



Date of Registration: _____
Start Date: _____
Date of Termination: _____

**CHILD INFORMATION**

Name of Child (Last, First, Middle Initial): \_\_\_\_\_  
Nickname \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent / Guardian Marital Status:  Single  Married  Divorced  Widowed  
Primary Residence:  Mother  Father  Both  Guardian  
List of Family Members your child lives with (include names and ages of siblings): \_\_\_\_\_  
\_\_\_\_\_

Mark Days to Attend:  MON  TUES  WED  THUR  FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

**SCHOOL- AGE PROGRAM INFORMATION**

Does your child attend elementary school?  Yes  No Elementary School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Address: \_\_\_\_\_ Zip: \_\_\_\_\_ School Phone: \_\_\_\_\_  
School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_  
Transportation provided by:  Elementary School  Parent/Guardian  The Village Other: \_\_\_\_\_

Mark Days to Attend:  MON  TUES  WED  THUR  FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care:  AM Snack  Lunch  PM Snack

**PRIMARY CONTACT AND RELEASE PERSONS**

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver's License # / State: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver License # / State: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Initial: \_\_\_\_\_

## ENROLLMENT REGISTRATION INFORMATION

### EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school if an emergency release person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide government issued photo identification at the time of pick up. All persons below must be 18 or older, unless he/ she is the parent of the child.

Contact # 1: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home email Address: \_\_\_\_\_  
Govt. Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/ Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Contact # 2: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home email Address: \_\_\_\_\_  
Govt. Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/ Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Contact # 3: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home email Address: \_\_\_\_\_  
Govt. Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/ Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Contact # 4: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home email Address: \_\_\_\_\_  
Govt. Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/ Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Contact # 5: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home email Address: \_\_\_\_\_  
Govt. Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/ Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.

- School staff will release your child only to you or to those persons you have listed above. Since emergencies may prevent you from picking up your child, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in writing.
- For the safety of all of the children, it is critical to use your secured access to enter the building and sign your child in and out according to state child care licensing regulations. Please notify emergency contacts that they must bring government issued identification when they pick up your child.
- **If you must pick up your child after closing time, you will be charged a late fee of \$1 per minute, per child, until the child is picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.**

Name of Child: \_\_\_\_\_

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

Parent/ Guardian Initial: \_\_\_\_\_

### **ENROLLMENT REGISTRATION INFORMATION**

#### **AUTHORIZATION FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT OF A MINOR**

In the event of an emergency requiring a physician's care, would you like us to call your family physician?  YES  NO

Please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I \_\_\_\_\_ do hereby state that I am a parent/legal guardian of \_\_\_\_\_ a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me at \_\_\_\_\_. In the event of an emergency, I authorize 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 Florida. **(Please attach a copy of the child's proof of insurance.)**

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

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

Appeared before me and produced: \_\_\_\_\_ as identified. Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

#### **AUTHORIZATION FOR TRANSPORTATION FOR FIELD TRIPS, BUGGY RIDES, AND NATURE WALKS**

Village staff may plan special field trips for students that provide an opportunity for age-appropriate exploration and learning opportunities outside of The Village campus. Field trips may include children taking supervised walks outdoors, and infants and toddlers strolling in the buggy.

Additionally, students may walk to the field located on the north side of the campus for sports and other activities or in the event of an emergency evacuation or practice drill, such as a fire drill.

Your signature below signifies that we have your permission to take your child, \_\_\_\_\_, on these field trips.

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

#### **SCHOOL AGE STUDENTS ONLY: PERMISSION FOR DAILY TRANSPORT TO AND/OR FROM ELEMENTARY SCHOOL**

We have permission to pick up your child, \_\_\_\_\_, on a daily basis from \_\_\_\_\_ (school).

