

Enrollment Agreement

Enrollment Information

St. Luke's Lutheran Children's Center

Completion of this Agreement is required for enrollment. This information is necessary for St. Luke's Children's Center to comply with state childcare licensing regulations and to enable us to better understand your child and meet his or her needs.

CHILD INFORMATION				
Child's First Name		Child's Middle Name	Child's Last Name	Nickname
Age	___ Female ___ Male	Child's Primary Language	Parent/Guardian Primary Language	Home Email Address
Child's Home Address		Home Phone		
List family members your child lives with – include names and ages of siblings				
Does your child attend school? ___ Yes ___ No	Elementary School Name	Grade in School	School Phone	
School address	Drop off time at school	Pick up time at school	Early release days and times	
School transportation provided by: ___ Elementary School ___ Parent/Guardian ___ Other specify)				
PRIMARY CONTACT AND RELEASE PERSONS <i>Include parents and guardians</i>				
Is parent/guardian a SLCC employee? ___ Yes ___ No If yes, employment date: _____ Name _____				
Parent/Guardian #1	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address	Driver's License number/state	
Employer and address	Work e-mail address	Work hours	Work phone/ext	
Parent/Guardian #2	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address	Driver's License number/state	
Employer and address	Work e-mail address	Work hours	Work phone/ext	
EMERGENCY CONTACT AND RELEASE PERSONS <i>Do not include parents and guardians</i>				
If possible, please notify the center 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 pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.				
Name#1	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address	Gov issue Photo ID Type	
Employer and address	Work e-mail address	Work hours	Work phone/ext	
Name#2	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address	Gov issue Photo ID Type	
Employer and address	Work e-mail address	Work hours	Work phone/ext	
Name#3	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address	Gov issue Photo ID Type	
Employer and address	Work e-mail address	Work hours	Work phone/ext	

- * **The persons designated in this section will be contacted by SLCC and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.** Parent/Guardian must complete any state-specific emergency release forms required by individual state childcare licensing regulations. In addition, release person must be 18 years of age or older.
- * Center staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include 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 center staff in advance, in writing. **Your child will not be released without prior authorization.** In the event you call a pickup authorization into the center the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.
- * For all children's safety, it is critical to use your assigned entry code and sign in child(ren) specific to state child care licensing regulations. To ensure the safety of our center staff and children, please do not share your entry code.
- * Please list a four digit code in order to access our children's center. _____

SHADED AREAS ARE FOR OFFICE USE ONLY			
Center/Site Number	Start Date	Withdraw Date	Withdraw Reason
Family/Case/File Number		Class	Birth Certificate Number (if required by state licensing)
Date of revision of page 1 (Enrollment Information)	Parent/Guardian Initials		Center Director Initials

Enrollment Agreement

Medical Information

CHILD'S MEDICAL HISTORY					
Height	Weight	Hair Color	Eye Color	Distinguishing Marks	Date of Birth

- Special medical conditions _____
- Chronic Illnesses _____
- History of serious injuries or hospitalizations of which we should be aware _____
- Diabetes ___ Yes ___ No
If your child has diabetes, please notify the Center Director. An Authorization Form for Children with Diabetes must be completed at enrollment.
- Medication that will be administered regularly at the center _____
- Special dietary needs _____
- Physical restrictions _____
- Is your child able to fully participate in all the activities offered by SLCC ___ Yes ___ No Explain: _____
- Does your child effectively communicate his or her needs? ___ Yes ___ No Explain: _____
- Is your child able to walk? ___ Yes ___ No Explain: _____
- Can your child effectively communicate his or her needs? ___ Yes ___ No Explain: _____
- Does your child require any assistance at mealtimes? ___ Yes ___ No Explain: _____
- Does your child rest in the middle of the day? ___ Yes ___ No Explain: _____
- Is your child toilet trained? ___ Yes ___ No If so, does her or she need assistance? _____
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.? ___ Yes ___ No _____
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time? ___ Yes ___ No _____
- Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in SLCC's group care setting? ___ Yes ___ No _____

Please not if your child had any of the diseases listed below?

