

# Application and Enrollment Agreement



**Thank you for choosing Sprout Early Education Center. We are thrilled to welcome you and excited to have this opportunity to provide your child with exceptional education and care. This agreement will be reviewed each year and is subject to change.**

Date of Registration: \_\_\_\_\_

Date of Termination Status: \_\_\_\_\_

**Child Information**

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

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

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

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

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed

Primary Residence:  Mother  Father  Both  Guardian \_\_\_\_\_

List the family members your child lives with (include names and ages of any siblings):

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

AM Arrival Time: \_\_\_\_\_ PM Departure Time: \_\_\_\_\_

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

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

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

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

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

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

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



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

### **AUTHORIZED EMERGENCY CONTACT AND RELEASE PERSONS**

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. The persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

**Name #1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Name #2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee of \$25 if the child is picked up between 6:01 pm and 6:15 pm with an additional \$1 per minute, per child after 6:15 pm. This fee is due at the time of pick up that evening. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see the Director for additional information.



## **ABOUT YOUR CHILD**

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. Has your child ever been in child care before? \_\_\_\_\_ What type (center, family, grandma, etc.?) \_\_\_\_\_

2. Was it a positive experience?  
\_\_\_\_\_

3. Why are you looking for child care? \_\_\_\_\_

4. What would you like most for your child to experience with us?  
\_\_\_\_\_

5. What does your child enjoy doing the most?  
\_\_\_\_\_  
\_\_\_\_\_

6. What are your child's favorite toys, books or activities?  
\_\_\_\_\_  
\_\_\_\_\_

7. With whom 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: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

8. Are there any recent traumatic situations that your child has been exposed to such as, death in the family, divorce, new siblings, etc.?  
\_\_\_\_\_  
\_\_\_\_\_

9. What language is spoken in your home? \_\_\_\_\_

10. Does your child have any medical or physical needs? \_\_\_\_\_ Explain below:



11. Does your child have any allergies? Explain:

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12. What are the foods your child likes best?

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

13. What are your child's bedtime rituals? \_\_\_\_\_

14. What time does your child awaken? \_\_\_\_\_

15. What time does your child go to sleep at night? \_\_\_\_\_

16. Do they sleep through the night? \_\_\_\_\_

17. Does your child sleep in a bed or crib, or other? \_\_\_\_\_

18. Does your child take naps?  Yes  No If so, How long? \_\_\_\_\_

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

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

20. Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_

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

22. What is your child's temperament? \_\_\_\_\_

23. How does your child express anger or react to frustration? \_\_\_\_\_

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

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

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

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27. How do you discipline your child?

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

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29. What do you enjoy the most about your child?

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

**Parent/Guardian**

**Signature:** \_\_\_\_\_

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



**MEDICAL INFORMATION**

**MEDICAL HISTORY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school:

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2. Special Dietary Needs:

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3. Is your child able to walk?  Yes  No

Explain: \_\_\_\_\_

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

Explain: \_\_\_\_\_

5. Is your child toilet trained?  Yes  No

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

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Allergies (please check and list all that apply)

Medications: \_\_\_\_\_

Reaction: \_\_\_\_\_

Food: \_\_\_\_\_

Reaction: \_\_\_\_\_

Other: \_\_\_\_\_

Reaction: \_\_\_\_\_

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

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## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the following information:

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

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

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_. I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Ohio.

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: \_\_\_\_\_

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

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

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

**I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Parent Handbook.**

**Parent/Guardian signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **ENROLLMENT AGREEMENT**

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

Date of Birth: \_\_\_\_\_

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

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

### **SECTION 1: TUITION AND FEES**

\_\_\_\_\_ **REGISTRATION FEE:** I understand that an annual, non-refundable Enrollment Fee of \$75.00 shall be paid in advance to enroll my child. I will be responsible for a one-week deposit of \_\_\_\_\_. The deposit will remain on my account and will be applied towards my child's last week of care granted a two-week written notice is given.

