

# 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 Parent Handbook with you very soon.

The most important thing we want you to know is this: we are committed to making your time with us a positive one. Please call us any time, no matter how small your question may seem—especially in the first few weeks, as your family gets used to a new routine.

Welcome again! We're so glad you're here.

## TELL US ABOUT YOUR CHILD

First Name	Middle Name	Last Name	Preferred Name
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Language spoken at home	
Child's Height	Child's Weight	Child's Hair color	Child's Eye color
Child's Home Address	City	State	Zip Code
Home Phone Number			

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 centers is our top priority. Center 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	Cell phone
Home address		Email address	Home phone
Employer and Address		Driver's License # / State Issued	Work phone
Center Employee? YES      NO		Department	Case #
Parent / Guardian		Relationship to Child	Cell phone
Home Address		Email address	Home phone
Employer and Address		Driver's License # / State Issued	Work phone
Security Questions (2 Required)	Question _____	Answer _____	
	Question _____	Answer _____	

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

	Authorized Emergency Contact 1	Authorized Emergency Contact 2	Authorized Emergency Contact 3	
Name				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.
Relationship				
Address				
Phone				
Alternate phone				

OFFICE USE ONLY	CENTER/SITE #	START DATE	FAMILY/CASE/FILE #	CLASS
-----------------	---------------	------------	--------------------	-------

Date revision effective page 1 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Director Signature \_\_\_\_\_

## Care Information

Child's Name

Child's Date of Birth

### MY CHILD'S INDIVIDUAL NEEDS

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?

### MY CHILD'S MEDICAL CARE PROVIDER

Medical Care Provider name	Practice / Clinic name		
Provider Address	City	State	Zip Code
Preferred Hospital / Clinic			
Dentist name	Practice / Clinic Name		
Address	City	State	Zip Code
Health Insurance Provider		Policy Number	

### MY CHILD'S ALLERGIES

My child has a

- Suspected Allergy
- Food Intolerance
- Food/Dietary Preference

(Please check and list all that applies)

<input type="checkbox"/> Medications	Reaction
<input type="checkbox"/> Food	Reaction
<input type="checkbox"/> Respiratory	Reaction
<input type="checkbox"/> Bee Sting	Reaction
<input type="checkbox"/> Other	Reaction

Are any of the allergies severe or life-threatening?  Yes  No

(If yes, please provide an allergy action plan to the center Director)

Date revision effective page 2 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Director Signature \_\_\_\_\_

# Care Information

Child's Name

Child's Date of Birth

## MEDICAL ACKNOWLEDGMENTS

- Medication** I will provide written permission for center 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).
- Immunizations** I will provide the center with updated immunization information or an exemption for my child.
- Nurse/Health Consultant** Child care centers in some states are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the nurse/health consultant.
- Illness** If center 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 Parent Handbook.
- Emergencies** In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center 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.
  - 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 \_\_\_\_\_

## OVER THE COUNTER MEDICATION PERMISSION TO ADMINISTER

Medication:	Medication:
Dosage:	Dosage:
Purpose of Medication:	Purpose of Medication:
Time of Day Medication is to be Given:	Time of Day Medication is to be Given:
Possible Side Effects:	Possible Side Effects:
Anticipated Number of Days Medication should be given at School:	Anticipated Number of Days Medication should be given at School:

It is understood that the medication is administered solely at the request of, and as an accommodation to the under signed parent or guardian. In consideration of the acceptance of the request to perform this service by the management of Building Blocks Learning Academy the undersigned parent or guardian hereby agrees to release Building Blocks Learning Academy, and its personnel, from any legal claims, which may result from the administration of or failure to administer the medication to the student.

I agree that I will provide the medication, properly labeled and in the original container, and that the dosage listed above is in harmony with the regular dosing listed on the bottle. I understand that any change to regular dosing (as indicated on the medication bottle) will require a doctor's order.

