



Enrollment Agreement

Bountiful Blessings Learning Center

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									
Email Address									
Parent/guardian/sponsor			Relationship to child			Home phone		Cell phone	
Home address					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					City		State		Zip
Home email			Work email				Work phone		
Employer		Employer address			City		State	Zip	Work hours
Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)									
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.

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
--------------	------------	--------	--------	------------	-----------

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 _____
- Does your child need assistance at meal time? No Yes Explain _____
- 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 one-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 participate 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 tract 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 (please list)

Medication Allergies	Reaction	Food Allergies	Reaction
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
Other Allergies	Reaction	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 _____

Medical Information (continued)

Child's name	Birth date
--------------	------------

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State
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
--	---------------	--	---------------

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. Immunizations in bold are required by our state.

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. I agree to inform the center within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. 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 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .	_____

Emergency Medical Authorization & Consent

In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , 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.	_____

I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which products you will permit.</i>	Initial
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.	_____
I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process. _____	_____

Rate Agreement and Contract

Child's name	Birth date
--------------	------------

Hours of Operation

Regular operating hours are **6:30am to 5:30pm** except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on local news station for our city public schools and /or check our center voicemail/mobile app. If it becomes necessary to close early, we will contact you via email / by phone/ Mobile App or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on _____ a fee of \$ _____ is due	<input type="checkbox"/> weekly. <input type="checkbox"/> bi-weekly. <input type="checkbox"/> monthly.	Initial
- Tuition is due and payable Upon Entry	<input type="checkbox"/> Every Monday. <input type="checkbox"/> the 1 st and 15 th of the month or next business day. <input type="checkbox"/> first business day of the month.	
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absence other than hospitalization, contagious illness, or absence at the request of a doctor (a written doctor's note is required to receive credit).		
- I agree to pay the full tuition in advance of services rendered.		
- I agree to pay the full tuition fee even if my child is absent for one or more days.		
- A late fee of \$25.00 is due if tuition is not received on time. A non-refundable registration fee of \$100.00 is due annually.		
- ECC ---My Children must be Swiped IN/OUT each day. I will be charged an additional \$25 for each day requiring manual submittal to Social Services, due upon notification.		
- A late pick up fee of \$1 per minute per child is due if my child is not picked up before closing. Holiday Fees are \$10 per min for every ten mins on the hour. Due upon		
- Accounts two weeks in arrears may result in immediate termination of service.		
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.		
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$35.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order/cash only" status.		
- A 2-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in a two week balance due immediately.		
- A receipt for income tax purposes will be provided upon request.		

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 to 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 and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.	Initial
--	----------------

Other Agreements (continued)

Child's name	Birth date
--------------	------------

Walking Excursions / Field Trips / Activities

I give my permission for my child to participate in supervised walking excursions near and around the center or field trips in an authorized vehicle. I understand I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

Initial _____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.

Initial _____

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

Information contained in the Family Handbook may be subject to change.

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date
---	------	------------------------	------

Date Child Entered Center: _____ **Date Left Center:** _____

****If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**

OFFICE USE ONLY / IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Document Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of Identity is not provided): _____
Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from school (i.e. after school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

School Age Child Care Supplemental Enrollment Form

Bountiful Blessings Daycare

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
Child will be attending: <input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care				
My Child is allowed to walk (3 rd grade and older*): <input type="checkbox"/> To School from Child Care <input type="checkbox"/> From School to Child Care				
*Note: Bountiful Blessings Learning Center is not liable for the child until he/she arrives at the program or after the child has left the program to walk to/from school.				

After School Activities Information

Complete the information below to provide us with details about after school activities your child is participating in. Please complete a separate Transportation and School Activity form for each activity.

Transportation and After School Activity				
My child is transported to school via:		My child is transported from school via:		Bus #:
Parents are responsible for informing child care center in writing if your child(ren) will be participating in an after school activity:				
Child participates in the following after school activities (list all):				
Type of Activity:				
Day of the week child is attending activities (circle all that apply): M Tu W Th F				
Time period of activity:		Day:		Day:
Day:	Day:	Day:	Day:	Day:
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:
End Time:	End Time:	End Time:	End Time:	End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:				

Transportation and After School Activity				
My child is transported to school via:		My child is transported from school via:		Bus #:
Parents are responsible for informing child care center in writing if your child(ren) will be participating in an after school activity:				
Child participates in the following after school activities (list all):				
Type of Activity:				
Day of the week child is attending activities (circle all that apply): M Tu W Th F				
Time period of activity:		Day:		Day:
Day:	Day:	Day:	Day:	Day:
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:
End Time:	End Time:	End Time:	End Time:	End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:				

Your child's safety is our number one priority. Bountiful Blessings Learning Center will not release children from the program without the above information **in writing**.

Primary Parent/Guardian/Sponsor Signature

Date