



Enrollment Date: \_\_\_\_\_

## Enrollment Information

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

☐ Interpreter needed

Child's Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Parent/Guardian Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Primary Residence: ☐ Mother ☐ Father ☐ Both ☐ Guardian \_\_\_\_\_ ☐ Court documents provided if necessary

List the family members your child lives with—include names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

Circle Days to Attend: MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

### PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. 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.

Name #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name #3: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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 you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this 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 per every 15 minute or portion of 15 minute period, per child, until the child(ren) is/are picked 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.



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## Enrollment Agreement

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

Please initial each section and sign the last page.

### Tuition and Additional Fees

\_\_\_ **Registration fees** will be due upon enrollment and then again every August to ensure your child's continued attendance in The Meadows programs. Registration fee is \$100/150.

\_\_\_ **Tuition** is due on your child's first day of attendance for the week/ Month. Tuition for your child is \$\_\_\_\_\_ per week/month. Tuition rates will be subject to change with reasonable notice. Tuition is due in full whether your child attends or not

\_\_\_ **Payment of tuition** can be made in center via check or it can be made online through [www.tuitonexpress.com](http://www.tuitonexpress.com) . Credit cards have an additional fee of 3% of the tuition payment. Debits, checks, money orders, and ACH draft will have no fees.

\_\_\_ **Late Payments:** Tuition is considered late if it has not been received on or prior to your child's first day of attendance. A late payment fee will be assessed to your account in the amount \$50/100 if tuition is not received on time. All tuition and fees must be paid in order to avoid an interruption in your child's care.

\_\_\_ **Unpaid Tuition:** If tuition and fees are not paid by Wednesday morning, your child will not be able to attend until tuition and fees are paid. If this happens on more than one occasion, you will be asked to pay for your child's tuition in advance of their attendance by autopay. If this happens a third time, you can be dis-enrolled from the center.

\_\_\_ **Collections:** If tuition and fees are not paid prior to disenrollment from the center for any reason, your account will be turned over to a collection agency. We will make every effort to work with families to come to a satisfactory conclusion prior to sending an account to collections. There will be \$100 fee for any accounts that need to go to collections or court.

\_\_\_ **Charges and Procedures for late pick up:** The Meadows is open from **6 to 6:15** Monday through Friday, with the exception of Holidays listed in the Family Handbook. All children must be picked up prior to the close of the center. I understand that if I fail to pick up my child on time, there will be a fee of \$15 for every 15 minutes or portion thereof until my child is picked up. This fee must be paid prior to my child's next day of attendance. I understand if this occurs on a frequent basis, my child can be dis-enrolled from the center.

\_\_\_ **Returned Checks/Declined Cards:** I understand that a processing fee will be charged to all checks that are returned or cards that are declined for any reason. This fee is in addition to any charges that my bank may charge. If more than two checks are returned within a three month period I will be required to pay with a different method of payment.

\_\_\_ **Holidays:** I understand the at the center will be closed on President's Day(training), Indigenous People's Day, Memorial Day, Independence Day, 2<sup>nd</sup> Friday in August, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve through New Year's Day. I understand that tuition will not be credited or changed during these holidays. I understand that if the holiday should fall on the weekend, the center will be closed either the preceding Friday or the following Monday.

\_\_\_ **Schedules:** Schedules may be changed with a two week notice if there is room available in the classroom. Additional attendance will be charged out at the drop in rate. **Drop in days are non-refundable if not used.**

## Procedures

\_\_\_ **Checking In and Out:** I agree to check my child in and out daily using the schools attendance procedures. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school and escort my child to their assigned classroom and to notify the classroom staff that my child is here.

\_\_\_ **Attendance:** I understand that my child's full tuition is due each week/month, whether my child has attended their full schedule or not. I understand that my child should be here by 9am each day, and if they will not I need to call and notify the center as soon as possible. Children may not be dropped off during nap time.

\_\_\_ **Vacation:** After one year of enrollment, you will be eligible for your child's schedule in vacation time.

\_\_\_ **Illness:** I understand that should my child become ill throughout the day, I will be notified as soon as possible. In the event that my child's illness is such that they need to be removed from the center for the day I will pick up my child promptly or make arrangements for someone on the authorized pick up list to pick up my child. I understand that my child may be exposed to contagious diseases and should my child be diagnosed with such, I will notify the center as soon as possible.

\_\_\_ **Immunizations:** I understand that my child must be fully immunized or on a written plan approved by a physician as to when they will be fully immunized.

\_\_\_ **Readmission:** I understand that my child may not return to the center until symptom free for 24 hours without medication or unless a doctor's note is provided stating otherwise.

\_\_\_ **Photographs, videos, audio tape:** I understand that documentation of my child and their progress extremely important to my child's education. I understand that photo/video documentation of my child may be taken throughout the day and could even be displayed throughout the center. I understand that photo/video documentation will sent through the automated daily report system. I understand that my child may be in a photo with other children and other parents may see or receive this photo if their child is also in the photo. Any photos or videos of other children I may receive shall not be shared on any social media or internet site without the parents express permission.

\_\_\_ **Social Media:** I understand that the photos of my child may be posted on The Meadows's website/social media page and their likeness may be used for marketing purposes.