I hereby give my permission for my child (named above) to take the above medication as ordered. I understand that it is my responsibility to furnish this medication and agree (by my signature below) to inform staff of Building Blocks Learning Academy in the event that I no longer allow my child to receive the medication listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date revision effective page 3 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Director Signature \_\_\_\_\_

# Schedules / Transportation / Tuition

Child's Name

Child's Date of Birth

## CENTER HOURS/SCHOOL CLOSINGS

**The center is open from 6:30 a.m. to 6:00 p.m., Monday through Friday.**

Building Blocks Learning Academy observes the following holidays:  
**(There is NO reduction in tuition for these holidays.)**

New Year's Day  
Martin Luther King's Birthday  
President's Day  
Good Friday  
Memorial Day  
Independence Day (Fourth of July)

Summer Break (dates to be announced)  
Labor Day  
Columbus Day  
Thanksgiving Day and Friday after  
Christmas Eve (closing at 1:00 p.m.)  
Christmas Break (dates to be announced)

We also dedicate time every year for professional development. Your Center Director will inform you when your center will be closed for these training days. The center 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.

## TRANSPORTATION INFORMATION (For School-Age Children Only)

School	Grade	School phone
School address	School start time	School end time
Transportation provided by	Expected Transportation Drop Off Time	Expected Transportation Pick Up Time

## SCHEDULE AND TRANSPORTATION ACKNOWLEDGMENTS

- Transportation Changes** I agree to notify the center 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. \_\_\_\_\_ (initial)
- 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." \_\_\_\_\_ (initial)
- Absences** I will notify the center by 9:00 am when my child will be absent. \_\_\_\_\_ (initial)
- 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 30 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities. \_\_\_\_\_ (initial)

## TUITION AND FEE INFORMATION

**Tuition payment policy** All tuition for child care is due on the 1<sup>st</sup> of every month. To avoid late fees, tuition must be received by the 5<sup>th</sup>. If tuition is not paid in full, a late fee of \$ 25 will be charged on the 6<sup>th</sup>.

**Registration Fee** A non-refundable registration fee of \$ 100 is due at the time of enrollment. If your child is withdrawn from the program and later re-enrolls, a new registration fee is due at that time.

**Reservation/Vacation Week Fee** Each child is allowed two weeks off per year for vacations at no charge. If you know your child will be absent for a full week, you may use a reservation week instead of paying full tuition. Please provide a two week notice of any intended vacation. If notification is not given, you will be responsible to pay \$50 prior to start of the reservation week to secure your child's enrollment at the center. If more than two weeks are taken off and parents request another reservation week, half tuition is due.

**Late Pick-Up Fee** A late pick-up fee of \$ 1 per child per Minute will be assessed when a child is left beyond the center's operating hours. The late pick-up fee is not an agreement to provide after-hours service. Late pick-up fees will be due prior to the child returning to school.

**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 \$ \_\_\_\_\_ per day or \$ \_\_\_\_\_ per half day. When school is not in session for the entire week, full-time tuition is \$ \_\_\_\_\_ per \_\_\_\_\_.

**Please Note** If for some reason the provider and parent partnership is terminated, we reserve the right to turn over any outstanding balances to a collection agency and/or consumer reporting agency of our choice.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date revision effective page 4 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Director Signature \_\_\_\_\_

## ENRICHMENT PROGRAM

Our enrichment program includes: Music, Dance, Language Learning, Yoga, and the Watch Me Grow Program

I acknowledge that there is a **\$50.00 (per child) monthly fee**, in addition to my monthly tuition/co-payment that will be automatically billed to my account on the first of each month.

I am also aware that the **\$50.00 (per child) monthly fee** is for the **entire** enrichment program and if I choose not participate in one or multiple programs being offered, the \$50 fee will remain the same and will not be broken down into payments for specific program selections of my choice.

