

ENROLLMENT AGREEMENT

Please complete this Enrollment Agreement, as this information is necessary to comply with the state child care licensing regulations, in addition to, supplying Four Square with information that will allow us to offer individual and quality care for your child.

CHILD INFORMATION

Child's Full Name (FIRST, MIDDLE, LAST) _____

Nickname: _____

Birthdate or Due Date: _____ Boy _____ Girl _____

Child's Primary Language: _____ Parents Primary Language: _____

Home Address: _____

Does your child attend school?

Yes _____ No _____ Elementary School: _____

School Phone: _____ Grade: _____




School address: _____

School transportation provided by: Elementary School _____ Parent _____ Four Square _____

Other (please specify) _____

ENROLLMENT SCHEDULE

It is required for all children enrolled to have a set schedule. Below is a definition of the different available schedules.

-  **Full Time:** Full time enrollment is considered 5 days of care each week, and reserves a spot for your child during all hours of operation.
-  **Part Time:** Part time enrollment allows your child to attend full days, less than 5 days a week. If you choose a part time schedule, we require that you commit to a weekly schedule so that we may arrange for adequate staffing and supplies. If your child is ill or a holiday falls on one of their scheduled days, tuition will not be discounted. Your child may attend an additional or alternate day when available, however, you will be charged for the day(s). Days cannot be switched out or traded. **Four Square desires part time schedule to consist of 3-4 days a week, however, will provide families with 1 to 2 day schedules until a classroom can no longer accommodate it.** At that time, you will be given the option of enrolling your child additional day(s).
-  **Overtime:** All children requiring care an excess of 10.5 hours per day will be charged an Overtime Rate of an additional \$5.00 each day exceeding 10.5 hours, \$10 for infants. These days must be set and scheduled for the year otherwise late fees will apply, refer to Fees and Charges for rate.

Please check the program, as well as, circle days you are registering for.

	Infant	M	T	W	TH	F	Circle schedule choice
	Toddler	M	T	W	TH	F	
	Preschool	M	T	W	TH	F	
	Before School	M	T	W	TH	F	
	After School	M	T	W	TH	F	
	Overtime Care	M	T	W	TH	F	

***All schedule changes must be made in writing with a two week notice before they can go into effect, when available. Due to our capacity and state ratios there may be a delay in acquiring your desired schedule.**

PARENT/GUARDIAN INFORMATION

***Please star best form of communication

	Father	Mother
Name		
Street Address		
City, State, Zip		
Cell Service Provider (required to receive texts)		
Cell Phone #		
Work Phone #		
Home Phone #		
Employer		
Employer Address		
Email Address		

EMERGENCY CONTACTS

You listed two individuals (other than parents) who are authorized to pick up your child on Form E-100. Four Square will only release your child to adults you designated as authorized. It is our policy to check photo ID when anyone other than the parent/guardian is picking up.

You must contact Four Square and give verbal permission for anyone other than the adults listed on form E-100 to pick up your child. In addition, they will need the *confidential password* listed below.

Confidential Password of your choice: _____

GENERAL HISTORY

1. Has your child had any previous child care experience? If yes, please list previous locations of care. _____

2. What are your child's favorite toys? _____

3. Special interests of your child: _____

4. How do you comfort your child, with a special blanket, pacifier, rocking, or etc.? _____

5. Please circle the behaviors you find most applicable for your child, in addition to any other comments you have on your child's behavior.

CHEERFUL

OFTEN SHY

OUTGOING

QUIET

GROUP LEADER

INDEPENDENT

ACTIVE

PHYSICAL

OBSERVANT

CALM

SENSITIVE

Comments: _____

6. List any fears your child has, and how they typically express their fear. _____

7. Is there any other information regarding your child you think would be beneficial for the teachers to know, assisting in providing quality, loving, and individual care? _____

DAILY ROUTINES - INFANT (only fill out if child is less than 16 months)

Is your baby breastfed _____ or bottle fed _____

What type of bottle? _____

What type and size of nipple? _____

Does your baby cry when going to sleep? _____

Does your baby use a pacifier? _____

Does your baby have any special feeding requirements? _____

What is your child's current eating schedule? Please also add an approximat time your child eats each of these meals.

	Solid Foods	Formula/Breast Milk/Milk	Juice
Breakfast			
Lunch			
Snack			

Four Square will provide baby food, iron fortified infant oatmeal up to 12 months of age. If you would prefer us to offer your child something different, you will be responsible to supply the items.

