

Enrollment Checklist

Child Care Agreement	_____
Parent Handbook Acknowledgment Form	_____
Pick-Up Permission Form	_____
Emergency Medical/Dental Consent Form	_____
Sunscreen Authorization	_____
Media Release Form	_____
Fee Agreement	_____
All About Me	_____
Children's Profile	_____
Immunization Record	_____
D.E.S.E. Enrollment Form	_____
D.E.S.E. Medical Exam	_____
D.E.S.E. Medication Authorization (if applicable)	_____
D.E.S.E. Infant/Toddler Feeding Plan (If applicable)	_____

CHILD CARE AGREEMENT

This Child Care Agreement ("Agreement") is made this _____ day of _____, 20____ by and between the undersigned ("Undersigned") and ASHLAND CHILDCARE CENTER, LLC (hereinafter referred to as "CENTER").

1. **TERM OF AGREEMENT.** This Agreement shall be effective upon the date hereof and shall continue in effect until termination pursuant and subject to the terms and conditions hereof. Subject to the terms and conditions hereof, upon the happening of any of the following events, this Agreement is terminated:

- a. If CENTER elects, upon default by the undersigned of any payments to CENTER;
- b. Upon CENTER written notice to the Undersigned, with or without cause, at any time; or
- c. Upon Undersigned's option and after at least two (2) weeks' written notice given on a Monday by 6:00 p.m. to CENTER, with or without cause; or
- d. Upon mutual written agreement between the parties to terminate the Agreement. Under any circumstances, the obligations of the Undersigned under paragraph 11, "Default", shall survive the termination of this Agreement.

If a two week notice is not received by close of business on Monday, notice will not start until the following Monday and the undersigned will be responsible for another week of tuition.

2. **CHILD CARE SERVICES.** CENTER agrees to provide a space at CENTER for each child listed at the end of this Agreement under the designation, "children", and to provide certain services as described below:

- a. Give care to the children when CENTER is open for business.
- b. Provide Breakfast, lunch and one (1) snack to the Children each day.
- c. Provide necessary instructional supplies to Children while at CENTER

3. **WEEKLY TUITION.** The Undersigned agree to pay CENTER, **in advance**, a Weekly Tuition of \$ _____ during the entire term of this Agreement. The undersigned understand and agree that CENTER as the right, immediately upon written notice to Undersigned and for any reason whatsoever to change the Weekly Tuition payable by the Undersigned. The Undersigned further understand and agree that the Weekly Tuition, including any other accrued fees and charges, is owed by them **in full** whether or not the Children attend CENTER for whatever reason, including but not limited to illness, vacation, holidays or snow days. Tuition is based on a weekly rate and will not be prorated for any reason.

4. **LATE CHARGES.** The Undersigned understand and agree that if the Weekly Tuition including any other accrued fees and charges, is not paid to CENTER on or before the end of business on Friday of the week preceding when the space is reserved for the Children, the Undersigned shall pay, in addition to the Weekly Tuition and other accrued fees and charges a Late Payment Fee not to exceed five percent of each weekly installment, or the minimum payment due, or twenty-five dollars (\$25.00), whichever is less. This fee is to be applied to each Weekly Tuition charge, regardless of how charges are posted to account.

5. **RETURNED CHECK CHARGE.** The Undersigned understand and agree that if any check tendered to CENTER is returned unpaid by the bank for whatever reason, the Undersigned shall pay a Returned Check Charge of \$30.00. After two returned checks, payment will be accepted by cashiers check or money order.

6. **REGISTRATION FEE.** The Undersigned understand and agree that they shall pay **in advance** to CENTER, nonrefundable registration fee of twenty-five dollars (\$25.00) per child

7. **TRANSPORTATION.** The undersigned understand and agree that CENTER has no responsibility or obligation for transportation of the Children to or from CENTER and that CENTER has no responsibility or obligation to provide or arrange "car pool" services. Transportation will be provided for children for field trips.

8. **ARRIVAL/DISMISSAL AND LATE PICK-UP FEE.** The Undersigned understand and agree that:

- a. Children are not permitted at CENTER before CENTER opens..
- b. Children must be accompanied into CENTER facility by an adult.

