

Enrollment Registration Form for 2016-2017 Year

Tinkling Spring Early Childhood Learning Center will be in session from August 9, 2016 to May, 2017, a detailed calendar is available in our director's office.

Registration fee of \$65 is due with the completed registration form. Registration fees are non-refundable. The registration fee provides funding for program and snack supplies. Enrollment in each classroom is limited, and classes are filled on a first come, first served basis.

• Registration Fee \$65.00

registration i de \$60.00
Two Year Old Program: Tuesday & Thursday 8:30 am-12:30 pm \$115.00 per month
Three Year Old Program: Monday, Wednesday, Friday 8:30 am-12:30 pm \$140.00 per month
Four Year Old Program: Monday-Friday 8:30 am-12:30 pm \$205.00 per month
Morning Care Only 7:30 am-8:30 am 2 days -\$ 25.00 per month 3 days-\$ 35.00 per month 5 days-\$60.00 per month Afternoon Extended Care 12:30 pm-6:00 pm 2 days +\$75.00 per month 3 days +\$110.00 per month 5 days +\$160.00 per month

- 1. The tuition fee is established for the entire school year and is payable on a monthly basis. Tuition is due on the 5th day of each month. A late fee of \$25.00 will be charged after the 10th of the month. Please see parent's manual for additional information on late payments.
- 2. In the event of an extended absence, tuition payments are still required to secure your child's placement in the Preschool. Tuition payments are required until written notice is received by the Preschool Director that your child is being withdrawn from the program.

Tinkling Spring Early Childhood Learning Center does not discriminate on the basis of race, color, disability, national and ethnic origin in administration of its educational policies, admissions policies, and other

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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.

Enrollme	ent Inform	natior	า										
Child's Info	ormation												
Child's first nar	me		Child's mi	ddle name			Child's last name		П	Child's nickname	9		
Age	Sex	Child's	primary lan	guage			Parent/guardian/sp	oonsor pi	rimary langua	ge			
Child's home a	ddress					City			State		Z	lip	
Did your child a school?	attend another		School na	me			Age level			School phone			
School address					Dro	p off time				Pick-up time			
Family Info	rmation												
List family men	nbers & pets yo	our child	lives with –	include first na	ames, relation	and ages o	f siblings						
Parent/guardia	n/sponsor			Relationship	to child		Home phone			Cell phone			
Home address	if different fron	n above				City			State		Zip ol phone up time Dhone Zip phone phone Zip Work ho pick up.] I phone Zip Work ho Work		
Home email					Work email					Work phone			
Employer			Employer	address			City	9	State	Zip		Work hours	
Other parent/g	uardian/sponso	or		Relationship	to child		Home phone			Cell phone	9		
Home address if different from above				City	State			Zip					
Home email Wo				Work email		Work phone							
Employer Employer address					City	8	State	Zip		Work hours			
Child Emer	rgency Cor	ntact a	nd Relea	se Informa	ation (do no	ot include	e parents/guardia	ans/spc	nsors)				
Please notify the	ne center if an l	Emerger ve reque	ncy Release	Contact will p	ick up your chi up persons wit	ld on a give	en day. aff is not familiar provi	de a pho	to ID at the ti	me of pick up.1			
Person #1	, , , , , , , , , , , , , , , , , , ,			tionship to chil	• •		Home phone			Cell phone			
Home address			l			City			State				
Home email				Wor	rk email				Work Phone				
Employer			Employer	address			City State Zip		Zip		Work hours		
Person #2			Rela	tionship to chil	d		Home phone	•		Cell phone			
Home address						City			State		Zip		
Home email				Wor	rk email				Work Phone				
Employer			Employer	address			City		State	Zip		Work hours	
Person #3			Rela	tionship to chil	d		Home phone			Cell phone			
Home address				City			State		Zip				
Home email Work e				rk email				Work Phone	!				
Employer			Employer	address			City	8	State	Zip		Work hours	
release your	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 elease 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 advance, in writing. Your child will not be released without prior authorization.												

