot be issued for a child who is out sick. For extended absences due to illness, parents may choose to use their one-week vacation credit.
- When leaving the program, a two-week written notice must be given to the Director. If no notice is given, your account will be billed accordingly.

- **Vacation credit:** One week per calendar year (Jan-Dec) is allowed at ½ of your weekly rate. Children are not eligible to attend during this period.
- **Please contact your Director as soon as pertinent information that needs updating in your child's file occurs.** (Example: emergency contacts, address, home/work phone numbers, times, medical information).
- **Early Learners Academy will be closed according to our published list of holidays. The weekly tuition rate remains the same during the holiday week. NOTE: If your child attends part-time and is scheduled to attend on a holiday, another day cannot be submitted.**
- **In the instance of school closure due to inclement weather or facility emergency, weekly tuition remains the same.**
- **Sunscreen will only be applied after the Sunscreen Permission Slip is signed.**
- **Non-solicitation:** Families of Early Learners Academy cannot solicit, hire, or employ a staff member during hours that interfere with their work schedule for one year after leaving the center. If a family chooses to solicit, hire, or employ a staff member they will be subject to pay a \$2,500 solicitation fee, which will be paid via check, cash, or automatic bank draft.
- **I hereby release Early Learners Academy, its officers, directors, and employees from all liability for injury to my child, in excess of the amount payable under the insurance carried by Early Learners Academy.**
- **Early Learners Academy does not discriminate on the basis of gender, race, color, sexual orientation, disability, religion, or national origin.**

Parent's Printed Name

Date

Parent's Signature

Administration use only:

Tuition: _____

Registration fee: _____

Type of schedule: _____

Special promotion or discount: _____

Director signature: _____





Important Information for Families

To help ensure a safe and comfortable learning environment for everyone, we wanted to share some important information:

1. ****No Toys from Home:** ** Please do not bring any toys from home into the classroom. We have a variety of educational and engaging materials for them to enjoy during their time with us. Toys from home get lost, broken and can cause issues between classmates.
2. ****Comfort Items:** ** To help your child feel at ease, you may send them with a stuffed animal or a comfort item from home. Having something familiar can be comforting as they separate from you, rest and recharge.
3. ****Nut-Free Zone:** ** Our classrooms are nut free zones due to allergies. For the safety and well-being of all our students, we do not serve any items containing nuts of any kind or nut products. A child may be allergic to one type of nut or multiple types, so it is recommended that people with one nut allergy also avoid other nuts. Tree nuts include Almonds, walnuts, pecans, pistachios, macadamia nuts, cashews, hazelnuts, Brazil nuts, pine nuts, lychee nuts and acorns. While peanut allergy and tree nut allergy are two different allergies, some people are allergic to both. Even though peanuts are more closely related botanically to legumes than they are to tree nuts, people who have peanut allergies or at higher than normal risk of tree nut allergy. Alternatives to peanut butter to pack for sandwiches or as spread are: Sunflower butter, Tahini, cookie butter, soy nut butter and coconut butter.
4. ****Extra Clothes:** ** Children are naturally curious and may get a little messy during various activities. Accidents happen, and extra clothes can help your child stay comfortable throughout the day. Please pack a spare set of clothes labeled with your child's name in their backpack.
5. ****Label all items**** Please write name on all belongings so that we can keep your child's things from getting lost or mistaken for someone else's.
6. ****Appointments**** We advise that doctors' appointments or other types of appointments be made as early as possible or in the late afternoon. If a child is returning from an appointment and it's after 11:30, that child must have eaten already and not napped in the vehicle during transport. Toddler age students are not allowed to return after 11:30 because of the anticipated crying that may take place during separation from parents and the possible disturbance it may cause. When lights are out and teachers are trying to comfort children to rest, teachers are not able to aid a crying or screaming child and offer the comfort they need. ELA staff can determine on a case-by-case basis if arrangements are made in advance under certain circumstances.
7. ****Candy policy**** We encourage healthy foods and discourage sugary snacks such as candy. Please do not pack candy in your child's lunchbox, as it will not be served.
8. ****Transitions to new classroom**** As your child grows with our center, he/she will transfer to the next classroom considering age of student and developmentally appropriate placement. You will be notified 2 weeks prior to any move via transition letter and certificate of completion. Also, through communication from an administrator or classroom teacher.
9. ****Procure APP**** Prior to your child starting, you will receive an invitation through e-mail to sign up for our school communication app. Check your e-mail and spam.
10. ****Door code**** On or near your start date, you will be issued a 4-digit door code to enter the school that only you and your authorized pick ups will get at your discretion. We ask that you do not hold the door open to anyone and close the door behind you.
11. Our education program begins at **9:00 am**, so we ask that **all students have arrived by 9:00am**. This allows every child to have breakfast with us, settle in to class and be ready to learn. If you are going to be late, please reach out on Procure or call the center to let us know. This should be an infrequent occurrence as we understand things sometimes happen.

What to bring on the first day to school:

ALL items must be labeled with name

Infants:

- 3 changes of seasonally appropriate clothes
- Appropriate outerwear
- Weekly diaper supply
- Weekly wipe supply
- Premade bottles or breast milk supply (name and date any breast milk)
- Pacifier if needed
- Sleep sack **with arm holes**
- Extra snacks/baby food

Toddler 1:

- 3 changes of seasonally appropriate clothes
- Appropriate outerwear
- Weekly diaper supply
- Weekly wipe supply
- Pacifier if needed
- Crib sheet for rest time
- Blanket for rest time
- Extra snacks am+pm

Toddler 2:

- 3 changes of seasonally appropriate clothes
- Appropriate outerwear
- Weekly diaper supply
- Weekly wipe supply
- Pacifier if needed
- Crib sheet for rest time
- Blanket for rest time
- Extra snack am+pm

Toddler/Preschool:

- 3 changes of seasonally appropriate clothes
- Appropriate outerwear
- Weekly diaper supply
- Weekly wipe supply
- Pacifier if needed
- Crib sheet for rest time
- Blanket for rest time
- Extra snacks am+pm

Preschool:

- 2 changes of seasonally appropriate clothes
- Crib sheet for rest time
- Blanket for rest time
- Appropriate outerwear
- Extra snacks am+pm

Pre-K:

- 2 changes of seasonally appropriate clothes
- Crib sheet for rest time
- Blanket for rest time
- Appropriate outerwear
- Extra snacks am+pm

K-Prep:

- 2 changes of seasonally appropriate clothes
- Crib sheet for rest time
- Blanket for rest time
- Appropriate outerwear
- Extra snacks am+pm