- c. CENTER shall release Children only to persons listed on the Pick-Up Permission form
 - d. The Undersigned shall pay to CENTER a Late Pick-up Fee of ten dollars (\$10.00) for the first ten (10) minutes that any Children are still remaining at CENTER after hours. After the first ten (10) minute period, the fee increases to twenty dollars (\$20.00) per ten (10) minute period until the children are picked up.
 - e. The Undersigned shall pay to CENTER an EARLY Pick-up Fee of ten dollars (\$10.00) for the first ten (10) minutes that any Children are dropped off at CENTER before it opens. If drop off occurs more than ten (10) minutes prior to CENTER opens, additional fees of twenty dollars (\$20.00) will be applied for each ten (10) minute period.
9. **LIMITATION OF LIABILITY.** The undersigned understand and agree that CENTER shall not be liable under any circumstances for any damages, including any incidental or consequential damages or commercial loss or lost profits, for failure to perform any of its obligations under this Agreement and, further, CENTER shall not be obligated to perform under this Agreement nor be responsible for failure to perform if prevented from doing so because of strikes, fire, water, acts of God, storms, governmental actions, or other similar or dissimilar causes beyond reasonable control of CENTER.
10. **DEFAULT.** The Undersigned understand and agree that they are in default of this Agreement if they fail to make any payments to CENTER as required under this Agreement or if they fail to perform under or comply with the provisions of this Agreement of the Parent Handbook, a copy of which has been provided to the Undersigned and is incorporated herein by reference.
- a. If the Undersigned default under this Agreement, the Undersigned shall immediately pay to CENTER all amounts that are either owed or due to CENTER under the remainder of this Agreement, including but not limited to a two week termination fee, and any collection costs, legal fees, or other reasonable expenses incurred by CENTER to collect said amounts.
 - b. If CENTER elects, it may immediately terminate all services provided by it under this Agreement, including but not limited to the immediate dismissal of the Children from its facility.
11. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties relating to the subject matter hereof, and supersedes all previous agreements and contracts between the parties hereto, both oral and written, and this Agreement may not be modified except in a writing executed by both parties.
12. **SEVERABILITY.** The invalidity or unenforceability of any provision of this Agreement shall not affect the remaining provisions of this Agreement that are valid under the laws of this State.
13. **APPLICABLE LAW.** The laws of this State shall govern the interpretation, construction and enforcement of this Agreement. The courts located in this County, this State shall have exclusive jurisdiction over all matters concerning this Agreement and will be the proper forums for adjudication of these matters.
14. **ACKNOWLEDGMENT OF PARENT HANDBOOK.** The Undersigned acknowledges that they have received a copy of CENTER Parent's Handbook and agree to abide by its policies and provisions. The undersigned also acknowledges that they are aware they may view the licensing regulations at any time requested.
15. **RELEASE OF CHILDREN.** The undersigned acknowledge that CENTER has the right to withhold the release of any child(ren) to anyone whose behavior could place the child(ren) in immediate risk. The undersigned also acknowledges that this clause is a requirement set forth by the Department of Health and Senior Services in order for child care centers to receive and maintain a child care license.

ASHLAND CHILDCARE CENTER LLC

16. **PRE-ENROLLMENT VISIT** I hereby acknowledge that my child and I have made a pre-enrollment visit or were unable to do so with the permission of the director or CENTER.

17. **GUARANTEED START AGREEMENT.** The registration fee, material fee and the child's first week's fees are due as a non refundable deposit in order to be given a guaranteed start date. The undersigned will be responsible for full fees effective that date, whether or not the child(ren) is in attendance. In the event the child(ren) fail to start on the agreed upon guaranteed start date, fees will automatically be added weekly. Failure to pay these fees by 6:00 PM of the first Tuesday after the guaranteed start date, and by 6:00 PM every subsequent Friday, will constitute a forfeiture of the deposit (as explained above) as well as the child's spot in the center.

If undersigned the undersigned shall further state that they understand that the fees may increase between the date this agreement is signed and the agreed upon guaranteed start date. In the event this happens the undersigned agrees to pay the new rates or forfeit the deposit and the child's guaranteed spot in the center.

Child's Printed Name

Child's Printed Name

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Date

Date

ASHLAND CHILDCARE CENTER, LLC

Print Name: _____

Signature: _____

Date: _____

ASHLAND CHILDCARE CENTER LLC

PARENT HANDBOOK ACKNOWLEDGEMENT FORM

I understand that these policies describe important information regarding ASHLAND CHILDCARE CENTER, LLC (hereinafter referred to as "Center"). If at any time I have questions regarding these policies, I should consult a member of the leadership team.

My relationship with the Center is voluntarily entered into and is subject to termination by me or Center at will, with or without cause, at any time that either the Center or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I acknowledge that I have received, read and understand the policies contained in the parent handbook. I further agree to comply with these policies.

Child's Printed Name

Child's Printed Name

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

ASHLAND CHILDCARE CENTER

Print Name: _____

Signature: _____

Date: _____

Sign and Return to office

PICK-UP PERMISSION & EMERGENCY CONTACT FORM

I hereby give permission for my child to leave Center with the following person(s) named below. It is the responsibility of the parents or legal guardians to notify Center, in writing, of any change. (Even Mother and Father's name need to be listed!)