	Date	Please note screening tests performed	Date
___ Bronchiolitis/pneumonia	_____	___ Vision	_____
___ Chicken Pox (Varicella)	_____	___ Hearing.....	_____
___ Hepatitis	_____	___ Speech.....	_____
___ Scarlet Fever	_____	___ PPD Test	_____
___ Measles Rubeola	_____	___ Sickle Cell Anemia.....	_____
___ Rubella (German Measles).....	_____	___ Developmental Screening.....	_____
___ Mumps.....	_____	___ Educational Screening/Testing.....	_____
___ Pertussis (Whooping Cough).....	_____	___ Other	_____
___ Other Serious Illness.....	_____		

Please note your child's illness history (please check all that apply)

___ Frequent colds/upper respiratory infections	___ Fainting spells	Please provide special instructions concerning any of these illnesses, as necessary: _____ _____ _____
___ Frequent sore throats	___ Asthma/breathing problems	
___ Frequent ear infections	___ Abdominal (stomach) pain	
___ Frequent skin rashes	___ Urinary tract infections/problems	
___ Heart diseases	___ Persistent diarrhea	
___ Lung disease/shortness of breath	___ Persistent constipation	
___ Seizures/convulsions	___ Vision/hearing problems	
___ Frequent nosebleeds	___ Other:	

ALLERGIES *Please list*

___ Medications	Reaction	_____
___ Food	Reaction	_____
_____		_____
_____		_____
___ Respiratory	Reaction	_____
___ Bee sting	Reaction	_____
___ Other	Reaction	_____

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

Date of revision of page 2 (Medical Information)	Parent/Guardian Initials	Center Director Initials
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Enrollment Agreement

Medical Information *(continued)*

CHILD'S MEDICAL CARE PROVIDER/FACILITY	
Primary Care Physician ("PCP") name	Practice/Clinic name
PCP Address	Phone
Preferred hospital/clinic for acute care and emergency care	
Dentist name	Practice/Clinic name
Dentist Address	Phone
Health Insurance Provider and policy number	Secondary Health Insurance Provider and policy number

PHYSICIAN'S STATEMENT

- Does the child have any health/medical condition that could result in an emergency at the childcare location? _____
- Date of last physical examination _____
- Is the child free of any infectious or communicable diseases? ___ Yes ___ No
- If not, are there any infectious or communicable diseases that would preclude enrollment into the child care program?

- Are this child's immunizations complete and up to date? ___ Yes ___ No If no, please explain: _____
- Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in the SLCC group childcare setting as described below? ___ Yes ___ No
 - SLCC's childcare centers **are not** medical treatment facilities. Medical services **are not** provided; and the teachers **are not** medically trained.
 - SLCC operates group childcare centers.** SLCC provides meals and a snack; a rest time, outdoor play times, and follows an established curriculum. In addition, SLCC provides periodic field trips to nearby parks and places of interest.
 - In accordance with individual state childcare licensing regulations, the ratio in this classroom is teacher for every children and there will be a maximum of children in this classroom. The children in this classroom range in age from to .
 - SLCC's policy is to enroll children in compliance with the Americans With Disabilities Act (ADA), its implementing regulations and any other applicable federal, state or local laws that apply to the provision of childcare services to those with disabilities. We review each child's situation on a case-by-case basis to determine how we can best meet the needs of each child within the SLCC setting.
- If the answer to number is ix yes, please indicate below what modifications are required. If necessary please use additional sheets of paper of the back of this form. _____

Physician name	Name of Practice or Clinic	Phone
Address		Physician Signature
SLCC does not discriminate on the basis of disability. Contact Center Director to assist with special needs or reasonable accommodation issues.		St. Luke's Lutheran Children Center 5265 N. Union Blvd. Colorado Springs, CO 80919 Phone: 719-598-7811 E-mail:
Date of revision of page 3 (Medical Information)	Parent/Guardian Initials	Center Director Initials

Enrollment Agreement
Medical Information *(continued)*

CERTIFICATION OF PARENT/GUARDIAN

My child's immunization records are ___ are not ___ on file and available for review at his/her elementary school.
 My child has been examined by a doctor within the last 12 months.

Parent/Guardian Initials _____ Date _____

NURSE/HEALTH CONSULTANT *If required by state*

Childcare centers in _____ (state) are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. My initials confirm my consent for review of my child's records by the nurse/health consultant during center visits.

