Where our children learn, grow, and are truly blessed

TRULY BLESSED LEARNING CENTER
ENROLLMENT APPLICATION

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information			
Child's Information			
Child's Full Name:	Nickname:	Sex:	Birthdate:
Child's Home Address:			
City:	State:	Zip:	
Does Your Child Attend School? ☐ No ☐ Yes	School Name:	Grade:	School Phone:
School Address:	Drop Off Time:	Pick Up Time:	
Parents/Guardian			
Father:	Employer:	Employer Phone:	
Employer Address:	Work Hours:		
Home Address:	Home/Cell Phone:		
Email Address:			
Mother:	Employer:	Employer Phone:	
Employer Address:	Work Hours:		
Home Address:	Home/Cell Phone:		
Email Address:			
Guardian/Sponsor:	Relationship To Child:	Home/Cell Phone:	
Home Address:	Employer Phone:		

Child Emergency Contact and Release Information(please do not include parent/guardian/sponsor)			

Please notify the center if an Emergency Release Contact will pick up your child on a given day.
(For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up)

Person 1:	Relationship To Child:	Home/Cell Phone:	Employer Phone:
Home Address:		Email Address:	
Authorized To Pick Up Child? ☐ No ☐ Yes			
Person 2:	Relationship To Child:	Home/Cell Phone:	Employer Phone:
Home Address:		Email Address:	
Authorized To Pick Up Child? ☐ No ☐ Yes			
Person 3:	Relationship to Child:	Home/Cell Phone:	Employer Phone:
Home Address:		Email Address:	

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Medical Information

Child's Name:	Height:	Weight:	Hair Color:	Eye Color:
Distinguishing Marks:				

Child's Medical & Developmental History

1. Does your child have any special medical conditions? ☐ No ☐ Yes Explain: ____________
   ____
2. Does your child have any chronic illnesses? ☐ No ☐ Yes Explain: __________________
   ____
3. Please list a brief history of your child's serious injuries and hospitalizations. ________________
   ____
4. Does your child have diabetes? ☐ No ☐ Yes ***If yes, please attach care instructions from your physician.***
5. Does your child have asthma? ☐ No ☐ Yes ***If yes, please attach care instructions from your physician.***
6. Will medication be administered regularly? ☐ No ☐ Yes ***If yes, please attach care instructions from your physician.***
7. Does your child have any special dietary needs? ☐ No ☐ Yes Explain: ____________________
   ____
8. Is your child able to fully participate in all activities? ☐ No ☐ Yes Explain: ________________
   ____
9. Does your child have any physical restrictions? ☐ No ☐ Yes Explain: _____________________

____

10. Is your child able to walk? ☐ No ☐ Yes
11. Can your child communicate his/her needs? ☐ No ☐ Yes
12. Does your child rest during the day? ☐ No ☐ Yes
13. Is your child toilet trained? ☐ No ☐ Yes
14. Does your child require any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses, etc.? ☐ No ☐ Yes Explain: ____

    ____
15. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? ☐ No ☐ Yes Explain: ____

    ____
16. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? ☐ No ☐ Yes Explain: ______________________________

    ____

Illness History *(please check all that apply)*

☐Vision Problems	☐Nose Bleeds	☐Seizures
☐Hearing Problems	☐Skin Rashes	☐Mouth Sores
☐Constipation	☐Sore Throats	☐Fainting
☐Diarrhea	☐Ear Infections	☐Persistent Cough
☐Asthma/Breathing Problems	☐Urinary Tract Infection	☐Other ____________

Please attach care instructions from your physician for any of these illnesses.

Disease History *(please check all that apply)*

☐Chicken Pox	☐Bronchiolitis	☐Botulism
☐Measles Rubeola	☐Pneumonia	☐Rabies
☐Haemophilus Influenza	☐Rubella (German Measles)	☐Tetanus
☐Pertussis (Whooping Cough)	☐Meningococcal Infection	☐Scarlet Fever
☐Bacterial Meningitis	☐Diphtheria	☐Other ____________

Allergies *(please list)*

Medication Allergies	Reaction	Food Allergies	Reaction
________________	______________	________________	________________
________________	______________	________________	________________
________________	______________	________________	________________
Bee Stings	Reaction	Respiratory Allergies	Reaction
________________	______________	________________	________________
________________	______________	________________	________________

Other Allergies	Reaction
__________________	_______________
__________________	_______________
__________________	_______________

Are any of these allergies life-threatening?
☐No ☐Yes

Please attach care instructions from your physician for any life-threatening allergies