DAILY ROUTINES – INFANTS, TODDLERS & PRESCHOOLERS

Does your child have a security item (blanket/stuffed animal) they need to sleep? _____

What is your child's current sleeping schedule?

Night Time: _____ to _____

AM Nap: _____ to _____

PM Nap: _____ to _____

TOILETING

Does your child have constipation problems? _____

Is your child toilet trained? _____

Does your child get frequent diaper rashes? If so, how do you treat them? _____

Four Square will provide wipes, diapers and ointments must be brought from home.

ADDITIONAL COMMENTS

Four Square strives to offer the best care possible for each child. Please add any additional comments regarding your child that you feel are beneficial for us to know. This will allow us to offer individual care that your child deserves and needs. _____

ALLERGIES & ASTHMA

Four Square is a **nut free** environment.

Does your child have allergies? YES _____ NO _____ If so, please check all that apply.

Food

Environmental

Special food accommodations as determined by a physician _____

If your child has allergies, please fill out the Emergency Care Plan (Form A-500), and any prescription/non- prescription forms (forms M-200 and M-300).

Does your child have asthma? YES _____ NO _____

If your child has asthma, please fill out the Asthma Individual Child Care Plan Form (Form A-600).

MEDICAL PROVIDERS AND HEALTH INSURANCE INFORMATION

Four Square will refer to Form E-100, Emergency Contact Information, in case of an emergency.

Parents are notified as soon as possible if illness or an emergency requires immediate medical attention. In an emergency situation, 911 is contacted immediately, and then we contact the family. We will use the insurance information provided on Form E-100.

MEDICAL POLICIES

- Prior to enrollment, you must provide the center with updated medical and immunization information for your child (Forms H-300 and H-500). This information must be updated when your child enters a new program (infant to toddler, toddler to preschool, etc.). Children may not attend without appropriate medical records.
- You must promptly provide Four Square with any information regarding illnesses, allergies, or special needs that may require specific care.
- If your child becomes ill while at the center, you must pick up your child within one hour of us notifying you.
- If your child is diagnosed with a reportable contagious disease, your child may not return to the center until they are no longer contagious. In some cases, our Health Evaluation Referral Form (Form H-400), will need to be filled out by your child's physician before they can return.

- Your child will be excluded from the center if he or she:
 - 1) Has a temperature over 100 degrees. Your child will need to stay home until they are fever free for 24 hours without the aid of fever reducing medication
 - 2) Has vomited. Your child will need to stay home for 24 hours after they have thrown up last
 - 3) Has contagious pink eye, or drainage from the eye
 - 4) Has an undiagnosed rash. A child may return to daycare with a physician's note stating they are not contagious
 - 5) Has more than 2 loose stools since admission
 - 6) Has lice, ringworm, or scabies that is untreated
 - 7) Is experiencing significant respiratory distress
 - 8) Has a bacterial infection such as impetigo or strep, and has not completed 24 hours of antibiotics
 - 9) Is not able to participate in the child care program activities
 - 10) Requires more care than the staff can provide without compromising the health and safety of the other children.

FEES AND CHARGES

- 1) Registration Fee: Four Square has a one-time non-refundable registration fee of \$55 *per family*.
- 2) Deposit: Before your child is admitted into Four Square, or to hold a future spot, a deposit must be paid. This fee is equal to one week of child care. This fee will be credited to your last week's tuition when you decide to depart from Four Square. The deposit will not be returned if a two week written notice is not given or if your child never attended Four Square.
- 3) Late Pick - Up Fee: Late fees apply to all children remaining after 6pm or 10.5 hours and to sick children, 1 hour after parents have been called. The Late Fee is a charge of \$15.00 per child for the first 10 minutes and a \$1 per minute thereafter, unless it is prearranged. When prearranged the fee will be \$5.00 for the first 10 minutes and a \$1 per minute thereafter. This fee covers Four Square's costs for providing care after 6pm and the additional staff needed when a sick child is isolated from the group.
- 4) Late Payment Fee: For each day tuition is late, your child's account will be charged \$10, *unless prior arrangements have been made with the director*.
- 5) Key Cards: Each family will receive two key cards upon enrollment. A fee of \$10 will be charged for each additional or lost card.
- 6) Holding Fee & Deposit: We require an additional two-week deposit if you wish for us to hold your spot. A holding fee, equivalent to ¼ of the regular tuition will be applied each week you are away. The deposit will be credited to your account on the 5th week upon your return. We reserve the right to refuse to hold a spot.
- 7) Overtime Rate: All children requiring care an excess of 10.5 hours per day will be charged an overtime rate of an additional \$5.00 each day exceeding 10.5 hours. To receive the Overtime rate schedules must be prearranged and fixed or Late Pick-Up Fees apply.

