



CHILD’S ENROLLMENT APPLICATION

Child’s Name: _____

Address: _____

DOB: ____ / ____ / ____ **Enrollment Date:** ____ / ____ / ____

1st Day of Attendance: ____ / ____ / ____

Mother/Guardian Name: _____

Home Address: _____

Employer Name and Address: _____

Work #: _____ **Cell #:** _____

Email address: _____

Father/Guardian Name: _____

Home Address: _____

Employer Name and Address: _____

Work #: _____ **Cell #:** _____

Email address: _____

Known Medical Concerns (allergies, asthma, diabetes etc.): _____

EMERGENCY CONTACT

Children will be released ONLY by designated person, 18 years of age or older. ID must be presented upon arrival.

1. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____

2. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____

3. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____

4. Name: _____
Relationship to Child: _____
Address: _____
Phone #: _____

EMERGENCY MEDICAL AUTHORIZATION FORM

I hereby give my permission for my child/children _____
may be given emergency treatment (First Aid & CPR) by a qualified staff member at Little Helpers Daycare

I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

If I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

In case of emergency, and if emergency transportation is needed, I _____
agree to pay all costs, including transportation.

Child’s Dentist/phone #: _____

Child’s Physician: _____

Physician’s Address/Phone #: _____

Preferred Hospital: _____

Hospital Address& Phone# : _____

Medical insurance: _____

Policy number: _____

Known Medical Concerns (allergies, asthma, diabetes etc.): _____

Religious Restrictions: _____

Parent/Guardian Signature _____ Date ____ / ____ / ____

PERMISSION TO PICK UP

I, _____
(parent’s or guardian’s name)

give permission for Little Helpers Daycare to release my child(ren),

(child(ren)’s name(s))

into the custody of the following person(s):

Name:	Relationship:	Phone Number:

I understand that it is my responsibility to update this form if I no longer wish to authorize one of the above-listed individuals to pick up my child (such as in the event of a divorce or custody issue).

Parent/Guardian Signature _____ Date ____ / ____ / ____

ANNUAL AUTHORIZATION FORMS

Authorization for Emergency Medical Care

I, _____, as a result of this give my permission to Little Helpers Daycare to call for medical or surgical care for my child(ren), _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action is taken, but if this is not possible, the expenses of emergency medical treatment or care will be accepted/paid by me.

Permission for Trips

I give permission for my child to go on trips away from the premises of Little Helpers Daycare in the company of an authorized staff member, whether on foot or by licensed vehicle.

Permission for Participation in Activities

I give permission for my child to participate in program activities except for the following:

Permission to use Sunscreen

- ☐ that I provide
- ☐ that Little Helpers Daycare provides

(please mark only one)

Social media Use

- ☐ I give permission to photograph, videotape, and audio record my child _____ by Little Helpers Daycare staff member to use for various educational purposes (Mother’s Day, class pictures, etc.)
- ☐ I give permission to download the image of my child to the website and Facebook page
- ☐ I do not give permission to photograph, videotape, and audio record my child.
- ☐ I do not give permission to download the image taken of my child to the website or Facebook page.

(please mark all that apply)

Parent/Guardian Signature _____

Date ____ / ____ / ____

CONTRACT, RATE & TERMS AGREEMENT

Enrollment Date: / /

Termination Date: / /

Termination Reason: _____

We (I), _____ & _____, have received and read the Little Helpers Daycare (Provider) Handbook of Policies and Procedures and we (I) agree to comply with all the provisions in this contract. Little Helpers will provide care for my (our) child(ren)

1. _____ DOB _____ / _____ / _____

2. _____ DOB _____ / _____ / _____

3. _____ DOB _____ / _____ / _____

under the following conditions:

1. Parent/guardian compliance with all policies and regulations stated in the Parent's handbook.

2. All fees will be paid on time. Except for late charges, all fees are due on Monday morning (or the first day of the week of your child's attendance) for the upcoming week and are payable in cash, or check. Late fees of \$5 per day are due the next day and paid in cash.

A fee of \$35 will be charged for all checks returned by the bank. In the event of a returned check, all future payments must be made in cash.

3. Refunds are not given for days the child is absent (sick, vacation days, etc.) or the preschool is closed (holidays). Sick care is not available. It is the parent's responsibility to make substitute arrangements.

4. A twice-week notice is required when withdrawing a child from the program. Parents are responsible for the contracted rate for those two weeks, whether services are used or not.

5. Parents arriving after daycare closing time of 6:00 PM must pay the late fee of \$10 for the first 5 minutes and then \$2 every minute after. Parents must notify the provider if they are delayed beyond their scheduled arrival time.

6. A deposit of two weeks of tuition is due at the time of registration. This deposit will be applied to your two final weeks' tuition. If care is terminated without the required two weeks, this deposit will be forfeited.

7. This contract is valid for the length of your family's enrollment at Little Helpers Daycare. Policies may be changed at any time and at the sole discretion of the owner. Any changes will be made in writing and given to the parent/guardian in the form of an updated Parent Handbook with at least a two weeks notice.

8. The fee is only applied for one year and is expected to change yearly. The \$100 non-refundable registration fee is due upon enrollment.

Ages 2.5-3 years (Mon-Fri 7am-6pm)	\$325 weekly
Ages 4-5 years (Mon-Fri 7am-6pm)	\$295 weekly

9. For the safety of the children and security of Little Helpers Daycare, security cameras are placed inside the building including the classrooms, hallways, and the play area and front door area.

10. In the occurrence of the child becoming ill, the personnel at Little Helpers Daycare will notify the parent/guardian who is responsible for picking the child up in a timely manner by an appointed person.

**THIS CONTRACT, ENROLLMENT FORMS & IMMUNIZATION RECORD
MUST BE RETURNED BEFORE CARE CAN BEGIN**

11. Before the commencement of care, the following contract and forms must be on file, and remain up-to-date at all times, at the sole responsibility of the parent/guardian.

- | | |
|---|--|
| 1. CHILD CARE CONTRACT, RATE AND TERMS AGREEMENT | 5. FIELD TRIP (GENERAL) CONSENT FORM w/ SUNSCREEN FORM |
| 2. ENROLLMENT FORM | 6. FOOD ALLERGY FORM |
| 3. EMERGENCY MEDICAL AUTHORIZATION FORM including IMMUNIZATION RECORD | 7. PICKUP AUTHORIZATION FORM |
| 4. HEALTH STATUS FORM (FORM CH-14 ATTACHED) | 8. MEDIA USE FORM |

Occurrences, that are contrary to this contract, will invalidate the contract and be cause for dismissal of the child from our.