

Starting Point Children's Center

ENROLLMENT INFORMATION

UPDATED

Initials: _____ Date: _____
Initials: _____ Date: _____
Initials: _____ Date: _____
Initials: _____ Date: _____

CHILD INFORMATION

Child's Full Name (Last, First, Middle Initial): _____

Child's Nickname: _____ Age: _____ Date Of Birth: _____ Sex: M F

Child's Primary Language: _____ Parent/Guardian Primary Language: _____

Child's Home Address: _____

Home Phone: (_____) _____ Home Email Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Child Lives with: Mother Father Guardian

Names/ages of siblings: _____

Days to Attend (circle): AM MON TUE WED THU FRI Arrival Time: _____ Departure Time: _____

PM MON TUE WED THU FRI Arrival Time: _____ Departure Time: _____

Meals To Be Provided By Starting Point Children's Center (circle): Breakfast AM Snack Lunch PM Snack

SCHOOL AGE INFORMATION

Does Your Child Attend School? Yes No Name of School: _____ Grade: _____

School Address: _____ School Phone: (_____) _____

School Start Time: _____ School End Time: _____

School Transportation To Be Provided by: Elementary School Parent/Guardian Starting Point Children's Center Other

Does your child have any allergies or special needs: _____

PRIMARY CONTACT INFORMATION

Parent/Guardian #1 Name: _____ Relationship To Child: _____

Address: _____

Home Phone: (_____) _____ Work Phone/Extension: _____

Cell Phone: (_____) _____ Cell Phone Carrier (to receive texts): _____

Email Address: _____ Driver's License # / State: _____

Employer Name: _____ Employer Phone: (_____) _____

Employer Address: _____

Parent/Guardian #2 Name: _____ Relationship To Child: _____

Address: _____

Home Phone: (_____) _____ Work Phone/Extension: _____

Cell Phone: (_____) _____ Cell Phone Carrier (to receive texts): _____

Email Address: _____ Driver's License # / State: _____

Employer Name: _____ Employer Phone: (_____) _____

Employer Address: _____

Parent/Guardian Signature: _____ Date: _____

Starting Point Children's Center

ENROLLMENT INFORMATION

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name(s): _____

RELEASE ONLY PERSONS: Please list the names of the persons, other than parents, authorized to pick up child on a typical day (i.e., aunt, uncle, grandparent). For these persons, check the "Release Only" box.

EMERGENCY CONTACT & RELEASE PERSONS: Please list the names of the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

REQUIRED:

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____ Driver's License #/State: _____

Employer: _____ Employer Phone: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

OPTIONAL:

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____ Driver's License #/State: _____

Employer: _____ Employer Phone: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____ Driver's License #/State: _____

Employer: _____ Employer Phone: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, **you must notify school staff in advance, in writing**. Your child will not be released without prior authorization. In the event that you call the school to provide "pick-up authorization" because you are unable to submit your authorization in writing, we will use your personal information from this enrollment information packet to verify your identity. For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee of \$15 per every 15 minutes, per child, until your child is picked up. Payment is due in cash at the time of pick-up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Parent/Guardian Signature: _____ Date: _____

Starting Point Children's Center

FINANCIAL AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name(s): _____

TUITION AND FEES: (please initial each policy below)

_____ **ENROLLMENT FEE:** I understand that a non-refundable enrollment fee shall be paid in advance to register my child at Starting Point Children's Center. In instances of agency reimbursement, the Enrollment Fee is to be paid according to the applicable contract.

_____ **TUITION and MODIFICATIONS CONDITIONS:** I understand that rates are subject to change with reasonable notice as conditions require.

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable on Friday preceding the week of attendance. Appropriate alternate Tuition must be paid for School Age students attending SPCC during school breaks.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received by 12:00 noon on Monday each week payment is due, I agree to pay a late payment fee of \$20 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent on Monday, SPCC will deny attendance or request withdrawal until account is current. The school cannot guarantee that a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a collection agency.

_____ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. I understand that Family co-pays due in advance each month. A late fee will apply for any outstanding balance after the 5th of each month.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** the school is open from 6:30 am to 6:30 pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of the 5-minute period, per child, until my child is picked up. Payment is due in cash at the time of pick-up.

_____ **ADDITIONAL FEES:** School age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the Director for details.

_____ **DISCOUNTS:** I understand that if I have more than two children enrolled and attending from my immediate family, a discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts will be removed if tuition payment is late. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ **BACK TO SCHOOL FEE:** each Fall, the Center will charge an Annual "Back to School" fee, subject to pro-ration depending on the enrollment date. This fee is non-refundable. Fees are subject to change as conditions may require. Please consult the Director for details.

