

Enrollment Agreement

Risen Savior Early Childhood 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 last name				
Age	Sex	Child's primary language			Parent/guardian primary language				
Child's home address				City	State			Zip	
Allergies					Medical Conditions				
Special Needs/Requests									
Family Information									
List family members & pets your child lives with – include first names, relation and ages of siblings									
Parent/guardian			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			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	
Demographic Information (for reporting purposes only)									
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino									
Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White									
<input type="checkbox"/> Some Other Race <input type="checkbox"/> Two or More Races									
Religious Information									
Church currently attending _____					Members <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your child been baptized or dedicated? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you interested in learning more about baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Medical Information									
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 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> .									_____
Medical Authorization & Consent									
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
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Hours of Operation

Regular operating hours are **7:00AM – 6:00PM** except closings for various holidays 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.

Kindergarten hours are **8:30AM – 3:00PM**. Extended Care is available from 7:00AM – 8:30AM and 3:00PM – 6:00PM for a fee.
 The procedure to notify families should other conditions prevent the program from opening on time or at all will be announced on through Procure Parent Engagement notifications. If it becomes necessary to close early, we will contact you 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

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

Day of week	Toddlers/Twos	Preschool-Pre-K	Kindergarten	Extended Care (K only)	Comments
Mon/Wed/Fri	<input type="checkbox"/> \$155/wk	<input type="checkbox"/> \$140/wk			
Tues/Thurs	<input type="checkbox"/> \$115/wk	<input type="checkbox"/> \$100/wk			
Mon thru Fri	<input type="checkbox"/> \$250/wk	<input type="checkbox"/> \$220/wk	<input type="checkbox"/> \$950/mo	<input type="checkbox"/> \$195/mo	

I am eligible for tuition assistance: Quality First Scholarship DES Child Care Assistance Other _____

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

- Starting on _____, tuition of \$ _____ is due	<input type="checkbox"/> weekly (Toddlers – Pre-K). <input type="checkbox"/> monthly (Kindergarten).	Initial
- Tuition is due and payable by 5PM	<input type="checkbox"/> every Friday (Toddlers – Pre-K). <input type="checkbox"/> first business day of the month (Kindergarten only).	
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, 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 \$10 is due if tuition is not received on time.		
- A non-refundable registration fee of \$125 for 1 st child, \$50 for 2 nd child (3 rd child + is free) is due yearly.		
- A late pick up fee of \$1 per minute per child is due if my child is not picked up before closing.		
- Accounts two weeks in arrears may result in immediate termination of service.		
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$15. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status		
- Kindergarten tuition is billed monthly. Family accounts will be credited in full upon receipt of scholarship donations. Families agree to keep account current and any overpayment will be refunded once annual tuition has been fulfilled.		
- Kindergarten Extended Care is billed monthly to family accounts and cannot be covered by scholarship donations.		
- A two-week written notice is required for any child being withdrawn from the program.		
- A receipt for income tax purposes can be accessed through Procure or through the School Office.		

Credit Card On File

To be used for delinquent accounts only. Please complete Tuition Express form for automated payments.

Cardholder Name		Cardholder Phone Number		
Cardholder home address	City	State	Zip	
Account Number	CVV	Expiration Date		
Cardholder Signature			Date	

Parent initial _____ Staff initial _____ Date _____

Other Agreements	
Child's name	Birth date
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 _____
Learning Activities	
I give my permission for my child to participate in all learning activities on campus, both indoor and outdoor.	Initial _____
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 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 <i>Enrollment Agreement</i> .	
Primary Parent/Guardian/Sponsor Signature	Date
Center Staff Signature	Date