**Transportation off school grounds is only provided for children at least 4 years old and 40 pounds or more.** By signing this, you are certifying that your child is at least 4 years old and 40 pounds or more.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

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

Parent/ Guardian Initial: \_\_\_\_\_

**ENROLLMENT REGISTRATION INFORMATION**

**MEDICAL INFORMATION**

**MEDICAL HISTORY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication that will be administered regularly at the school: \_\_\_\_\_  
\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Is your child able to walk?  Yes  No If No Explain: \_\_\_\_\_

Can your child effectively communicate his or her needs?  Yes  No If No Explain \_\_\_\_\_

Is your child toilet trained?  Yes  No

Please provide special instructions concerning any chronic illnesses as necessary \_\_\_\_\_  
\_\_\_\_\_

Allergies (Please Check and list all that apply):

- |                                      |       |                 |
|--------------------------------------|-------|-----------------|
| <input type="checkbox"/> Medications | _____ | Reaction: _____ |
| <input type="checkbox"/> Food        | _____ | Reaction: _____ |
| <input type="checkbox"/> Other       | _____ | Reaction: _____ |
| <input type="checkbox"/> None        |       |                 |

Are any of the allergies severe or life threatening?  Yes  No If Yes Please provide special instruction: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CARE PROVIDER / FACILITY**

I hereby give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the Village staff member in charge to take my child and seek medical attention.

Parent / Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Practice Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital Clinic for Acute care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice Clinic Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Name of Child: \_\_\_\_\_

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

Parent/ Guardian Initial: \_\_\_\_\_

## ENROLLMENT REGISTRATION INFORMATION

### CHILD PROFILE

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

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 and to meet his or her individual needs.

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

\_\_\_\_\_

What does your child enjoy doing the most?

\_\_\_\_\_

What are your child's favorite toys?

\_\_\_\_\_

With who does the child reside? Please list names and relationships to child and names and ages of other children:

Adults:

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

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

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

Children:

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

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

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

Who else cares for your child (ren)?

\_\_\_\_\_

What languages are spoken in your home?

\_\_\_\_\_

Does your child have any special medical or physical needs? If Yes Explain:

\_\_\_\_\_

Does your child have any allergies? If so, please explain:

\_\_\_\_\_

Which foods does your child like best? \_\_\_\_\_

Which foods does your child like least? \_\_\_\_\_

What are your child's mealtime routines at home?

\_\_\_\_\_

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

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

What are your child's sleeping arrangements?

Sleeps in Own Room     Shares room with \_\_\_\_\_     Sleeps in crib     Sleeps in bed

**CHILD PROFILE (Continued)**

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

What are your child's bedtime rituals?

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

Does your child take naps?  Yes     No    How Long?

\_\_\_\_\_

Does your child need a favorite item (such as blanket) for a nap?  Yes     No    if yes, does your child have a special name for it? \_\_\_\_\_

What words are spoken in your house for toileting?

\_\_\_\_\_

How does your child express anger or react to frustration?

\_\_\_\_\_

Does your child have any particular fears?

\_\_\_\_\_

How does your child react to change?

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

How does your child comfort himself/herself?

\_\_\_\_\_

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

\_\_\_\_\_

How do you discipline your child?

\_\_\_\_\_

At what age did your child begin to use language?

\_\_\_\_\_

Is this your child's first school experience? \_\_\_\_\_ If not, please tell us about your child's experience with school prior to coming to The Village:

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

Are you available to help with field trips or other special events?

\_\_\_\_\_

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

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

**ACKNOWLEDGEMENTS**

The Village ELC proudly exceeds the State of Florida and Hillsborough County Child Care licensing standards regarding Health and Safety documentation. We comply with the guidelines recommended by our accrediting agency, NAEYC (NAEYC.org). **Please read and initial each item to acknowledge that you agree and give consent for your child, and then sign at the bottom.**

Please complete the following:

\_\_\_\_\_ I certify that I have received a copy of the following brochures:

- ✓ Know Your Child Care Facility
- ✓ Informational Pamphlet About the Flu Virus
- ✓ Informational Flyer About Automobile Safety and Young Children

\_\_\_\_\_ I give consent for my child to participate in extracurricular activities brought in from our community (special events, seminars, shows, and demonstrations) at the Village Early Learning Center under proper supervision.

\_\_\_\_\_ I give permission for my child to participate in food related activities and special occasions with various ingredients where food is consumed.