Child's Medical Care Provider

Primary Physician's Name:	Primary Physician's Practice Name:	Phone:	
Physician's Practice Address:	City:	State:	Zip:
Preferred hospitals/clinic for emergency care:	City:	State:	

Child's Insurance Provider	
Primary Insurance Provider Name:	Policy Number:
Secondary Insurance Provider Name:	Policy Number:

Child's Immunization History ***(please attach a copy of your child's immunization record)***

☐Anthrax	☐Influenza	☐**Pneumococcal Disease**	☐Smallpox
☐**Diphtheria**	☐Lyme Disease	☐Shingles (Herpes Zoster)	☐**Tetanus**
☐Typhoid Fever	☐Rabies	☐**Haemophilus Influenza Type B**	☐**Mumps**
☐Tuberculosis	☐Rotavirus	☐Human Papillomavirus (HPV)	☐**Rubella**
☐Hepatitis A	☐**Hepatitis B**	☐**Pertussis (Whooping Cough)**	☐Yellow Fever
☐**Polio**	☐**Varicella (Chickenpox)**	☐Meningococcal Disease	☐**Measles**

Additional Medical Policies

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. _______ ***(initial)***
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies other needs. _______**(initial)**
3. If my child becomes ill with a reportable contagious disease. I understand that he/she will not be able to return until I bring in a physician's notice stating that he/she is no longer contagious. _______**(initial)**
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up the child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency* & Release **_______(initial)**

Emergency Medical Authorization & Consent

1. In case of an emergency, the staff will attempt to contact me, those listed in the Child Emergency Contact and Release. _______ **(initial)**
2. In case of a medical emergency, I agree that my child may receive first aid and/or CPR. _______ **(initial)**
3. In case of a medical emergency, I permit the transportation of my child to a local hospital or other hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. _______ **(initial)**
4. In case of a medical emergency, I will be responsible for the emergency medical expenses. _______ **(initial)**
5. In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. _______ **(initial)**

I give my permission to this center to apply ☐Sunscreen and ☐Insect Repellant to my child. Please check which products you will permit. ________ **(initial)**

I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with child's name. _______ **(initial)**

I ☐ have ☐ do not special instructions for the application process. ______________________________
____

Rate Agreement & Contract

Hours of Operation

Regular operating hours are 6:00am to 6:00pm except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holiday. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time will be announced on Wavy TV 10 and/or contact center's Director. If it becomes necessary to close early, we will contact you via email/by phone/Mobile App or someone listed in the Emergency Contact and Release, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Days of Week	Start Time	AM/PM	End Time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a ☐weekly ☐bi-weekly ☐monthly basis.

Fee Policy

Starting on ______________________ a fee of $________________ is due ☐weekly ☐bi-weekly ☐monthly

Do you receive subsidy (payments through Social Services)? ☐No ☐Yes
If yes, do you have a co-payment? How much ________?

Tuition is due and payable upon entry
☐Every Monday
☐The 1st & 15th or 15th & 30th
☐First Business Day of The Month

Tuition is not subject to discounts for holidays, emergency closures (i.e. weather), or absence other than hospitalization, contagious illness, or absence at the request of a doctor (a written doctor's note is required to receive credit). _______**(initial)**

I agree to pay full tuition fee even if my child is absent for one or more days. _______ **(initial)**

A late fee of **$20.00** is due if tuition is not received on time. _______ **(initial)**

A non-refundable registration fee of **$50.00** is due yearly. _______ **(initial)**

A late pick up fee of **$10 first 10 min $2** each additional min. _______ **(initial)**

Accounts two weeks in arrears may result in immediate termination of service. ______ **(initial)**

My child may have the opportunity to participate in a special field program or field trip that may have additional fee due before the day of the event. A specific permission slip may be required. ______ **(initial)**

All returned checks or ACH transaction (automatic debits) will be charged a fee of $35.00. Two or more returned checks or ACH transactions will result in my account being placed on "money order/cash only" status. ______ **(initial)**

A 2-week written notice is required for any child being withdrawn from the program. Failure to provide in writing will result in a two-week balance due immediately. ______ **(initial)**

A receipt for income tax purposes will be provided upon request. _______ **(initial)**

Other Agreements

Private Employement Acknowledge and Releases

Any arrangements/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. _______ **(initial)**

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. ________ **(initial)**

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them. _______ **(initial)**

I understand that it is my responsibility to go directly in management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. ______ **(initial)**

Information contained in the Parent Handbook may be subject to change. _______ **(initial)**

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this Enrollment Agreement.

____ _________________________
Primary Parent/Guardian/Sponsor Signature Date

____ ___________________________
Center Staff Signature Date