

Start Date

DAY CARE PRE-ENROLLMENT FORM

Please return completed form with a \$75.00 non-refundable enrollment fee per child.

Child's Full Name: _____ Male Female Birth Date: _____

Child Lives with: Mom & Dad Mom Dad Guardian

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____ Address: _____

Cell Phone #: _____ #: _____ Cell Phone #: _____ #: _____

Email: _____ Email: _____

Cell Provider: AT&T Sprint T-Mobile Verizon Other: _____

Please check-off the preferred enrollment information below

Classroom	Age Group	Days
<input type="radio"/> Infants	6 weeks-18months	Monday-Friday Only (See front office for part time Availability)
<input type="radio"/> Toddlers	18 - 32 + months **2 day Minimum	<input type="radio"/> Monday <input type="radio"/> Thursday <input type="radio"/> Tuesday <input type="radio"/> Friday <input type="radio"/> Wednesday
<input type="radio"/> 3's Or <input type="radio"/> 4's	3 by Sept 30 th Or 4 by Sept 30 th **2 day Minimum	<input type="radio"/> Monday <input type="radio"/> Thursday <input type="radio"/> Tuesday <input type="radio"/> Friday <input type="radio"/> Wednesday
<input type="radio"/> School Age (S/A)	<input type="radio"/> Kdg. <input type="radio"/> S/A <input type="radio"/> Middle School **2 day Minimum	<input type="radio"/> Mon <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Tues <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Wed <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Thurs <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Fri <input type="radio"/> AM <input type="radio"/> PM
School Attending	<input type="radio"/> Albion <input type="radio"/> Royalview <input type="radio"/> Valley Vista <input type="radio"/> Assumption <input type="radio"/> Saint Albert's <input type="radio"/> Middle School	
Summer <input type="radio"/> Camp <u>Completed Kdg.</u>	<input type="radio"/> S/A <input type="radio"/> Middle School **2 day Minimum	<input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri

Parent Signature: _____ Date: _____

Child's Name: _____

Financial, Medical & General Authorization Please initial by each provision after reading

1. Medical Authorization

We hereby grant The Enrichment Center permission to take whatever action in its judgment may be necessary in supplying medical services to the above named child. We understand that, consistent with the circumstances of the situation and available time, The Enrichment Center will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us above. In the event The Enrichment Center is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to The Enrichment Center to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by The Enrichment Center in making medical treatment available to the above named child.

*****Important: If your child appears ill, has a high fever, is vomiting, or shows evidence of a communicable disease, PLEASE do not bring him/her to the Center.** If your child has such symptoms, and is present at The Enrichment Center, you will be asked to pick him/her up immediately. The State of Ohio Department of Job and Family Services does impart this requirement and is intended for the protection of the other children. **INITIALS** _____

2. Financial Acknowledgement

We have reviewed the tuition information provided on the Fees and Times of Operation information sheet, and agree to pay the amount due in advance on a weekly, bi-weekly, or monthly basis. **We understand the tuition is due regardless of absence or holidays.** (This is required because staffing and other operational cost are incurred on the basis of fixed levels of enrollment, and because few of these costs are eliminated when the child is temporarily absent.) **It is not possible to switch days due to absence or holidays.** We understand that you may withdraw your child at any time by notifying the office **two weeks** in advance **in writing**. Tuition will continue until the date indicated by the parent or guardian as the date of withdrawal. A one week vacation allowance is allotted per year at no charge, for children enrolled in childcare, beginning six consecutive months from the date of enrollment. **All current tuition is due and must be paid prior to the vacation credit.** Your vacation 'week' consists of how many days per week your child (ren) regularly attends. Vacation time is accrued on a calendar year. Any unused vacation time does not carry over to the next year. See **Parent Handbook** for further details. Since The Enrichment Center's operation is based on timely payment of fees, late payment fees will be charged & it will be necessary to withdraw your child should your account be two weeks past due. We offer a 10% discount per Family for the lesser tuition of one sibling. Purposeful destruction of school property will be replaced at the parent's expense at the discretion of the director. Fees will be determined by our suppliers' rates. Please refer to the **Parent Handbook**, provided at the time of enrollment, for details of our policies and procedures. **INITIALS** _____

3. General Authorization

We hereby grant to The Enrichment Center permission for the above named child to: (a) take part in all program activities including the use of all indoor and outdoor equipment; (b) leave the premises of The Enrichment Center to take part in planned educational field trips or activities supervised by the staff of The Enrichment Center (Provided that such trips or activities will be separately announced to the parent or guardian at least one week in advance and permission slip completed).

INITIALS _____

4. Biting Policy

Children who cannot verbally communicate with other children may lean toward biting as a form of communication. Our staff is trained to direct children appropriately, but occasionally a child may bite before a caregiver can get to him or her. By placing your child in a child care setting, it is assumed that you are aware of this situation. Hopefully, your child will not be bitten. If biting does occur, The Enrichment Center will follow the proper steps to inform you of the incident and follow necessary first aid procedures. In no situation will The Enrichment Center accept responsibility due to a biting incident.

INITIALS _____

5. The Club Next Door Sport Complex

We hereby grant my child permission to attend trips to the Club Next Door Park & Court. The park is located directly next door to the Enrichment Center (14496 Ridge Road, North Royalton Ohio) and will be walked by your child's teacher. I agree to not hold the Enrichment Center or its staff responsible for any accidents that may occur. This line must be reviewed each year

INITIALS _____ **Date** _____

Parent Signature: _____ **Date** _____

Information in your child's file must be kept current. The parent or guardian is required by state law to update information furnished herein as necessary. You will be requested to update this form annually.

[CLICK HERE TO HAVE THIS FORM AUTOMATICALLY EMAILED TO THE ENRICHMENT CENTER](#)