Parent/Guardian Initials _____ Date _____

MEDICATION AND ILLNESS POLICY

The state of Colorado has implemented new regulations regarding medication administration in childcare centers.

It is recommended that every possible means be taken to give children medication at home. Many antibiotics may be given twice daily and times can be arranged at home to administer most medications. If it becomes apparent and necessary for a child to take any form of medication at Saint Luke's Children's Center, the following steps must be in place.

1. Written authorization from the person with prescriptive authority (doctor) stating the child's name, medication, medication route, dosage, time to be given, for how many days and side effects.
2. Medication must be in its original pharmacy labeled container.
3. Written permission by the parents giving the childcare facility authorization to administer medication.

Saint Luke's Children's Center will keep a medication log of when medication is given and who administered it. All medications will be stored in a locked, clean storage container.

WITHOUT THESE LEGAL REQUIREMENTS MEDICATION WILL NOT BE GIVEN.

I understand Saint Luke's requirements to administer medication and will follow all procedures in the even my child needs medication.

Parent/Guardian Initials _____ Date _____

MEDICAL POLICIES

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated in accordance with state childcare licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.
5. In case of a medical or other emergency while my child is under the center's supervision, I understand that SLCC staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize SLCC to act on my behalf and to take the emergency measures including those listed below if deemed necessary by SLCC staff or by medical authorities for the care and protection of my child. I authorize SLCC to:
 - Consult the physician or dentist named on the previous page if I cannot be reached.
 - Administer first aid and/or cardiopulmonary resuscitation.
 - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
 - Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
 - Administer syrup of ipecac if directed to do so by the Poison Control Center in case of accidental ingestion of a poisonous substance, except where prohibited by state childcare licensing regulations.
 - Transport my child to a local emergency shelter in the even to f an emergency evacuation of SLCC facility.
6. If I wish to request a religious or personal exemption to SLCC's practice of securing necessary emergency medical treatment in the event I cannot be reached, state childcare licensing authorities must be consulted to determine if such an exemption may be granted.
7. I must complete any state-specific medical authorization forms required by individual state childcare licensing regulations.
8. I understand that any expenses incurred as a result of St. Luke's Children's Center seeking medical attention for my child will be the responsibility of myself (parent or legal guardian). _____ (Initial).

Date of revision of page 4 (Medical Information)	Parent/Guardian Initials	Center Director Initials
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Enrollment Agreement

Financial Information

Child's Name _____
 Classroom _____

CENTER HOURS OF OPERATION

The center is open from _____ a.m. to _____ p.m. _____ through _____. The center will be closed in recognition of various holidays throughout the year. My Center Director will provide a list of all holiday closings. The center's hours and holiday schedule are set and posted annually, but may be changed at any time. There is no reduction in tuition as a result of center closures, except for the week of Christmas, which is half tuition.

If I or other authorized persons fail to pick up my child and/or contact the center, and I or other authorized persons cannot be reached center staff, within thirty minutes after closing time or in accordance with state childcare licensing regulations, may release children to the custody of child protective services or other local authorities.

The center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted and will be announced on television channel KKTU. If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up. There will be no tuition credit for any time the center is closed.

TUITION

I understand that my weekly, monthly tuition fees are as follows:

Child _____ Tuition \$ _____ Discount Type _____ Discount \$ _____ Net Tuition \$ _____

FEE SCHEDULE

1. If my child regularly attends school and school is not in session due to school holiday, snow, etc., I agree to pay an additional fee of \$ _____ for each day my child attends a SLCC center all day. The additional fee is charged only when during a school week, my child's school has a scheduled day off or an unscheduled day off due to weather or other unforeseen events. When school is not in session the full-time tuition is \$ _____.
2. A late pick-up fee of \$ _____ per _____ per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service. Late fees are paid directly to the staff member that has stayed late with said child.
3. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.
4. A return check fee in the amount of \$ _____ will be added to your account in the event of an insufficient check. Two returned checks would result in your account being placed on "Cash only" status.
5. Tuition is due in advance of services rendered. If tuition is not paid in advance, a late fee of \$ _____ will be charged. The terms of this Agreement, including the fees, are subject to change in whole or in part by SLCC with two weeks' notice, except that this Agreement may be terminated by SLCC at any time.
6. A nonrefundable annual registration fee of \$ _____ is due at the time of enrollment and payable each year by September 1. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
7. Accounts in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
8. My child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
9. At many centers, summer programs are offered, and a summer activity fee may be charged.
10. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand any prepay balance of \$10 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.
11. Vacation/Illness policy: We are required to maintain state regulations for ration's at all times. Therefore, we do not give any tuition discounts for absences due to illness. If you child is out ill full tuition payment is still required.
 - After one year of continuous enrollment your child will receive a vacation credit for 50% off one week of tuition.
 - Your request for vacation must be made two weeks in advance.
 - Vacation credits may only be used in full week increments (Monday – Friday)
 - Your child must be absent from the center to use your vacation credits.
12. Payments from customers with outstanding unredeemed returned checks must be in the form of a money order or cashier's check. Accounts containing returned checks are subject to immediate termination of service; however upon payment of applicable tuition and returned check fee's SLCC may choose to reinstate your child's enrollment.