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Parent initial _____ Staff initial ____ Date __

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Medical Information			<u> </u>			
Child's name		Birth date	Height	Weight	Hair color	Eye color
Distinguishing marks		1			I.	
Child's Medical & Developme	ntal History					
1. Does your child have any specia	I medical conditions? □ No □	□ Yes Explain				
Does your child have any chronic	c illnesses? □ No □ Yes E>	kplain				
3. Please list a brief history of your	child's serious injuries and h	nospitalizations.				
 4. Does your child have diabetes? 5. Does your child have asthma? 6. Will medication be administered 7. Does your child have any specia 	No □ Yes If yes, please at regularly? □ No □ Yes If ye	ttach care instructions from es, please attach care instr	your physician.	hysician.		
8. Is your child able to fully participa	ate in all activities? Yes	No Explain				
9. Does your child have any physic	al restrictions? □ No □ Yes	Explain				
10. Does you child function at the I	evel of other children in his/h	ner age group? □ Yes □ No	Explain			
11. Is your child able to walk □ Yes	s □ No					
12. Can your child communicate his 13. Does your child need assistance	s/her needs? □ Yes □ No	Evoloin				
14. Does your child rest during the 15. Is your child toilet trained? □ No 16. Does your child use any specia 17. Does your child require on-to-or	day? □ No □ Yes o □ Yes I equipment, such as breathi	ing machine, wheelchair, h				olain
<u></u>						
18. Does your child require any acc □ No □ Yes Explain	ommodations or modification	ns to fully and equally enjo	y and participated ir	a group care s	setting?	
Illness History (please check all □ Vision problems □ Hearing problems □ Constipation □ Diarrhea □ Asthma/breathing problems Please attach care instructions from	□ Noseble □ Skin rasl □ Sore thro □ Ear infed □ Urinary t	hes oats ctions track infections	□ M □ F: □ P	eizures louth sores ainting ersistent cough ther	1	
Disease History (please check a						
□ Chicken Pox (Varicella) □ Measles Rubeola □ Rubella (German Measles) □ Mumps □ Scarlet Fever	□ Bronchic □ Pneumo	olitis inia s (Whooping cough)	□ H □ M □ R	otulism aemophilus Inf leningococcal I abies acterial Mening	nfection	
Allergies (please list) Medication Allergies	Reaction	Food Aller	gies	Reactio	on	
Bee Stings Allergies	Reaction	Respirato	ry Allergies	Reaction	on	
Other Allergies	Reaction	Are any o	f these allergies life	e-threatening?	? □ Yes	□ No
Please attach care instructions fron	n your physician for any life-	threatening allergies				
Miscellaneous Screenings and To Vision Hearing Speech	ests (please check all that a Developi Aptitude Educatio	mental	□ T	uberculosis (PF ickle Cell Anem other	nia	
To the best of my knowledge the in	formation contained above is	s accurate.				
Parent initial Staff initi	al Date					

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Medical Information (conti	nued)									
Child's name					Birth date					
Child's Medical Care Provider										
Primary physician's name		Primary physician's p	oractice name				F	hone		
Physician's practice address		1		City	State			Zip		
Preferred hospital/clinic for emergency care					City				State	
Dentist's name		Dentist's practice nar	me		I		F	Phone		
Dentist's practice address City State Zip										
Child's Insurance Provider										
Child's health insurance provider name	Policy numb	per	Secondary hea	alth insurance p	orovider name			Policy nur	mber	
Child's Immunization History (pl	lease atta	ch a copy of your	child's immui	nization rec	ords)					
Below is a list of immunizations that yo										m4.1
requirements. You may do this at ht Anthrax	Influe			Pneumococ		ation bei		allpox	equireme	nt.j
Diphtheria		Disease	sease Polio					anus		
Haemophilus Influenzae type b (Hib)	,	ngococcal disease						perculosis	vr.	
Hepatitis A Hepatitis B	Mum	0		Rotavirus Rubella				hoid Feve	ickenpox)
Human Papillomavirus (HPV)		ıssis (Whooping Co						Yellow Fever		,
Additional Medical Policies										
Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be									Initial	
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.										
If my child becomes ill with a reportante stating that he/she is no longer compared.		jious disease, I unde	erstand that he	she will not b	pe able to reti	urn until l	l brii	ng in a ph	ysician's	
4. If my child becomes ill during his/her	Ū	e child care center. t	he staff will co	ntact me to p	ick up mv ch	ld. I will	arra	ange for pi	ck up as	
soon as possible and no later than 2 he Emergency Contact and Release.										
Emergency Medical Authorization	on & Con	sent								
In case of a medical emergency, the st			hose listed in t	he <i>Child Em</i>	ergency Cont	act and	Rele	ease, and	lastly	Initial
my physician.										
In case of a medical emergency, I agree	,	•				£:::4 ::	c			
In case of a medical emergency, I pern paramedics or other emergency person		sportation of my chil	d to a local nos	spital or otne	r urgent care	racility, ii	rne	cessary by		
In case of a medical emergency, I will be a line case of an accidental ingestion of a	•	-	•		as directed by	the Poi	eon	Control C	ontor	
in case of an accidental ingestion of a	poisorious	substance, i consen	it to my child b	enig treated a	as directed by	, tile i oi	3011	Control C	-	
I give my permission to this center to a	pply □ sun	screen and insect	repellant to my	/ child. <i>Pleas</i>	e check whic	h produc	t yo	u will pern	nit.	Initial
I understand that I must supply my owr name.	n sunscree	n and/or insect repe	llant with a val	d expiration	date, and it w	ill be lab	elec	d with my o	child's	
I have special instructions for the applic	cation prod	cess. None								_
Parent initial Staff initial _		Date								