_____ **RETURNED CHECKS:** I understand that a \$35.00 processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

_____ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Good Friday Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday After Thanksgiving, Christmas Eve or Day After Christmas and Christmas Day and early dismissal on the day before Thanksgiving and New Year's Eve. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). If my child is a full-time student, we may utilize a "reservation fee" of 50% off regular week's tuition which will be due in advance for each vacation/absence of one full school week (Monday through Friday) with 2 week minimum advance written notice to the Director. I agree that after a maximum of 2 weeks charged at 50% off the regular week's tuition, I must pay the full regular weekly tuition, regardless of my child's attendance for the remainder of the year. My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable enrollment fee upon return.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

Parent/Guardian Signature: _____ Date: _____

Starting Point Children's Center

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name(s): _____

DAILY PROCEDURES (please initial each policy below)

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Parent Handbook.

_____ **MEDICAL PROGRAM:** I certify that my child is enrolled in a regular medical program and has been examined by a licensed physician within the past 12-months. I certify that my child's immunization records are current and on file with my child's physician and Elementary School (if student is enrolled at an Elementary School other than Starting Point Children's Center).

_____ **EVACUATION:** I authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Parent Handbook.

_____ **WATER ACTIVITIES:** I authorize the school to include my child in supervised water activities.

_____ **PHOTOGRAPHS AND VIDEOS (School):** Photographs and videos of children participating in our programs may be taken from time to time and may appear in newspapers, magazines, brochures, or other publicity materials. I hereby authorize Starting Point Children's Center to the lawful use of my child(ren) pictures and/or videos for school related purposes, including but not limited to the school website, computer screen savers, school social media (Facebook, Twitter, etc.).

_____ **PHOTOGRAPHS AND VIDEOS (Parents):** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on the school property, I shall only use such recording for lawful and private home use, and will not publish, publicly display (i.e., social media) or sell such recordings. I also understand that I must have written permission from Starting Point Children's Center before capturing any image of the other children in the school or staff.

_____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

_____ **CELLULAR COMMUNICATION:** By providing my cell phone service provider, I authorize SPCC to send text communications to my cell phone number(s) provided.

STATE LICENSING AND OUR POLICIES (please initial each policy below)

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

_____ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same. I acknowledge receipt of the facility's operational policies, including those for: Discipline and guidance Procedures for release of children Suspension and expulsion Illness and exclusion criteria Emergency plans Procedures for dispensing medications Procedures for conducting health checks Immunization requirements for children Safe sleep Meals and food service practices Procedures for parents to discuss concerns with the director Procedures to visit the center without securing prior approval Procedures for parents to participate in operation activities Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

Parent/Guardian Signature: _____ Date: _____

Starting Point Children's Center

EMERGENCY CONTACT, TRANSPORTATION AND MEDICAL AUTHORIZATION

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name(s): _____

EMERGENCY CONTACTS:

Parent/Guardian #1 Name: _____ **Relationship To Child:** _____

Phone numbers: _____

Parent/Guardian #2 Name: _____ **Relationship To Child:** _____

Phone numbers: _____

Emergency Contact #1 Name: _____ **Relationship To Child:** _____

Phone numbers: _____

Emergency Contact #2 Name: _____ **Relationship To Child:** _____

Phone numbers: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In case of Emergency Evacuation, Starting Point Children's Center has my permission to transport my child to the shelter location listed in the Emergency Preparedness Plan provided, to the nearest area hospital or medical clinic or any other location that may be necessary to ensure my child's security and safety. For emergency purposes only, I hereby authorize a school-designated employee to transport the above minor by ambulance and consent to any and all necessary medical care, examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Texas. In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the nearest facility or:

Name of Physician: _____ Phone Number: (____) _____

Address of Physician: _____

Name of Hospital/Emergency Care Facility: _____ Phone Number: (____) _____

Address of Hospital/Emergency Care Facility: _____

Dentist Name: _____ Phone Number: (____) _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods, special medications or pertinent information: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS: Starting Point Children's Center may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY: Starting Point Children's Center has my permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school. By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

PARENTS/GUARDIANS OF SCHOOL AGE CHILDREN: Starting Point Children's Center has my permission to transport my child to and from their Elementary School

Parent/Guardian Signature: _____ **Date:** _____

Starting Point Children's Center

MEDICAL INFORMATION

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

MEDICAL RECORD ADMISSION REQUIREMENTS: If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to Starting Point Children's Center or within one week of admission.

