**ENROLLMENT APPLICATION**

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| Child's Information |
| Child Name | Date of Birth: | Date of Enrollment: | Date of Discharge: |
| Child's Address:  |
| Parent Guardian Information (1) | Parent Guardian Information (2) |
| Name: | Name: |
| Address, if different from the child's: | Address, if different from the child's: |
| Home Phone | Cell Phone: | Home Phone | Cell Phone: |
| Work Phone | Hours of Employment | Work Phone | Hours of Employment |
| Employer Name and Address: | Employer Name and Address: |
| **Additional Emergency Contacts and People Authorized to Pick-Up Child (Please list at least 2)**We always try to contact the parents or guardians first. However, we are required to have an emergency contact OTHER THAN the parents or guardians. These individuals are also authorized to pick up your child from the facility. Please list all possible phone numbers. These individuals will be required to show photo ID before they will be allowed to pick up your child. |
| Name: | Relationship to Child: | Phone: |
| Name: | Relationship to Child: | Phone: |
| Name: | Relationship to Child: | Phone: |
| Name: | Relationship to Child: | Phone: |

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? \_\_\_\_\_\_\_

If yes, please list his/her name and **attach the required documentation**.

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Are there any custody arrangements we need to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If yes, Fairwinds Little Friends will need to be given a copy of all custody paperwork.**  |

□**Emergency Medical Care**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

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| --- |
| Medical Information |
| Name of Child: | Date of Birth: |
| Name of Child's Physician: | Office Phone: |
| Address: |
| Health Insurance Identification Information |
| Does your child have any diagnosed allergies? | Yes No |
| If yes, please list all allergies: |
| If yes, does your child have a plan of treatment for allergies? | Yes No |
| If yes, please describe: |
| Does your child have any other diagnosed medical conditions? | Yes No |
| If yes, please describe: |
| Does your child take any prescription medications? | Yes No |
| If yes, please list name of medication and dosage your child takes (including any medication only taken at home): |

\*\*Any medications given at Fairwinds Little Friends Daycare must be current and in their original prescribed bottles. No medication will be administered by daycare staff without a state medication log form filled out.

\*\*Please attach a copy of your child’s most recent immunization records or letter of exemption.

**CHILD ACKNOWLEDGMENT AND PERMISSION**

**SCREEN TIME PERMISSION**

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs.

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| --- | --- |
| Parent/Guardian Signature | Date |

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| **PERMISSION TO SLEEP ON A MAT** Children, between the ages of 12 and 18 months may be transitioned from sleeping in a crib to a cot, mat, or bed when they are able to walk.  |
| Parent/Guardian Signature |

**PERMISSION TO PHOTOGRAPH**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is our priority to protect your family’s privacy. Fairwinds Little Friends Daycare asks that you give your consent and permission or decline permission on the following activities:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **For the following purposes:** |
|  |  | Placing photos of you, your spouse or co-parent and your children around the daycare. |
|  |  | Using photos of you, your spouse or co-parent and your children in any marketing flyers or brochure. |
|  |  | Using photos of you, your spouse or co-parent and your children on our Website |
|  |  | Using photos of you, your spouse or co-parent and your children on social media. |
|  |  | Posting artwork and other crafts that include your children’s names around our daycare. |

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child’s enrollment.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES**

**Please make your checks payable to: Fairwinds Christian School**

$25.00 Registration fee per child

**Infant:** $180.00 per week for full-time daycare (4 to 5 days)

**1 year old – 3 years old:** $165.00 per week for full-time daycare (4 to 5 days)

**Infant:** $160.00 per week for part-time daycare (up to 3 days)

**1 year old – 3 years old:** $135.00 per week for part-time daycare (up to 3 days)

A 10% discount will be given for each additional immediate family member. Infant rates will not be discounted.

**ADDITIONAL FEES**

**Payment/Late Payment Fee:** There will be a late fee of $5.00 per day for each day your payment is late. Late payment is cause for termination. Payment is due at the morning drop-off on Monday or the first day they attend for the week. The late payment fee begins after drop-off and continues for each day the payment is late. A $25.00 fee will be charged for a return check and payment will be required by cash thereafter.

**Late Pick-up Fee:** A late fee of $10.00 per child, for the first 15 minutes will be charged for all pickups after 6:00 P.M. Starting at 6:15, one dollar per minute will be charged per child.

**Sick/Absent Days:** Payment is required for ALL DAYS a child is absent when the child is scheduled to be in daycare.

**Leave of Absence:** If you expect your child to be out of daycare (for reason of illness or non-illness) for a prolonged period of time (over 4 weeks), we require a one-week deposit (ie, you will pay whatever your normal one week tuition is at the time the absence begins) to hold your spot until a date agreed upon between you and the director. The director will hold the spot until the agreed date with that deposit. If you do not return or contact the director to make different arrangements by the agreed upon date, you will be considered withdrawn, you may lose your spot, and you will have to follow the re-enrollment process if you should decide to return after that point. If no deposit has been paid, unless specific arrangements have been made and your child has not been in the daycare for six (6) weeks, you will be considered withdrawn and will have to follow the re-enrollment process if you should decide to return.

**Scheduled Vacation Discount Policy:** After your child has been enrolled full time in our center for 3 months or more, you may qualify for a scheduled vacation rate.  You must notify the director, in writing, at least two weeks prior to your scheduled vacation dates to qualify for the reduced rates of 50% off your current tuition rate.A scheduled vacation must cover within a normal, consecutive Monday through Friday week. Pro-rated weeks will not be considered a vacation week. If you attend any day within that week, you will be required to pay your regular full tuition rate for that week.

**There will be an automatic review of the contract with the possibility of a rate increase and/or contract revision on a yearly basis. There will be a 30-day notice before the increase will go into effect.**

**ABSOLUTELY NO CASH REFUNDS**

**Service Agreement**

|  |  |
| --- | --- |
| Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent’s or Guardian’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby enroll my child in the Fairwinds Little Friends Daycare. I understand that I am reserving this space for my child, agree to pay the fees as listed above and in the Parent’s Handbook and understand that I will not receive a refund when my child misses a day.

I understand that I must remain consistent with the times that I have listed below in order for Fairwinds Little Friends Daycare to be properly staffed and remain within a safe ratio. I understand that if the times that I have listed below ever need to be changed, I will give the Fairwinds Little Friends Daycare Director a one week notice and will be required to complete a new service agreement form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Schedule** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Drop off time |  |  |  |  |  |
| Pick up time |  |  |  |  |  |

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have received a copy of the Fairwinds Little Friends Daycare Parent Handbook. I understand that this handbook replaces any and all prior verbal and written communications regarding the operations of Fairwinds Little Friends Daycare and that I must abide by the guidelines listed in the handbook.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