\_\_\_\_\_ I give permission with exception to the following foods: \_\_\_\_\_

\_\_\_\_\_ I have received the disciplinary practices in writing used by the Village ELC (included in the Village ELC Family Handbook).

**NUTRITION PLAN**

Name of Child: \_\_\_\_\_

Indicate any Special Dietary Requirements/Food Restrictions:

\_\_\_\_\_

I understand and approve of the use of this Nutrition Plan. If my child cannot or will not eat the food provided at school, I agree to provide meals and/or snacks to meet my child's nutrition and dietary needs. ***I agree not to send soda, candy, gum or foods that contain more than 8 grams of sugar per serving.***

Mark "P" for Parent provides and "C" for center provides

Breakfast (P) AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_

**ANNUAL UPDATES**

I certify that I have provided complete and accurate information to the best of my ability. I understand that it is my responsibility to update this form in the event that my decision for any permission changes and that my consent will remain in effect during the term of my child's enrollment.

I agree to review and updated my child's Enrollment Packet every August or as needed with changes.

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

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## **BEHAVIOR AND DISCIPLINE STATEMENT**

The Village Early Learning Center staff use positive methods of discipline, which encourage self-control, self-direction and self-esteem.

- Staff is prohibited from using the following as a means of punishments:
- Hitting, shaking, biting, pinching, squeezing, jerking, excessive tickling, or inflicting any form of corporal punishment.
- Restricting a child's movement by binding or tying him/her.
- Mental or emotional cruelty, such as humiliating, shaming, name calling, sarcasm, cursing at, threatening, ostracism, or frightening a child.
- Physical coercion, such as rough handling, forcing a child to sit down, lie down, or stay down, or physically forcing a child to do an activity, such as eating or cleaning up.
- Depriving a child of meals, snacks, water, rest or necessary toilet use.
- Confining a child in an enclosed area such as a closet, locker room, box or similar cubical.

## **STUDENT WITHDRAWAL POLICY**

I understand that I must provide Village administration with a two-week advance written notice if I withdraw my child from the program.

## **SUSPENSION AND EXPULSION POLICY**

In accordance with state and federal civil rights laws, the goal of this policy is to limit or eliminate the use of suspension, expulsion and other exclusionary methods. I, the undersigned, understand that The Village may terminate enrollment of my child if I am more than two weeks late in payment of tuition, if my child presents a danger to himself or others, or if it is determined that the needs of my child are outside of the scope of the services that The Village is able to provide and that enrollment elsewhere would be in the best interest of the child. (While we are an excellent preschool and employ professional teachers, we are not "specialists" as it pertains to some developmental situations. Some children may require a teacher with specific specialized skills in order to become a successful student and appropriate classroom participant. Fortunately, we have access to many different community and government resources that may assist you with the best placement for your child. Prior to discharge by The Village for reasons other than nonpayment of tuition, we may try one or many strategies to improve a child's success in the classroom. These may include, but are not limited to: (1) a series of meetings with parents to design an individualize plan that addresses the child's needs; (2) referral to Child Find, FDLRS, Care Options, or other government/community resource to access professionals trained in early intervention approaches; or (3) changing the child's situation in the school such as their teacher, their schedule, etc. There may also be other steps taken by The Village teachers/administrators that attempts to support the child in our school. Every child's situation is different, so flexible and customized planning by the school and the parent will determine the course of action.)

I \_\_\_\_\_ Parent / Guardian of \_\_\_\_\_ understand the Discipline Policy and Student Withdrawal Policy as set forth in these statements.

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

## ENROLLMENT AGREEMENT

Child's Full Legal Name: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_

**Please initial each section listed below, then sign and date the last page.**

### **TUITION & CONDITIONS FOR MODIFICATIONS**

I have enrolled my child in the following program(s):

From \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Days (check all that apply):  Monday  Tuesday  Wednesday  Thursday  Friday

**Payment Schedule (Circle One):** **Monthly** (due on 1<sup>st</sup> of the month) **Semi-Monthly** (due on 1<sup>st</sup> and 15<sup>th</sup> of the month)

The current tuition rate for the program I have chosen is \$ \_\_\_\_\_ per month and that the following discounts, if any, apply to my tuition rate: \_\_\_\_\_. I understand that rates are subject to change with reasonable notice, as conditions require. The Village ELC follows state specific required time frames on tuition and modification notices.