Please check only one option:

- 1) HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
Health Care Professional's Signature: _____ **Date Signed:** _____
- 2) A signed and dated copy of a health care professional's statement is attached.
- 3) Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- 4) PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name and Address of Health Care Professional: _____

Signature - Parent or Legal Guardian: _____ **Date Signed:** _____

REQUIREMENTS FOR EXCLUSION:

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

IMMUNIZATION RECORD

Vaccine	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date/Booster
Hepatitis A					
Hepatitis B					
DTP/DTap /DT					
Hib					
Inactivated Polio					
MMR					
Varicella					
Influenza					
Rotovirus					
Pneumococcal					

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature: _____ Date: _____

The varicella (chickenpox) vaccine is not required if your child has had the chicken pox disease. If your child has had the chickenpox, please complete the statement below:

My child had the varicella disease (chicken pox) on or about (date) _____ and does not need the Varicella vaccine.

Hearing				
EAR	1000 HZ	200 HZ	400HZ	Pass or Fail
R				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
L				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Date: _____				
Signature: _____				

Vision	
R20/ _____	L 20/ _____
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date: _____	
Signature: _____	

TB TEST (if required):
<input type="checkbox"/> POSITIVE
<input type="checkbox"/> NEGATIVE
Date: _____

Parent/Guardian Signature: _____ Date: _____

Starting Point Children's Center

DISCIPLINE AND GUIDANCE POLICY

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

- Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please: parent employee/caregiver household member of child-care home

Starting Point Children's Center

CHILD PROFILE

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

Is your child able to walk? Yes No Explain: _____

Can your child effectively communicate his or her needs? Yes No Explain: _____

Is your child toilet trained? Yes No What words are used in your home for toileting? _____

1. What would you like most for your child to experience with us? _____

2. What does your child enjoy doing the most? _____

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

4. With whom does the child reside? Please list Adult names and relationships to child: _____

5. Who also cares for your child(ren)? _____

6. What languages are spoken in your home? _____

7. Does your child have any special dietary needs? Explain: _____

8. Does your child require any modification to a regular educational class room? Circle one: YES NO If yes, please attach ARD and/or Physician's documentation. Notes: _____

9. Does your child have any allergies? (please check and list all that apply)

Medications Reaction: _____

Food Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions: _____

10. Does your child take naps? Yes No How long? _____

11. What words are spoken in your house for toileting? _____

12. Does your child have any particular fears? _____

13. How does your child react to change (such as being left by parents)? _____

14. How do you discipline your child? _____

15. When did your child begin to use language? _____

16. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs? _____

17. Has your child had previous preschool experiences? _____

18. Do you have a special interest or hobby you would like to share with the children? _____

Parent/Guardian Signature: _____ Date: _____

Starting Point Children's Center

AUTO PAYMENT INFORMATION

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____



*Automated Payment Processing
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature



A service of



Copyright Procure Software 3/15/16

Starting Point Children's Center

ENROLLMENT CHECKLIST

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please review the entire Enrollment Information packet and Family Handbook. Make sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

SIGNED FORMS

- Completed Enrollment Packet (provide a completed/signed copy to Parent/Guardian)
- Parent Handbook Acknowledgement (provide copy to Parents/Guardian)
- Immunization/Health information
- Child/Infant Information Card (if applicable)
- Authorization for Medication Form (if applicable)
- Allergy Management Plan (if applicable)

ORIENTATION REVIEW WITH FAMILY

- | | |
|---|--|
| <input type="checkbox"/> The child's first day (provide what to bring on the first day) | <input type="checkbox"/> Tuition payment schedule, amounts and due dates |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Annual registration fee |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily/weekly | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Child Custody Documents (if applicable) | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Authorized pickup, late pick-up policy and emergency controls | <input type="checkbox"/> Sick/ Absenteeism policy |
| <input type="checkbox"/> Relevant curriculum and class schedule | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Review Disaster Plans | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Any field trip restrictions | <input type="checkbox"/> Medication policy |
| <input type="checkbox"/> Any pickup restrictions | |
| <input type="checkbox"/> Process and Procedures of Security Access | |

FRONT DOOR ACCESS CODE: _____

PROCARE KIOSK ACCESS CODE: _____ (PARENT #1)

PROCARE KIOSK ACCESS CODE: _____ (PARENT #2)

The information above was reviewed with me and my questions have been answered to my satisfaction. I have a clear understanding of Starting Point Children's Center policies.

Parent/Guardian Signature: _____ Date: _____

Director Name (print): _____

Director Signature: _____ Date: _____

Starting Point Children's Center
NEW STUDENT WELCOME TO CLASSROOM

Start Date: _____

Classroom: _____

Child's Name: _____

Date of Birth: _____

Siblings at Starting Point Children's Center: _____

Parents Name (s): _____

Child's Main Language (s) at home: _____

Allergies: _____

Teachers will label all cubbies, beds/cots, folders, name tags, etc.

The class will be prepared to welcome our new student on their first day!