Child's Name: _____ Child's Name: _____

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell Phone</u>	<u>Work Phone</u>
-------------	-------------	---------------------	------------------------	-------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there is a separation, divorce, or other custody arrangement of which Center should be aware of, please explain. Attach appropriate documentation if necessary.

Names of persons who may **NOT** pick-up or interact with child:

I also give my permission for my child to leave the above named facility for trips in a center owned vehicle such as for field trips, on walks, or other Center organized events.

PARENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

EMERGENCY MEDICAL/DENTAL CONSENT FORM

I, _____ (Mother, Father or Guardian)
of _____, age _____, do hereby give my permission for
such emergency medical or dental care and/or other treatment as deemed necessary by Ashland Childcare Center
LLC (hereinafter referred to as "Center") Director or Leadership Team my above named child might require while
under
Center's supervision. Center team members may take steps including any or all of the following if they believe an
emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician, dentist, or appropriate specialist.

In the case of emergency, every effort will be made to notify parents and to contact the child's physician or dentist
immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the
nearest hospital or to the child's physician or parent. I agree to pay all of the costs and fees for any emergency
medical care or treatment for my child as secured or authorized under this consent.

The following will be called in case of an emergency:

Child's physician:

Name _____

Address _____

Phone _____

Child's Dentist:

Name _____

Address _____

Phone _____

Child's Hospital:

Name _____

Address _____

Phone _____

Mother/Guardian's Name _____ Phone _____

Father/Guardian's Name _____ Phone _____

Relatives or friends who may be contacted for assistance or information in case of emergency. (Should also be listed
on the pick-up permission form)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Carrier: _____

Allergies, medication, or other conditions pertinent to emergency care:

Other Medical Conditions: _____

ASHLAND CHILDCARE CENTER LLC

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

ASHLAND CHILDCARE CENTER

Print Name: _____

Signature: _____

Date: _____

Sign and Return to office

Parent's/Guardian's Permission To apply Sunscreen To Child

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at **Ashland Childcare Center LLC** to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when they will be playing outside, especially during the months of March - October. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

ASHLAND CHILDCARE CENTER LLC

MEDIA RELEASE FORM

I understand that ASHLAND CHILDCARE CENTER, LLC (hereinafter referred to as "Center") offers school pictures up to two times a year, in the spring and fall. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in.

I also understand that Center may take pictures, video, or capture/use other forms of media (streaming, etc) of the children playing for use including, but not limited to: internal promotions, social media posts, public displays, training applications, or other manners which Center finds appropriate. I understand that these pictures, video, and other media are owned solely by Center and are only to be used inline with Center's mission. I realize that photos, videos, or other media may be displayed in public facing platforms from time to time that could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture, video, or other form of media is taken and that it is possible that that might be sent to the other child to show their family what they are doing.

To ensure the safety and privacy of our families, unauthorized use of any media taken or owned by Center is strictly forbidden.

I agree to give permission for Center to take photographs, video, or other media recordings/livestreams of my child. I agree to allow these, and all other forms of media, to be be used as mentioned above.

Child's Name

Child's Name

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

ASHLAND CHILDCARE CENTER

Print Name: _____

Signature: _____

Date: _____

Sign and Return to office

ASHLAND CHILDCARE CENTER LLC

2025 Fee Agreement

7:00 A.M.--5:30 P.M. Monday through Friday

Ages Served: Birth-6

Registration Fee -- \$25 per child (Non Refundable)

Security Deposit – Equal to one week’s tuition (Non Refundable, used towards last week of service)

Fees:

- Infant/Toddler Full Time (6 weeks-23 months)	\$300.00 per week
- Twos Full Time (ages 24 - 35 months)	\$250.00 per week
- PreK Full Time (ages 36 – 60 months)	\$200.00 per week

Fees are assessed based on authorization, or expected and prepared for attendance. No discount, credit, and/or other adjustment to be made for absences or otherwise unless specifically authorized in applicable Handbook.

- Fees, in full, are due whether child is in attendance or not

- All holidays will be charged at the regular rate.

- Discounts:
- 1) 3% discount for accounts that pay for the entire month in advance by the 3rd of each month.
 - 2) 10% discount for each additional sibling currently enrolled full time in the program
(The youngest child is always counted as the first child.)

Late pickup (or early drop-off) fee. After 5:30 PM OR if more than 30 minutes has elapsed since being informed child needs picked up due to illness, behavior, or other reason identified by Director/Leadership Team and/or early (before 7:00 AM) will be \$10.00 for the first ten (10) minutes. If, after the first (10) minute period, child has still not been picked up the fee doubles to \$20.00 per ten (10) minute period. After 60 minutes of no contact, child will be considered abandoned and appropriate authorities notified.

