



Completion of this Agreement is required for enrollment at Circulo de Amigos Child Care Center

Child Information					
Last Name		First Name		Middle Name	
D.O.B	Male	Female	Child's Home Language	Parent's /Guardian's Home Language	
Address		City	State	Zip	Home Phone
List of family members your child lives with – Include names/ages					

Parent /Guardian Information					
Is either parent/guardian of Circulo de Amigos Child Care Center employee? Yes No					
Primary Parent/Guardian Name		D.O.B.		Relationship with the Child	
Home Address		City	State	Zip	Home Phone
Cell Phone	Work Phone		E-mail address		
Employer and address					
Secondary Parent/Guardian Name					
Home Address		City	State	Zip	Home Phone
Cell Phone	Work Phone		E-mail address:		
Employer and address					

Emergency contact and Release persons – Other than Parents/Guardians

For the protection of your child in any emergency situation which may arise, please list below the names and contact information for those persons you hereby authorize to pick up your child from the center. Circulo de Amigos Child Care Center will only release your child to adults you designate as authorized members. All familiar adults must show photo identification. If possible, please notify the center if someone other than the primary or secondary parent/guardian will be picking up your child on a given day.

Emergency Contact #1

Home Address		City	State	Zip
--------------	--	------	-------	-----

Cell Phone	Work Phone	E-mail address:		
------------	------------	-----------------	--	--

Emergency Contact #2		Home Phone	Relationship with the Child	
-----------------------------	--	------------	-----------------------------	--

Home Address		City	State	Zip
--------------	--	------	-------	-----

Cell Phone	Work Phone	E-mail address:		
------------	------------	-----------------	--	--

Emergency Contact #3		Home Phone	Relationship with the Child	
-----------------------------	--	------------	-----------------------------	--

Home Address		City	State	Zip
--------------	--	------	-------	-----

Cell Phone	Work Phone	E-mail address:		
------------	------------	-----------------	--	--

This Area for office use only		
Center Location:	Enrollment Date:	Start Date:
Child care Assistance:	Sibling Discount:	Promotional Discount:
Center Discount:		

Weekly Schedule						
Program:	Full Time	Mon	Tue	Wed	Thu	Fri
Infant Toddler						
Preschool	Part Time	Regular Hours:				

Tuition				
I understand that my weekly tuition is as follows:	Tuition \$	Discount Type	Discount \$	Net Tuition \$

Fees and Charges
<ol style="list-style-type: none"> Registration Fee: Circulo de Amigos Child Care Center requires a registration fee of \$_____ at the time of enrollment. This fee may be prepaid to reserve a spot for your child. This fee is applied to processing costs and is non-refundable. Holding Fee: If your child will be absent for an entire week, you may want to pay a holding fee of \$_____ rather than your regular weekly tuition. The fee will reserve your child's space at Circulo de Amigos Child Care Center for up to two weeks. If your child will be absent for a period of time that exceeds two weeks, you must either pay half of your regular weekly tuition or re-enroll upon your return (based on space available). The holding fee is non-refundable and may not be combined with single-day charges. Late Payment Fee: Tuition is due on Fridays for the upcoming week. Any accounts that are not current on Monday at noon will result in a late fee of \$_____ assessed to your account. Late Pick-Up Fee: A late pick-up fee of \$_____ per every 15 minutes, per child, will be assessed to your account in the event your child has not been picked up before closing time. The charge will be assessed for each child remaining after closing. Returned Checks: A service charge of \$_____ will be assessed on all returned checks. If a second check is returned, your account will be on a credit card or cash only basis. Child Records: Records will not be released without written permission from you. Circulo de Amigos Child Care Center charges an administrative fee of \$_____ for time spent retrieving and copying records and for postage. Field Trip: Circulo de Amigos Child Care Center offers field trips throughout the course of the year and they are all optional. A separate fee will be charged for each child to participate.

Tuition Policies

Circulo de Amigos Child Care Center will charge one week tuition in advance for the following week. One week of deposit is necessary. Registration fee per child is required. Tuition payments for each and every child enrolled are due and payable on Friday for the upcoming week. A late fee will be assessed to all accounts that are not current on Monday at noon. If Circulo de Amigos Child Care Center do not receive your tuition payment for two consecutive weeks, your child’s enrollment will be terminated and Circulo de Amigos Child Care Center will pursue collection remedies for any and all unpaid tuition and associated costs, disbursements, and attorneys’ fees. If your child is enrolled on a full-time schedule, Circulo de Amigos Child Care Center requires full tuition during a holiday week. If your child is enrolled on a part-time schedule, and his/her normal day of attendance should fall on a legal holiday, regular payment is still expected. For your convenience, we gladly accept various forms of payment. Receipt for payment is available upon request. Circulo de Amigos Child Care Center’s financial policies and rates are subject to change without notice.