All charges are automatically billed to your account on the 1<sup>st</sup> of each month, payments are considered late if they are not received by 6:00pm of the 5<sup>th</sup> of the month. A \$25 late payment fee will be added on the 5<sup>th</sup> of each month at 6:01 pm to all accounts that have not paid their monthly Enrichment program fee. Late payment fees are due with your payment of tuition/co-payment. The tuition and fees, once paid are **NOT refundable or transferable**. Parent account balance must be current and up to date per contract, in order for your child to continue to participate in our Enrichment Program. Building Blocks Learning Academy reserves the right to withhold children from classes and suspend access to our Watch Me Grow program if there is an outstanding balance.

Parent/Guardian Signature \_\_\_\_\_

## MEAL PARTICIPATION

Here at Building Blocks Learning Academy it is important that we provide healthy and nutritious meals throughout your child's day. Please complete the following chart to indicate your hours of care and the meals that will be provided to your child.

DAY	HOURS OF CARE (e.g., 8 am–5 pm)	MEALS (please circle)	MEAL DEFINITION:
Monday		B A L P	B = Breakfast A = AM Snack L = Lunch P = PM Snack
Tuesday		B A L P	
Wednesday		B A L P	
Thursday		B A L P	
Friday		B A L P	

## GENERAL PERMISSION

During the time your child is enrolled in our program, they will be involved with various activities which require permission. You may choose not to give your permission for certain activities at your discretion.

I give permission for my child to go on field trips, which include walks in the surrounding area supervised by staff, if the weather permits. A separate field trip permission form describing off-site field trips will be sent home when leaving the school for an extended period of time.

I give permission for my child to be developmentally screened.

I give permission for my child to participate in any athletic program. If there are certain activities that my child is unable to participate in, I will provide a physician's letter explaining my child's restrictions.

Parent/Guardian Signature \_\_\_\_\_

Date revision effective page 5 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Director Signature \_\_\_\_\_

# Financial & Other Terms

Child's Name

Child's Date of Birth

## FINANCIAL ACKNOWLEDGMENTS

### OFFICE USE ONLY

Enrollment Status:

Tuition: \$ \_\_\_\_\_

Weekly  Monthly

- Full Time
- Part-Time
- Head-Start Only
- Private-Pay

#### 1. Payment Authorizations

I authorize Building Blocks Learning Academy (BBLA) to:

- Use my tuition and fee payment checks to initiate electronic debits to my checking account after completing the auto-debit form.
- Attempt to collect on returned checks up to two additional times. A fee of \$35 will be charged for any returned checks.
- Electronically debit my tuition 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 center.)

My payment authorizations will remain in effect until I give the center written notification to terminate the authorization.

#### 2. Financial Obligations

- As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.
- Overdue accounts may be referred to a collection agency and/or consumer reporting agency of the center's choice. 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 two weeks' 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 center and during program functions and field trips. I understand that photographs/videos may be taken by center 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. I understand that taking photos or videos of the information used in the WatchMeGrow system is prohibited and failure to follow this policy can lead to suspension of WatchMeGrow services.

Parent/Guardian Initials \_\_\_\_\_

## OTHER TERMS

### Assessments and Screenings

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

### Babysitting

We don't encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. Building Blocks Learning Academy is not responsible for those services.

### Communications

I give BBLA permission to communicate with me by telephone, text, e-mail, or other means. I understand BBLA's privacy policy applies to the information I provide ([www.buildingblockslearningacademy.com/Building Blocks Learning Academy-legal/legal-information](http://www.buildingblockslearningacademy.com/Building%20Blocks%20Learning%20Academy-legal/legal-information)).

### Resolving Disputes

We do not expect any disagreements. However, we agree that, in the unlikely event we have one we cannot resolve, any dispute or claim will be submitted to non binding 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.

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. Center 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 center without prior notice if, in the sole opinion of the center, 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 \_\_\_\_\_.

Primary Parent/Guardian Signature

Date

Center Director Signature

Date

## Financial & Other Terms

Child's Name

Child's Date of Birth

OFFICE USE ONLY

Immunization Information  
DCFS Acknowledgement  
Meal Participation Application  
Parent Handbook (*new enrollees only*)  
Proof of Income

Date revision effective page 6  
(Financial & Other Terms)

Parent/Guardian Signature \_\_\_\_\_