Fees are due in advance by Friday of the prior week. A Late Payment Fee not to exceed five percent of each weekly installment, or the minimum payment due, or twenty-five dollars (\$25.00), whichever is less. This fee is to be applied to each Weekly Tuition charge, regardless of how charges are posted to account.

Failure to pay on time may result in termination of services. \$30.00 fee added on all payments that are returned, reversed, and/or payments that do not clear as expected for any reason. No account will ever be allowed to carry a balance, consisting of over two weeks worth of service, unless arrangements have been approved by the Leadership Team.

Fees, equal to two weeks tuition, will be added if a two-week written notice is not given prior to your child leaving. ASHLAND CHILDCARE CENTER, LLC may seek collection of fees; clients may be required to pay a two week termination fee, and any collection costs and attorney’s fees incurred by ASHLAND CHILDCARE CENTER, LLC to collect this amount. If ASHLAND CHILDCARE CENTER, LLC elects, it may immediately terminate all services provided by it including, but not limited to, the immediate dismissal of the children from its facility.

Unpaid balances may be sent to a collections agency, or similar service, at discretion of ASHLAND CHILDCARE CENTER, LLC Leadership Team.

Guaranteed Start Agreement. The registration fee and the security deposit (equal to one week’s tuition) are due in order for you to be given a guaranteed start date. You will be responsible for full fees effective that date, whether or not your child is in attendance. In the event you fail to start on your guaranteed start date, your fees will automatically be added weekly. Failure to pay these fees by 5:30 PM noon of the first Monday after your guaranteed start date, and by 5:30 PM every subsequent Friday, will constitute a forfeiture of your deposit (as explained above) as well as your child’s spot in the center. ***The deposit is non-refundable.***

Child’s Name:	Schedule: (i.e. M-F, 7-5)	Rate: (\$200.00 per wk)
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below I am stating that I understand and agree to the terms of the above fee agreement. I also understand that the fees may increase between the date this agreement is signed and my guaranteed start date. In the event this happens, I agree to pay the new rates or forfeit my deposit and my child’s spot in the

ASHLAND CHILDCARE CENTER LLC

center. I further agree to pay all fees and late fees as stated above and any and all attorney fees, court costs and collection costs related to the collection of my account not to exceed 50% of my total account.

PARENT'S SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____

ALL ABOUT ME!

My name is _____ (First & Last), call me _____ (Nickname). Today is _____ and I'll be starting in your class on _____. My birthday is ____ / ____ / _____. I am _____ years old. I live at _____ (Street Address) in _____ (City)

With my: ____ Mom ____ Dad ____ Grandparent(s) ____ Other: _____

I have ____ younger brother(s) ____ older brother(s)
____ younger sister(s) ____ older sister(s)

My pet(s) are ____ Dog ____ Cat ____ Other

I like to eat _____ (i.e. Chicken, Mac & Cheese, Pizza etc)

I don't like to eat _____ (i.e. Carrots, Tuna Fish, Broccoli)

I ____ like / don't ____ like to nap from _____ to _____

I like to play: ____ by myself ____ with others

I am: ____ Potty Trained ____ Working On It ____ Not Yet Started

I have fun by:

(playing blocks, dancing, riding my bike, balls, dress-up, making faces)

Children's Profile

Personality Profile:

Is the child adopted? Y N At what age? ____ Have they been told about the adoption? Y N

How would you describe your child's normal disposition? _____

Does he/she have any specific fears or phobias? If so please describe them. _____

What means of discipline do you find most effective? _____

Describe the experience your child has had playing with other children. _____

What Language(s) is spoken at home:

Generally, is your child friendly? _____ Shy? _____ Aggressive? _____ Other: _____

What frustrates your child, or makes them angry? _____

What is the best way to communicate with your child? _____

Who does most of the disciplining in your household? _____

How do you comfort your child? _____

Has your child had a frightening experience with: Animals? ____ Loud Noises? ____ The Dark? ____ Other: _____

Is there anything out-of-the-ordinary that might help us in understanding and working with your child more effectively?
(i.e. new baby, divorce, death, new step-parent, etc.) _____

Has your child ever attended a Childcare Center? Y N How Long? _____

Where? _____

ASHLAND CHILDCARE CENTER LLC

What areas or special attention you would like us to focus on this year? _____

Health/Physical Profile

Known Allergies _____

Regular or Necessary Medication _____

Physical Disabilities or Limitations _____

Any other Health Problems the Center should be aware of _____

Developmental Profile

Toilet Habits _____

Is your child Potty Trained? Yes No if no, do they use? Diapers Pull ups

Can we depend on your child to tell us when they need to go to the bathroom? _____

Any special words your child may use? _____

Sleeping Habits

Special Naptime Instructions? _____

Normal Bedtime _____ Awaken? _____ Nap? _____ Length _____ Bedtime Buddy _____

Special Sleeping Routine (song, story, etc.) _____