Preschool Policy Rates: Apply for the children that are not longer using diaper. To switch to a preschoolers rate, the child must be able to use the toilet on their own. In this childcare we will respect any child who has a condition or disability that prevents them from using the toilet and in that case the preschooler’s rates do apply to them for the 33 month mark. Keep in mind that we will fully support your efforts and initiative to help your children to use the toilet as well as continuing the potty training here at the childcare with your efforts at home as well to keep a consistency that will allow the child to make it a routine to use the toilet when they have to go.

Enrollment Schedules

All enrolled children must have a schedule. All enrolled children must check in and out.

Full-time: Full-time enrollment reserves your child’s space during any or all of our scheduled hours of operation. Full time should not to exceed more than 10 hours at child care. Please be advised that the child care closes promptly at 6:00pm.

Part-time: Part-time enrollment allows your child to attend full day, but fewer than five days a week. Also we have available the option to come 5 days for half day. If your family chooses the part-time enrollment option, we require that you commit to a weekly schedule so that we may arrange for appropriate staffing and supplies. If your child is enrolled part-time, and his/her scheduled day falls on a holiday or he/she is ill, tuition is not discounted for that week. Your child may attend an alternate day only if an additional day of care has been charged to your tuition account.

Vacation Benefits

After your Child’s enrollment has been continuously maintained for six months, you earn one week of vacation time (part-time families will earn vacation credit pro-rated to the number of days they are enrolled per week). Please notify the center director in writing the week prior of vacation dates.

Collection Policy

At the discretion of Circulo de Amigos Child Care Center, any account balance that includes two or more weeks of unpaid tuition may be pursued for payment and collection. It is our policy that you will be responsible for reimbursing Circulo de Amigos Child Care Center for all costs associated with the collection process including, but not limited to, administration costs, reasonable costs of collection, court costs, filing fees, attorneys’ fees, and all costs and disbursements incurred incident thereto.

Recruitment of a Circulo de Amigos child Care Center Staff

At Circulo de Amigos Child Care Center, we invest time and resources toward the recruitment, training, and development of our teaching staff in order to provide the best early childhood education. From time to time, families have solicited some of our staff to provide child care services which conflict with their ability to continue to work for Circulo de Amigos Child Care Center. We appreciate your understanding and cooperation with us on this issue and please keep on mind that babysitting by center staff members is discouraged.

I certify that I have read, understand, and accept all of the terms and conditions described in this Agreement. This agreement is effective the date signed below.

Primary Parent/ Guardian Signature	Date	Second Parent/ Guardian Signature	Date

Child History

1. Has your child had previous child care experiences?

Yes No

If yes, please list locations:

2. What's your child's favorite toy at home?

3. Describe your child's favorite activity or game at home

4. List the special interest of your child

5. List the habits and methods you use to comfort your child

6. Is your child right or left handed?

Daily sleeping routines (Toddlers/Preschoolers)

1. What time does your child go to sleep?

2. Does your child sleep in his own room?

3. Describe the way you use to help your child to go to sleep?

Daily sleeping routines (Infants)

1. What is your baby's sleeping schedule?

2. Does your baby cry when going to sleep?

3. Does your baby need a pacifier?

4. Describe the way you use to help your baby to go to sleep?

Daily Eating routines (Infants/Toddlers/Preschooler)

1. What is your child's favorite food?

2. Does your child sit down to eat with you at meal time?

3. Does your child eat between meals?

4. Is your baby breast or bottle fed?

5. Does your child/baby have any special feeding requirements? Yes No
If yes, please list below:

6. What is your child/baby's eating schedule?

7. List any food allergies and dietary restrictions?

Toileting Habits

1. Is your child toilet trained?

2. What words your child use for urination and bowel movement?

3. Does your child need help with toileting? Yes No
If yes, list below:

4. Does your child use a potty chair?

5. Does your child have a night accidents? Yes No
If yes, how often?

6. What words your child uses for urination and bowel movement?

Health and emotional behavior History

1. Is your child healthy most of the time?
Yes No

2. Does your child take any medications on a regular basis?
Yes No
If yes, please list below:

3. Does your child have, or ever had, any illnesses or diseases the staff should be aware of?
Yes No
If yes, list below:

4. Has your child ever been hospitalized?
Yes No
If yes, for what?

6. Has your child had colds or sore throat infections with fever during the past year?
Yes No
If yes, how often?

7. Does your child have any eyes/vision problem?
 Yes No
 If yes, please describe:

8. Has your child ever had mayor accidents or poisonings?
 Yes No
 If yes, please list below:

9. Does your child have ear infections during the past year?
 Yes No
 If yes, When?

10. Did your child have any medical complications?
 Yes No
 *Premature birth *Trouble breathing *Birth injury or defect *Head injury *Seizures or convulsions
 If yes to any, please describe:

11. Does your child have any special needs that the staff should be aware of?
 Yes No
 If yes, list below:

12. From the list below, please select the words that best describe your child:

Active	Calm	Quiet	Cooperative	Independent	Physical	Easily Exited
Shy	Sensitive	Talkative	Cheerful	Outgoing	Leader	Group Follower

13. Describe what fears does your child have and how he/she reacts to them.

14. List any comments you may have regarding your child's behavior or anything that we should know that help us work with him/her more effectively. Please list any cultural preferences.