SCHEDULED ATTENDANCE

Tuition fees are based on the following scheduled attendance.

Hours enrolled at center.				
Time	In	Out	In	Out
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

I understand that a change in this schedule must be made in writing and may require a new Enrollment Agreement.

Date of revision of page 5 (Financial Information)	Parent/Guardian Initials	Center Director Initials
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Enrollment Agreement

Other Terms and Certifications

OTHER TERMS

1. SLCC's steering team reserves the right to alter its policies and program at any time. Center Management does not have the authority to alter or modify the terms of this Agreement either verbally or in writing.
2. I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
3. I agree to notify the center staff by 9:00 a.m. when my child is absent. I must notify the center staff if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.
4. I consent to SLCC communication with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
5. I understand that in an effort to maintain the professional status of SLCC staff and prevent any potential conflict of interest, babysitting by center staff members is discouraged. However, should I hire any center staff members, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between the center staff member and me. The center and SLCC do not sanction the arrangements, and I agree to hold SLCC harmless from any such arrangement. If a center staff member chooses to baby-sit for an enrolled child, the center staff member and I must request and sign a SLCC *Babysitting Liability Release* Form to be kept in the child's file.
6. State childcare licensing regulations are on file at the center and are available for review upon request. Certain state childcare licensing regulations have requirements in addition to those contained in this Agreement.
7. A child may be disenrolled by SLCC without prior notice if, in the sole opinion of SLCC, it is in the best interest of the child or SLCC.
8. Any dispute or claim arising out of or relating to this Agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.
9. The center is key code locked during business hours. The four digit code that I would like to use is ____ _*

CERTIFICATIONS

Walking Trips

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. (If required by individual state childcare licensing regulations, I will be given a specific permission slip for each walking trip.)

Parent/Guardian Initials _____ Date _____

Transportation

I give permission for my child to participate in and to be transported in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other center sponsored activities. I will be given a specific permission slip for each off-site field trip. Off-site field trips and all transportation of children will meet state childcare licensing regulations and center policies including minimum-age requirements.

Parent/Guardian Initials _____ Date _____

Water Activities

I give permission for SLCC to include my child in supervised water activities, including water activities at the center. I will be given a specific permission slip for all off-site water activities.

Parent/Guardian Initials _____ Date _____

Photographs/Videotape

I give permission for my child to be photographed and videotaped in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians. I will be notified if any photos/videos taken by center staff are to be used for public relations purposes and understand I have the right to refuse permission for such use.

Parent/Guardian Initials _____ Date _____

Child Safety Law

I will properly restraint my child according to Colorado Law in my vehicle to and from Saint Luke's Children's Center.

Parent/Guardian Initials _____ Date _____

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

Parent/Guardian Signature	Date	Center Director Signature	Date
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SHADED AREAS ARE FOR OFFICE USE ONLY

<input type="checkbox"/> Enrollment Information <input type="checkbox"/> SLCC Medical Information <input type="checkbox"/> Financial Information <input type="checkbox"/> Other Terms and Certifications <input type="checkbox"/> Family Handbook (<i>new enrollees only</i>) <input type="checkbox"/> Infant or Toddler Intake Form, if applicable <input type="checkbox"/> State-specific licensing forms, if applicable
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Date of revision of page 6 (Other Terms/Certifications)	Parent/Guardian Initials	Center Director Initials
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