TUITION POLICIES

All families must have an Automatic Payment Form completed and on file. Tuition is due Monday for the current week of care. For last minute drop-ins, your account will be charged the additional fees the following week if payments for the current week have already been processed. If you are unable to provide the required information; other payment arrangements must be made with the director prior to the beginning of the program. *Daycare fees will automatically increase each year for cost of living. The new rates will be effective each September.*

Four Square budgets on scheduled enrollment, and therefore will not issue a refund on tuition if your child is absent.

The payment fee shall be \$ _____ per week. Care shall be provided normally from _____ to _____. Payment shall be due on Monday for the current week.

Deposit received: Yes _____ No _____ Amount _____

If Four Square fails to receive your tuition payment for two consecutive weeks, your child's enrollment will be immediately terminated and Four Square will pursue collection remedies for any and all unpaid tuition, associated costs, disbursements, and attorney fees. In order to provide the greatest care for children and staff, we must budget for everyday costs.

If your child is enrolled on a part-time schedule, and his/her normal day of attendance should fall on a legal holiday, regular payment is still required. If a holiday falls on a Saturday, Four Square will be closed the preceding Friday. For holidays that fall on Sunday, Four Square will be closed the following Monday. Four Square observes holiday hours, open 8-5 one week per year for Christmas. Exact dates will be posted yearly in the Fall Newsletter. The following are paid holidays and staff development days:

Four Square Observed Holidays:

- 1) New Year's Day
- 2) Memorial Day
- 3) July 4th
- 4) Labor Day
- 5) Thanksgiving
- 6) Friday after Thanksgiving
- 7) Christmas Eve
- 8) Christmas

Four Square Staff Development Days:

- 1) Good Friday
- 2) Provider's Appreciation Day (Friday before Mother's Day)
- 3) Columbus Day

I have read, understand, and agree to all the tuition policies and paid Four Square closings above.

PARENT/GUARDIAN SIGNATURE:

DATE:

OTHER TERMS

- 1) Four Square's programs and policies are scheduled to change.
- 2) I understand and agree to notify the center by 10am when my child is absent.
- 3) I understand and agree to notify staff if my school age child does not need transportation to or from school on a specific day.
- 4) I agree to let Four Square communicate with me by phone, email, or written communication. Please note the best form of communication in *Parent/Guardian Information* section.
- 5) Four Square may terminate this contract without prior notice if we believe it is in the best interest of the child, or Four Square.

I have read, and agree to all the terms listed above.

PARENT/GUARDIAN SIGNATURE

DATE

AUTHORIZATIONS

- 1) I authorize Four Square to transport my child to and from field trips and educational outings. I understand that for each field trip, Four Square will send home a field trip authorization form I will need to sign in advance of the scheduled activity.
- 2) I authorize Four Square to take my child on walks within the local area.
- 3) I authorize Four Square to photograph and video tape my child during program activities and field trips. Those pictures will be displayed inside of Four Square, posted on Four Square's Facebook page, placed in newsletters, etc.
- 4) I understand that Four Square's Health Consultant has access to my child's file during monthly center visits.

PARENT/GUARDIAN SIGNATURE

DATE

TERMINATION AGREEMENT

This contract may be terminated by either parent/guardian or provider by giving **AT LEAST** a two week written notice in advanced to the ending date. Payment by parent/guardian is due for the notice period, whether or not the child is brought to the provider for care. The provider may terminate the contract with out giving any notice if the parent/guardian does not make payments when due.

SIGNATURES

By signing this contract, parent(s)/guardian(s) agree to abide by the written policies of Four Square. Four Square may amend the policies by giving the parent(s)/guardian(s) a copy of the new or changed policies at least four weeks before they go into effect.

PHILLIP SHAVER

DATE

MOTHER/LEGAL GUARDIAN

DATE

FATHER/LEGAL GUARDIAN

DATE