\_\_\_\_\_ (Initials)

### **PAYMENT OF TUITION AND LATE PAYMENT FEE**

I understand that **payment is due before care is received** and I can choose the schedule of my tuition payments. I can choose semi-monthly or monthly. I understand that tuition is always due on the first day of the tuition cycle for which care is received. If payment in full is not received when due, I agree to pay a **late payment fee of \$20 per week or part of each week that tuition is not received**. All late fees are subject to change without notice. I understand that if my account is delinquent for two weeks, I will be asked to withdraw my child until my account is made current. The Village ELC cannot guarantee your child's seat will be held if your child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ (Initials)

### **PAYMENT METHODS AND AUTOMATIC PAYMENTS**

Tuition is billed and available for review and online payment at [www.myprocare.com](http://www.myprocare.com). Acceptable forms of payment include bank drafts/ACH, Visa, MasterCard, Discover, and American Express. Cash, personal checks, cashier's checks, and money orders can be processed and credited at the front desk, or you can have tuition and fees automatically paid from your bank account or credit/debit card through Tuition Express. (See the front desk for the authorization form for Tuition Express.)

\_\_\_\_\_ (Initials)

### **REGISTRATION FEE**

An annual, non-refundable Family Registration Fee of **\$95** shall be paid in advance to enroll my preschool or school age child. Once enrolled, I understand that I am responsible for paying this fee each August.

\_\_\_\_\_ (Initials)

### **SUMMER REGISTRATION AND ACTIVITY FEE**

School age camp will be open during the summer months, spring break, and winter holiday weeks according to the local public school calendar. School-age students who are already enrolled in before and/or after care, have attended during the weeks preceding Summer Camp, and have kept their tuition payments current, will be exempt from paying a separate Registration Fee for Summer Camp. (The Registration Fee for Summer Only School Age Camp is \$65).

\_\_\_\_\_ (Initials)

#### RETURNED CHECK FEE

A fee of \$30 will be charged to my account for all checks or automatic payments which are returned for any reason. This fee is in addition to any charges that my bank or financial institution may charge me. If more than 2 checks or ACH payments are returned within calendar year, I will be required to pay by money order or credit card.

\_\_\_\_\_ (Initials)

#### 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.

\_\_\_\_\_ (Initials)

#### DISCOUNTS

A ten percent (10%) sibling discount is offered for each additional child from an immediate family. Corporate discounts are given to teachers and active duty military personnel. Discounts are not applicable to Registration Fees, Curriculum/Program Fees, Agency Co-Pays, and Special Program Promotions or for any other fees or services and cannot be combined with any other discount or promotion.

\_\_\_\_\_ (Initials)

#### CHARGES AND PROCEDURE FOR LATE PICK-UP

I understand that if I fail to pick up my child(ren) by the pickup time I have selected in this contract, I will be charged a late fee of \$1 per every minute per child, until the child(ren) is picked up. I further understand that if I fail to pick up my child (ren) for more than 30 minutes past The Village ELC closing time, Police or Local Authorities may be contacted.

\_\_\_\_\_ (Initials)

#### UNEXPECTED CLOSURES

I understand that it is the intention of The Village Early Learning Center to be open and provide child care service every weekday of the year (excluding holidays), but that conditions outside of the control of The Village ELC, including inclement weather, natural or national disaster, pandemic, or major building issue may disrupt service. I understand that it is my responsibility to (and I agree to) pay full tuition during such an event in the amount representing no less than one half month **OR** the length of the closure (whichever is less) up to and until I contact The Village ELC in writing to exercise one of the following options: (1) request tuition modification in order to save my child's seat until my return, or (2) withdraw from the program with an understanding that I may reenroll in the future if the seat is still available, but that the seat will not be guaranteed.