\_\_\_ **Interviewing children and inspection of files:** 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.

\_\_\_ **Withdrawal from program:** I understand that should I choose to withdraw my child from The Meadows, I will need to provide the center with two week written notice. Should I not provide this notice, I will be charged for the final two weeks whether my child attends or not. I understand that my child shall be eligible for readmission with the payment of a new registration fee. I understand that if there was an outstanding balance when my child was withdrawn, all balances must be paid in full prior to re-registration.

\_\_\_ **Emergency closing and inclement weather:** 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 for up to three business days. The Meadows will follow Douglas County School District on closings and late starts. We do reserve the right to close/stay open if we do not agree with DCSD's decision. Notifications will be on Facebook, Brightwheel, and Channel 9 news.



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\_\_\_ **Policies and 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 Family 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. I understand that any and all policies may not be followed if an emergent state occurs and management decides they cannot be followed. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

\_\_\_ **Supervision:** I give all people employed by The Meadows permission to supervise my child during the day. This includes, but is not limited to escorting them to the restroom, special events, caring for them in the classroom, playground, etc...

\_\_\_ **Family Code of Conduct:** To ensure that you, your child, our staff and all that enter The Meadows enjoy a safe, welcoming and respectful environment anyone entering The Meadows must only engage in actions that demonstrate respect for others. Behavior that is inappropriate, illegal, threatening or disrespectful in nature or language that is abusive or instigative is not acceptable. We are a drama free center, if you or anyone associated with you brings drama into the center, you will be dis-enrolled.

\_\_\_ **Family Handbook:** I understand and acknowledge that I have access to the Family Handbook (available online). I have read and understand its contents and all policies and procedures therein and agree to be bound by the same. I understand that I can make no modifications to the Family Handbook or to the Enrollment Agreement.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

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

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Medical Home Information

Practice/Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_  
Health Insurance Provider and Policy Number: \_\_\_\_\_  
Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_  
Last Tetanus/Diphtheria Booster: \_\_\_\_\_  
Allergies to drugs, foods or other: \_\_\_\_\_  
My child has had a recent health screening on: \_\_\_\_\_  
My child has had a recent dental screening on: \_\_\_\_\_  
My child has had a recent hearing screening on: \_\_\_\_\_  
My child has had a vision screening on: \_\_\_\_\_  
My child Does Not have a medical home and I would like information on how to find one? \_\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_ . I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary 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 \_\_\_\_\_.

**I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is to be released only in the event of evacuation to protect the safety of the teachers and children.**

**Authorization for medical treatment must be filled out annually.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director Signature: \_\_\_\_\_ Print name: \_\_\_\_\_



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## MEDICAL HISTORY

1. Medication that will be administered regularly at the school: (When possible, all medications should be administered at home. Any and all medications to be administered must have the proper documentation filled out by the child's physician and parents. Medication will not be given if we do not have the forms on site. No homeopathic medications may be administered. Tylenol/Ibuprofen cannot be administered for more than three days in a row without additional forms.)

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2. Special Dietary Needs: \_\_\_\_\_

3. Is your child able to walk? ☐ Yes ☐ No Explain:

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4. Can your child effectively communicate his or her needs? ☐ Yes ☐ No Explain:

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5. Is your child toilet trained? ☐ Yes ☐ No

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_

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The Meadows does not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director. Please see the center Director for an ADA packet.



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## Getting To Know Your Child and Family

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.

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

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

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

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6. What language is spoken in your home?

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7. Does your child have any medical or physical needs? Explain:

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8. Does your child have any allergies? Explain:

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9. What are the foods your child likes

best? \_\_\_\_\_

Least? \_\_\_\_\_

10. What are your child's mealtime routines at home?

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11. How many hours of sleep does your child receive at night? \_\_\_\_\_

12. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

13. What are your child's sleeping arrangements? Check appropriate answer. ☐ Own room ☐ Shares





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room with \_\_\_\_\_ ☐ Sleeps in crib ☐ Sleeps in bed

14. What are your child's bedtime rituals?

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15. Does your child take naps? ☐ Yes ☐ No How long? \_\_\_\_\_

16. Does your child need a favorite item (such as a blanket) for a nap? ☐ Yes ☐ No

If so, does your child have a special name for it? \_\_\_\_\_

17. What words are spoken in your house for toileting? \_\_\_\_\_

18. How does your child express anger or react to frustration?

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19. Does your child have any particular fears? \_\_\_\_\_

20. How does your child react to change (such as being left by parents)? \_\_\_\_\_

21. How does your child comfort himself/herself? \_\_\_\_\_

22. What are your child's play interests (preference for creative, dramatic or construction play)?

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23. How do you discipline your child? \_\_\_\_\_

24. When did your child begin to use language? \_\_\_\_\_

25. How would you describe your child (personality characteristics)? \_\_\_\_\_

26. What do you enjoy the most about your child? \_\_\_\_\_

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

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28. Has your child had previous preschool experiences? Has your child ever been asked to leave a preschool? \_\_\_\_\_

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29. Are you available to help us with classroom time or special events? \_\_\_\_\_

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

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31. What family or cultural traditions are important in your home? Would you be willing to share these traditions with the children? \_\_\_\_\_

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