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	lours of Operation legular operating hours are Monday through Friday from 7:30 AM to 8:30 AM Morning care, 8:30 AM to 12:30 PM regular school hours; and 2:30 PM to 6:00 PM except closings for various holidays and teacher in-service, and inclement weather as described in the Family Handbook. Tinkling pring Early Childhood Learning Center follows the same calendar and scheduled days off as Augusta County Public Schools. Please consult the current alendar for holidays. There is no reduction in tuition as a result of center closures. The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced via text or email from remind.com or by teacher email. 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. The days and hours that I wish to contract for child care are as follows: Two year old program Three year old program Year old program Program Aftercare (please list the days your child will attend aftercare) Aftercare (please list the days your child will attend aftercare)							
Rate Agreement	and Contra	act						
Child's name						Birth date		
Hours of Operation								
Regular operating hours 12:30PM to6:00 PM ex Spring Early Childhood I calendar for holidays. T The procedure to notify or email from remind.com	cept closings for Learning Center here is no reduc families should s m or by teacher	various holid follows the sa tion in tuition severe weathe email. If it be	ays and teach ame calendar a as a result of c er or other cond comes necess	er in-service, and schedule center closure ditions prever ary to close e	and inclement we d days off as Augu es. It the program fron early, we will conta	ather as described in the Family Handbook. Ista County Public Schools. Please consult the mopening on time or at all will be announced	Tinkling e current via text	
		ibility to arran	ge for your chi	ld's early pick	cup.			
Scheduled Attendan	nce							
The days and hours that	t I wish to contra	ct for child ca	re are as follov	vs:				
Day of week	Day of week Two year old program Year olds Four Year olds Aftercare (please list the days your child will attend aftercare)							
Monday	XXXXXXXX	XXXXXXXX						
Tuesday Wednesday	XXXXXXXXX	*******						
Thursday	2000000000	XXXXXXX						
Friday	XXXXXXXXX							
Payments are due on the	e 5" of the mont	h						
Fee Policy (to be con	npleted by staf	f; reviewed a	and initialed I	by the parer	nt/guardian/spon	sor after completion)		
				<u> </u>		,	Initial	
- Starting on	a fe	ee of \$	is	due	-		miliai	
- Tuition is due and paya each month.	able on the 5 th of							
- Tuition is not subject to	discounts for ho	olidays, emerç	gency closures	s (i.e., weathe	er), or absences			
- I agree to pay the full to	uition in advance	of services r	endered.					
- I agree to pay the full to	uition fee even if	my child is al	osent for one o	or more days.				
- A late fee of \$25.00 is	due if tuition is n	ot received by	/ 10 th of the mo	onth.				
- A non-refundable regis								
· ·	•	•		00 ner child)	is due if my child	is not picked up at scheduled pick up time.		
					ris due il filly crind	is not picked up at scheduled pick up time.		
- Accounts two weeks in								
 My child may have the event. A specific permis 			special progra	im or field trip	that may have an	additional fee due before the day of the		
- All returned checks or a returned checks or ACH						im amount allowed by law. Two or more atus.		
- A receipt for income ta	x purposes will r	not be provide	d. Tinkling Spr	ring Early Chi	Idhood Learning C	Center is a non-profit.		
Other Agreemen	ıts							
Private Employment		omont and	Poloaco					
Frivate Employment	Ackilowieug	ement and	Neiease					
						programs and services offered by this is center shall remain harmless from any	Initial	
Media Release								
Occasionally, photos wil the use and reproduction						ebsite. Please indicate that you authorize	Initial	
Parent initial	Staff initial	Date	e					

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Other Agreements (continuea)								
Child's name		Birth date						
Walking Excursions								
I give my permission for my child to participate in supervised walking	excursions near and around th	ne center.	Initial					
Handbook Acknowledgement								
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.								
Information contained in the Family Handbook may be subject to ch	nange.							
Contract Approval								
I certify that I have read, understand, and accept all of the terms and	conditions described in this En	rollment Agreement and the Family Handbo	ok.					
Primary Parent/Guardian/Sponsor Signature Date	Center Staff Signatu	re Date						