\_\_\_\_\_ (Initials)

#### 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 from the date of notice, regardless of whether or not my child attends. I understand that when my child is withdrawn, my child will only be eligible for re-admission based upon space availability and all other re-enrollment criteria. If my child is selected for re-enrollment, I will be required to pay a new non-refundable Registration Fee. I will be required to bring my account current prior to withdrawal.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### HOLIDAYS

I understand that The Village ELC is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. 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.

\_\_\_\_\_ (Initials)

**ABSENCES/VACATIONS**

I agree to inform The Village ELC immediately if my child(ren) will be absent on any day. I understand that no allowances, credits, refunds or make up days shall be made for occasional absences. My regularly contracted tuition is due for all weeks when my child attends any part of the week. If my child will be absent for an entire week, I may choose to use a Vacation Credit. The terms of a vacation Credit are as follows: After six (6) continuous months of enrollment, I may elect to use one week of Vacation Credit when my child is not in attendance for an entire week (five consecutive days). During the Vacation Credit week, my regular tuition charge will be reduced by 50%. Vacation credits can be used for up to two weeks in any academic year (from the first day of school in August to the last day of the summer session).

\_\_\_\_\_ (Initials)

**DAILY SIGN IN AND OUT**

I agree to sign my child (ren) in and out every day using the check in kiosk in the lobby of The Village ELC. I understand that my child is not permitted to sign himself/herself out. I understand that I am required to enter The Village ELC to drop off and pick up my child(ren) and that I must escort my child(ren) to and from the designated classroom each day.

\_\_\_\_\_ (Initials)

**RELEASE OF CHILD (REN)**

I understand that my child will only be released to me, a parent or legal guardian (except where prohibited by state child care law or court order) and to those persons whose names I have listed on the Authorization for Student Pick Up form. I understand that The Village Early Learning Center may require, at any time and without notice, satisfactory proof of identification and a valid driver license from any person, including myself, who proposes to pick up and transport my child (ren). I understand that, for the safety and security of my child (ren) if an emergency were to arise where an unauthorized person must pick up or drop off my child (ren), I will be required to provide a password or other verification, as directed by The Village ELC. I will be required to follow the instructions for Student Release to an Unauthorized Person policy, which requires a photo ID from the person to picking up my child and the completion of a release form, which I must sign upon my next arrival at The Village ELC. I understand that The Village Early Learning Center has the right to refuse to release a child to any person, including myself, who fails or refuses to follow The Village Early Learning Center Sign In, Sign Out and Child release policies, or to any person who appears, in the sole discretion of The Village Early Learning Staff, unable to safety transport my child (ren). I understand that no person under the age of 18, including family members but excluding emancipated minor parents may pick up a child from the center.

\_\_\_\_\_ (Initials)

**PHOTOGRAPHY**

The village Early Learning Center and its agents **(circle one) MAY / MAY NOT** use photographs, reproductions, images, or sound recordings of my child for advertising, publicity or any other lawful purpose. The most common use of photos at the school is our business Facebook page ([www.facebook.com/iheartthevillage](http://www.facebook.com/iheartthevillage)) and photos placed on classroom walls.

\_\_\_\_\_ (Initials)

**CONTACT INFORMATION**

I understand that it is my sole responsibility to inform The Village Early Learning Center of any changes in my personal information or my child’s personal information including, but not limited to, address, home phone number, work phone number, cellular phone number, days and hours of work, days and hours of school, transportation arrangements, child’s medical conditions and any changes that may affect my child’s enrollment. I understand that The Village ELC will not be responsible for errors or claims from my failure to provide current contact information.

\_\_\_\_\_ (Initials)

**EMERGENCY CONTACTS**

I understand that I am required to provide and maintain at all times a minimum of two (2) additional emergency contacts other than myself, including myself, including full names, home and work phone numbers, cellular phone numbers, addresses, driver license numbers or state identification numbers and relationships to my child (ren) . I understand that in the event of any emergency for which I cannot be reached and the emergency contacts cannot be reached, that the Director of The Village ELC may contact the police or other local authorities for assistance.