Medical Information	
Allergies	Reaction
Medication	
Food	
Environmental	
Other	
If yes to any allergies, please fill out the following forms:	
- Individual Allergy Action Plan	
- Authorization for Over-the-Counter Allergy Medication	
If your child has special diet accommodations please fill out the following form:	
- Special Food Needs – Including Allergies, food Intolerance, and cultural/religious preferences.	
If your child has asthma, please fill out the following forms:	
- Individual Asthma Action Plan	

Child's Medical Care Provider / Health Insurance				
Primary Care Physician (PCP) name			Practice/ Clinic Name	
Address	City	State	Zip	Phone Number
Preferred Hospital for Emergency Care				
Dentist Name			Practice/ Clinic Name	
Address	City	State	Zip	Phone Number
Health Insurance Provider			Policy Number	

Medical Polices

- Prior to enrollment you will be asked to provide the center with updated immunization information for your child. This information must be updated each time your child enters to a new program. Children without current medical information may result in a suspension of services.
- You will also be asked to provide additional medical information as required by State Child Care Licensing Regulations.
- You must 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.
- In the case you child become ill at the center, you must pick him/her up as soon as possible, within no more than one (1) hour after the notification.
- If your child contracts a reportable contagious disease, your child will only return to the center with a physician/health care professional's note indicating that he/her no longer contagious.
- In case of a medical or other emergency while my child is under the center's supervision I hereby authorize the center make whatever emergency decisions judged necessary for the care and protection of my child. It is understood that in some medical situations, staff will need to contact the emergency resources before contacting the parent or other adult acting on the parent's behalf. We only use the insurance information provided in case of emergency. I authorize the center to execute the actions list below:
- Transport my child to the nearest hospital by the local emergency resource if the rescue squad deems it necessary.
- Administer first aid and/or cardiopulmonary resuscitation.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.
- Your child will be excluded from the center if he/she presents one of the following conditions:
- Has temperature of 100°F or higher; you child should stay at home until he/she is fever – free for 24 hours without the aid of fever aid reducing medicine.
- Has vomited two or more times since admission that day
- Has had three or more abnormally loose stools since admission that day
- Has contagious conjunctivitis or pus draining from the eye
- Has any rash that may be disease – related or the cause is unknown
- Has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy
- Has unexplained lethargy
- Has lice, ringworm, or scabies that is untreated an contagious to others
- Has significant respiratory distress
- Is nor able to participate in child care program activities with reasonable comfort
- Requires more care than the program staff can provide without compromising the health and safety of other children.

I certify that I have read, understand, and accept all of the terms and conditions described in this Agreement. This agreement is effective the date signed below.

Primary Parent/ Guardian Signature	Date	Second Parent/ Guardian Signature	Date
------------------------------------	------	-----------------------------------	------

Authorizations

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 Child Care Licensing Regulations, I will be given a specific permission slip for each walking trip.)

Parent/Guardian
 Signature _____
 Date _____

Transportation
 I give permission for my child to participate 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 Child Care Licensing Regulations and center policies including minimum age requirements.

Parent/Guardian
 Signature _____
 Date _____

Water Activities
 I give permission for Circulo de Amigos Child Care Center 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. Water activities will meet State Child Care Licensing Regulations.

Parent/Guardian
 Signature _____
 Date _____

Photographs/Videotape
 I give permission for my child to be photographed and videoed 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 and consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications.

Parent/Guardian
 Signature _____
 Date _____

Nurse/Health Consultant
 I understand that Circulo de Amigos Child Care Center nurse/health consultant has access to my child's file during center visits.

Parent/Guardian
 Signature _____
 Date _____

Parent Handbook

I have been given a copy of the Circulo de Amigos Child Care Center Handbook and I have read the booklet and all policies and procedures. I am aware of the terms and conditions of enrollment, which together with this Enrollment Agreement shall constitute a binding agreement between Circulo de Amigos Child Care Center and the undersigned. I understand it is my responsibility to ensure that my child care fees are paid in full and in a timely manner. The terms of this Agreement are subject to change in whole or in part by the center with 30 days notice.

Parent/Guardian
 Signature _____
 Date _____

I certify that I have read, understand, and accept all of the terms and conditions described in this Agreement. This agreement is effective the date signed below.

Primary Parent/ Guardian Signature	Date	Second Parent/ Guardian Signature	Date