\_\_\_\_\_ **TUITION and MODIFICATIONS CONDITIONS:** \$\_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.

I have enrolled my child in the following program: \_\_\_\_\_

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition payable on a bi-weekly basis and is due on the Monday of tuition week.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$25 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** Sprout is open from 7:00 am to 6:00 pm, Monday through Friday all year, except for holidays and in-service days. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$25 from 6:01 to 6:15 pm and a \$1 per minute, per child thereafter.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a \$40 processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by money order.

\_\_\_\_\_ **PLACEMENT FEE:** I understand that if I hire an employee of Sprout (or someone who was an employee within the prior six months of hire) to work on a permanent basis, I agree to pay a placement fee of \$2,500.

### **SECTION 2: DAILY PROCEDURE**

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged \$5.00 per missed sign-in or sign-out after two warnings have been given. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a communicable disease, I agree to notify the school and I understand that my child will be re-admitted according to the Parent Handbook.





\_\_\_\_\_ **MEDIA RELEASE:** I hereby grant Sprout Early Education Center absolute right and permission to photograph/ film aforementioned child and use said photograph/photographic likeness, and/or reproduction thereof for purposes including, but not limited to Sprout advertisements, illustrations, literature, brochures, website, and other business purposes. \*\*\*This does not apply to photo galleries that may appear on center website as all photographs are a part of the daily activities, special events, and operation of the center.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the Ohio Department of Jobs and Family Services and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_ **AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS:** The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. These include children taking walks or buggy rides (weather permitting). The safest routes will be determined by using sidewalks, walking paths, or grassy areas. The children will be accompanied and supervised by Sprout employees at all times. Children will not be exposed to water that is more than 2 feet deep, and if they approach water, then an alternate route will be taken. I give the school the permission to take my child on these field trips.

\_\_\_\_\_ **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, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Enrollment Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Enrollment or Activity) are non-refundable.

### **SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS**

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Eve early dismissal (We will be closed at 4:00 pm), New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve Day, Christmas Day, December 26<sup>th</sup>, as well as President's Day and one day in August- to be announced for in-service training. 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.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school by 9:00 am if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.



\_\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or a major building issue may disrupt service from time to time. I understand that all closings will be posted on [www.sprout4kids.com](http://www.sprout4kids.com), [www.10TV.com](http://www.10TV.com), and [www.dispatch.com](http://www.dispatch.com) during inclement weather/natural disasters. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

#### **SECTION 4: STATE LICENSING AND OUR POLICIES**

\_\_\_\_\_ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

\_\_\_\_\_ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Administrator and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

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

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. This Enrollment Agreement may not be inclusive and is subject to changes in whole or in part by Sprout at any time.**

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

**Parent/Guardian Name:** \_\_\_\_\_

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

**Administrator Signature:** \_\_\_\_\_

**Administrator Name:** \_\_\_\_\_

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



## **ENROLLMENT CHECKLIST**

Please review the entire Application and Enrollment Agreement and Parent Handbook. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates with the center Director.

### **OBTAIN SIGNED FORMS FROM FAMILY**

- Completed Application and Enrollment Agreement Packet
- Parent Handbook Acknowledgement
- Child Information Card (if applicable)
- Child Enrollment and Health Information for Child Care Centers
- Child Medical Statement
- Other State and Federal Forms

### **REVIEW WITH ADMINISTRATOR**

- The child's first day
- Classroom management and discipline policy
- Tuition payment schedule, amounts and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Process and Procedures of Security Access
- Authorized pickup, late pickup policy and emergency controls
- Child Custody Documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pickup restrictions
- Any field trip restrictions
- Any photo restrictions
- Immunization/Health information
- Annual registration fee
- Late fees
- Vacation policy
- Special needs
- Absenteeism policy
- Sick policy

Meals  Allergies

Medication policy

Relevant curriculum features for child's age group

Infant/Toddler Needs Services Plan (if applicable)

**Name of Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Administrator:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





Sprout Early Education Center  
<http://www.sprout4kids.com>