



## Enrollment Form

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: M F

Start Date: \_\_\_\_\_ Scheduled Days: M T W T H F Hours: \_\_\_\_\_

(Please circle one)

Child Lives with: (Both Parents / Father / Mother / Other) \_\_\_\_\_

Person/ people responsible for paying for childcare: \_\_\_\_\_

### Parent/ Guardian #1 Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/ Guardian #2 Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_



*Emergency contacts may be called in the event of an emergency, and who are authorized to remove your child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).*

**Emergency Contact #1**

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Cell / Other Phone: \_\_\_\_\_

**Emergency Contact #2**

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City) (State)*

Cell / Other Phone: \_\_\_\_\_

**Emergency Contact #3**

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

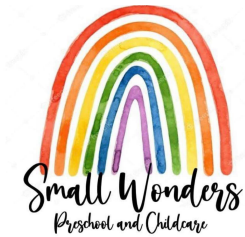
Address: \_\_\_\_\_  
*(Street) (City) (State)*

Cell / Other Phone: \_\_\_\_\_

**People that cannot pickup your child**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



**Medical Info**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special problems or fears? Explain: \_\_\_\_\_

Are the problems serious enough to restrict our child's activities? Yes No

Explain: \_\_\_\_\_

Describe, if any, special care required: \_\_\_\_\_

Does your child have frequent colds? Yes No How many in the last year? \_\_\_\_\_

List any allergies staff should be aware of: \_\_\_\_\_

Is your child currently taking prescribed medication? Yes No

If yes, for what reason? Is it a chronic illness? Yes No

What is the name of the medication? \_\_\_\_\_

What do you plan to do when your child is ill? \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

In an emergency, Small Wonders Preschool has my, \_\_\_\_\_ permission  
(parent/ guardian name)  
to call an ambulance or to take my child to any available physician or hospital at my expense. Yes No

In an emergency, my child may receive first aid: Yes No

In an emergency, Small Wonders Preschool has my permission to call the doctor listed above and, if necessary, I give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. Yes No

**Signature(s)**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature Printed Name Relationship Date

\_\_\_\_\_  
Parent / Guardian Signature Printed Name Relationship Date



### Small Wonders Preschool Acknowledgement of Policies

- 1) Each family is required to attend an orientation to our center within 60 days of enrollment. Orientations are held every 3<sup>rd</sup> Tuesday of each month at 6:00 PM.
- 2) Tuition is due the Friday before the week of service. If *tuition is not paid by Monday at noon a \$35 late fee will be assessed to your account*. If tuition is not paid by Tuesday morning your child may not return to our center until your tuition and your late fee is paid in full. Repeated failure to pay your tuition on time may result in termination of services. If we receive more than one bounced check, you will be required to pay by cash or money order. There will be a \$35 fee charged for any returned check. You may pay your bill through our parent app.  
Repeated failure to pay your tuition on time may result in termination of services. If payment is late more than 2 times in a 6-month period, or If we receive more than one bounced check you will be required to enroll in our automatic payment program. There will be a \$35 fee charged for any returned check.  
There is no deduction in tuition for days absent. If a child is absent the entire week, full tuition is due. We regret this necessity, but our expenses do remain consistent regardless of attendance. We have reserved one space of the licensed capacity of the center for your child so you are paying for this space not the time your child is in our care.
- 3) Two weeks' notice and payment for those two weeks is required before withdrawal of your child. You will be charged for the two weeks even if your child is not at Small Wonders Preschool
- 4) Your childcare agreement may be terminated immediately if payments are late. If provider terminates for late payment, you still owe the late payment, plus two weeks payment in lieu of your advance notice. A \$25 monthly late fee will be added to your balance for every month that payment is not made.
- 5) Small Wonders Preschool reserves the right to terminate any child with just cause. Parents will be given written warning before termination.
- 6) There will be a \$2.00 per minute late charge for every minute that you are late. After three late pick-ups, you will be charged a \$35 fee in addition to the \$2 per minute. We are licensed to care for children during our operating hours and must report any additional periods that children are at the center. After 5 times, termination of care will be considered.
- 7) By signing this page, I acknowledge receipt of the Small Wonders Preschool Parent Handbook and agree to the terms in the handbook and the terms stated above.

Child's Name: \_\_\_\_\_

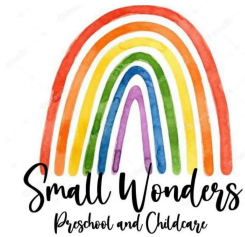
Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Child's Name:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



Photo/ Video Release

Photographs and videos are taken on occasion in each classroom. I understand my child's picture may be posted on social media, used for promotional or advertising purposes, used for training and educational purposes. I release Small Wonders Preschool from any liability or compensation for use of my child's photos. I understand that I will not be compensated for the use of my child's photos. I understand that these photographs and/or videos will not be sold, distributed or placed on internet web sites such as Facebook, smallwonderspreschoolandchildcare.com or without my written permission.

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sunscreen Release

The state of Nevada requires that we get permission in order to apply sun block on your child. We ask each parent to provide one bottle of sun block for the summer and we provide the rest. If your child has any allergies you are required to provide your own sun block.

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Release

Child's Name: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Health # \_\_\_\_\_ ID# \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

It is Small Wonders responsibility to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility).

If an ambulance is not available, the child care provider/staff will transport the child.



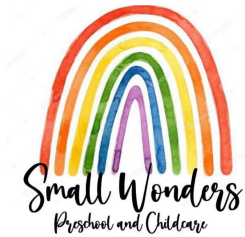
I hereby give permission to the child care provider/staff of Small Wonders Preschool to make necessary transportation arrangements for my child who has become ill or injured.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH**

**CARSON CITY OFFICE**

727 Fairview, Suite E  
Carson City, Nevada 89701  
Phone: 775-684-4463  
Fax: 775-684-4464

**ELKO OFFICE**

1010 Ruby Vista Dr., Suite 101  
Elko, Nevada 89801  
Phone: 775-753-1237  
Fax: 775-753-1336

Parent/Guardian Notification of NRS.178 Child Care Facility required to maintain certain information; reporting of information to parents and guardians; notice of right to information:

I, \_\_\_\_\_, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

**PERMISSION TO RELEASE INFORMATION**

I understand that the time my child, \_\_\_\_\_ is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**

\*\*\*\*\*I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that Child Care Licensing has access to my child's record as the licensing agent.

\_\_\_\_\_  
**Signature of enrolling Parent/Guardian**

\_\_\_\_\_  
**Date**