\_\_\_\_\_ (Initials)

**SAFETY**

I understand that The Village ELC has an open door policy for parents and legal guardians and that I have unlimited access to The Village ELC, while my child in attendance. I understand that access to The Village ELC may be restricted to custodial parents pursuant to state childcare regulations, or may be further restricted by court order. I further understand that for any reason it deems appropriate for the preservation of the safety, security, health or general well-being of the students and the staff, The Village ELC may temporarily or permanently exclude any person from The Village ELC including a parent, whom The Village ELC find at its sole discretion poses or is likely to pose a risk to the students , families or staff of The Village

ELC or who fails or refuses to conduct him or herself in a manner befitting a child care environment. Prohibitions include, but are not limited to profanity, yelling, threatening, aggressive or violent behavior, intoxication, or failure to follow the policies and procedures of The Village ELC.  
\_\_\_\_\_ (Initials)

**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 care of The Village ELC to make provisions for the independent medical examination of any child by a licensed physician and to contact and instruct any other appropriate authority to do the same without prior notice or consent by myself or by The Village ELC.  
\_\_\_\_\_ (Initials)

**ILLNESS AND RE-ADMISSION**

I understand that I will be notified if my child become ill during the day and that I will pick up my child within one hour 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 Village ELC Re-Admission Criteria in the Policy Agreement.  
\_\_\_\_\_ (Initials)

**MEDICATION**

When possible, all medications should be administered at home. I understand that The Village ELC is not required to administer any medication, and that medication can be provided at school as a service and at the discretion of the director. If medication must be administered during the day, I agree to fill out the Non- Prescription Medical Treatment Instruction, Consent and Waiver form or Authorization for Administering Prescription Medical Treatment Waiver and Consent form and give the medications and completed forms to the appropriate management person in charge. I understand that I must strictly follow all The Village ELC policies related to the administration of medication and that The Village ELC may refuse to administer any medication at any time without notice when at the sole discretion of The Village ELC, such action is the best interest of my child.  
\_\_\_\_\_ (Initials)

**PERSONAL ITEMS**

I understand that The Village ELC is not responsible for lost or damaged personal items. I will ensure that my child(ren)'s clothing, backpacks and other personal items are clearly labeled with the child (ren)'s first and last name.  
\_\_\_\_\_ (Initials)

**PARENT POLICY AGREEMENT**

I have received a copy of The Village Family Handbook. I have read and understand its contents and policies and agree to be bound by it. I understand that The Village ELC has an open door Policy and will discuss any of my concerns with me or without an appointment at a time that is mutually convenient.  
\_\_\_\_\_ (Initials)

**These policies have been reviewed with me by the Director or an Administrator. I understand and will comply with the policies included in The Village Early Learning Center's Enrollment Agreement and Policy Agreement.**

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

Printed Name \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ENROLLMENT REGISTRATION INFORMATION

### ENROLLMENT CHECKLIST

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

### OBTAIN SIGNED FORMS FROM FAMILY

- Standard Enrollment Packet
- Permission form for after school pick up, field trips & emergency care (including verification of age and weight)
- Authorization for Students Pick Up/Emergency Contacts
- Family Handbook
- The Village ELC Enrollment Agreement
- Tuition Express Enrollment Form
- Other State or Federal required forms: \_\_\_\_\_

### REVIEW WITH FAMILY

- The Child's First day     Annual registration Fee     Parent Communication (Brightwheel App)     Online Bill Pay (myprocare.com)
- Child guidance and classroom management (Discipline Policy)     Late Fees
- Tuition Payment schedule     Vacation Policy
- Parent Conferences and other communications about what to expect daily and /or weekly     Sick Policy
- Process and procedures of Security Access     Absenteeism Policy
- Authorized Pick Up, Late pick up policy and emergency controls     Special Needs
- Child Custody Documents (if applicable)     Meals
- Clothing and other items to bring (labeled)     Allergies
- Any Pick up Restrictions
- Any Photo Restrictions     Medication Policy
- Immunizations/ Health Information     Relevant curriculum features for child's age group

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of The Village Early Learning Center's Policies.

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

Relationship with the Child: \_\_\_\_\_

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Name of Child: \_\_\_\_\_

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

Parent/ Guardian Initial: \_\_\_\_\_



# 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) The Village Early Learning Center 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. 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

