Enrollment Agreement

West Chester Area Day Care Center(WCADCC)

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 Enrollment Start Date: **Birthdate:**

Child's first name	Child's middle name	Child's last name	Child's nickname

Age	Sex	Child's primary language	Parent/guardian/sponsor primary language

Child's home address	City	State	Zip

Family Information

List family members & pets your child lives with -- include first names, relation and ages of siblings

Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone

Home address	City	State	Zip

Home email	Work email	Work phone

Employer	Employer address	City	State	Zip	Work hours

Other parent/guardian/sponsor	Relationship to child	Home phone	Cell phone

Home address	City	State	Zip

Home email	Work email	Work phone

Employer	Employer address	City	State	Zip	Work hours

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

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 phone	Cell phone

Home address	City	State	Zip

Person #2	Relationship to child	Home phone	Cell phone

Home address	City	State	Zip

Person #3	Relationship to child	Home phone	Cell phone

Home address	City	State	Zip

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.

Parent SIGNATURE _____ Date _____ Staff initials _____

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ONLY sign below @ 6 month review

6 month review of all
Information & fee agreement: Parent SIGNATURE _____ Date_____ Staff initials _____

Medical Information

Child's name	Birth date

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone	
Physician's practice address	**City**	**State**	**Zip**
Preferred hospital/clinic for emergency care	**City**	**State**	
Dentist's name	**Dentist's practice name**	**Phone**	
Dentist's practice address	**City**	**State**	**Zip**

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number

Additional Medical Policies

	Initial
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.	
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.	
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 note stating that he/she is no longer contagious.	
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my 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 Contact and Release*.	

Emergency Medical Authorization & Consent

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

	Initial
I give my permission for the staff of WCADCC to apply □ sunscreen and □ insect repellant to my child.	
Please check which product you will provide and complete the Over The Counter (OTC) Topical Products Permission Form.	
I understand that I must supply my child's sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name.	
I understand that I must apply the first application of my child's sunscreen and/or insect repellant before or upon arrival.	
I have special instructions for the application process. □ None	
□ Yes (please list)	

Parent initial _____ Date _____ Staff initial _____

Medical Information (continued)

Child's name	Birth date	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? □ Yes □ No Explain
9. Does your child have any physical restrictions? □ No □ Yes Explain
10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain
11. Is your child able to walk □ Yes □ No
12. Can your child communicate his/her needs? □ Yes □ No
13. Does your child need assistance at meal time? □ No □ Yes Explain
14. Does your child rest during the day? □ No □ Yes
15. Is your child toilet trained? □ No □ Yes
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? □ No □ Yes Explain
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain
18. 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	□ Nosebleeds	□ Seizures
□ Hearing problems	□ Skin rashes	□ Mouth sores
□ Constipation	□ Sore throats	□ Fainting
□ Diarrhea	□ Ear infections	□ Persistent cough
□ Asthma/breathing problems	□ Urinary tract infections	□ Other

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

Disease History *(please check all that apply and add the date)*

□ Chicken Pox (Varicella)		□ Bronchiolitis		□ Botulism	
□ Measles Rubeola		□ Pneumonia		□ Haemophilus Influenza	
□ Rubella (German Measles)		□ Pertussis (Whooping cough)		□ Meningococcal Infection	
□ Mumps		□ Tetanus		□ Rabies	
□ Scarlet Fever		□ Diphtheria		□ Bacterial Meningitis	

Allergies *(please list)*

Medication Allergies	Reaction	**Food** Allergies	Reaction
Bee Stings Allergies	Reaction	**Respiratory** Allergies	Reaction
Other Allergies	Reaction	**Are any of these allergies life-threatening?** □ Yes □ No	

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

Miscellaneous Screenings and Tests *(please check all that apply and add the date of last screening)*

□ Vision		□ Developmental		□ Tuberculosis (PPD)	
□ Hearing		□ Aptitude		□ Sickle Cell Anemia	
□ Speech		□ Educational		□ Other	

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Date _____ Staff initial _____

Other Agreements

Child's name	Birth date

Walking Excursions

	Initial
I give my permission for my child to participate in supervised walking excursions near and around the center.	

Media Release

	Initial
Approval to post photos 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.	
Refusal to post photos I DO NOT WANT my child's photos posted, published, shared, used or reproduced publicly in newspapers or on any websites in conjunction with the WCADCC program.	

Handbook Acknowledgement

	Initial
I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.	
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	
I understand information contained in the Family Handbook may be subject to change.	
I agree to keep all contact information, including emergency contacts, up to date.	

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

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA), civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

2) Fax: (202) 690-7442; or

3) Email: program.intake@usda.gov

Contact Information: www.wcadaycare.org 610-696-8447 wcadcc@gmail.com 610-696-0461(fax)

Our Mission Statement:

- The West Chester Area Day Care Center is non-profit childcare program that provides a quality, early childhood education program that promotes the development of children emotionally, socially, intellectually, and physically in a safe and nurturing environment. We offer all parents affordable childcare with special emphasis on those with the greatest financial need.
- *This institution is an equal opportunity provider.*

Rate Agreement

Child's name	Birth date

Hours of Operation

Regular operating hours are **Monday through Friday from 6:30 AM to 5:30 PM** except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures. ALL CHILDREN MUST BE IN BY 9:00 AM UNLESS THEY HAVE A DOCTOR'S APPOINTMENT and we have prior notice.

- The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on local TV stations and on our website www.wcadaycare.org . If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up or late fees will apply.
- All meals are provided at no additional charge and include breakfast, lunch, snack, infant formula and cereal.
- Observations will be completed throughout the year as well as full assessments utilizing Work Sampling, OUNCE and/or Ages & Stages with family conferences offered at a minimum three times a year.

Scheduled Attendance

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

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Before/After School Care, scheduled school closures, holidays, early dismissals and full care during the summer can be provided for children Kindergarten through 12 years old.

Fee Policy (parent/guardian/sponsor is to review and initial each line)

	Initial
- Starting on _____ a fee of $_____ is due weekly.	
- Tuition is due and payable on the first business day of the week.	
- Tuition is NOT subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).	
- Initial deposits must always equal your weekly fee or copay and will be applied to your last week of care.	
- I agree to pay the full tuition fee even if my child is absent for one or more days.	
- A late fee of $10 is due if tuition is not received on time.	
- A non-refundable registration fee of $25 is due yearly.	
- A late pick up fee of $1 per minute per child is due if my child is not picked up before closing.	
- Accounts two weeks in arrears may result in immediate termination of service.	
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.	
- All returned checks will be charged a fee of $25 fee. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.	
- A two-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.	
- A receipt for income tax purposes will be provided.	

Other Agreements

Private Employment Acknowledgement and Release

	Initial
Any arrangement/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.	

Parent initial _____ Date _____ Staff initial _____