

Child's Enrollment Date: \_\_\_\_\_



**Abington Kids**  
Creative Learning Center, Inc.

102 N. Abington Road, Clarks Green, PA 18411 · 570-319-9214

**ENROLLMENT AGREEMENT**

**Enrollment Information**

Completion of this agreement is required for enrollment. This information is necessary for Abington Kids Creative Learning Center, Inc., to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs. Gray shaded areas are for office use only. White areas are for parent/guardian use.

CHILD INFORMATION			
First Name	Middle Name	Last Name	Nickname
Date of Birth	Gender	Child's Primary Language	Parent/Guardian Primary Language
Child's home address		Home phone	
List family members your child lives with – include names and ages of siblings			
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> N	Elementary School Name	Grade in School	School Phone
School Address	Drop off time at School		Pick up time at School
School Transportation provided by: Please circle. <input type="radio"/> Elementary School <input type="radio"/> Parent/Guardian <input type="radio"/> Center <input type="radio"/> Other (specify) _____			

PRIMARY CONTACT AND RELEASE PERSONS <i>Include Parents and Guardians</i>			
Is parent/guardian an AKCLC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employee name: _____			
<b>PRIMARY PARENT/GUARDIAN</b>	Relationship to child	Home phone	Cell phone
Home address Apt #		Home e-mail address	
Employer and address	Work e-mail address	Work hours	Work phone/ext
Driver's License (DL) number (For privacy purposes, do not provide your DL number if it is also your Social Security Number.)	DL State	DL Expiration Date	
<b>Other Parent/Guardian</b>	Relationship to child	Home Phone	Cell Phone
Home Address	Apt #	Home e-mail Address	
Employer and address	Work e-mail address	Work hours	Work Phone/ext.
<b>Parent/Guardian</b>			
<b>Identification Information</b>	Question: _____ Answer: _____		
<b>(2 items required)</b>	Question: _____ Answer: _____		
Note: Personal questions will be used to verify parent/guardian identity if a pick up authorization is called into the center.			

**EMERGENCY CONTACT AND RELEASE PERSONS** Do not include parents and guardians

If possible, please notify the center if an Emergency Release Person will pick up your child on a given day.

Name #1	Relationship to child & parent	Primary phone	Secondary phone
Home address			
Name #2	Relationship to child & parent	Primary phone	Secondary phone
Home address			
Name #3	Relationship to child & parent	Primary Phone	Secondary phone
Home address			

The persons designated in this section will be contacted by AKCLC and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.

Center staff will release your child only to you or to those persons you have listed above. For the safety of your child, we will request all authorized Release Persons with whom staff are not familiar to provide Government issued photo ID at time of pick up. If you want a person who is not identified above to pick up your child, you must notify center management in advance. Your child will not be released without prior authorization. In the event you call a pick up authorization into the center the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.

For all children's safety, it is critical to use your assigned PIN and/or entry code and sign in child(ren). To ensure the safety of our center staff and children, please do not share your PIN and/or entry code.

**CHILD'S CARE NEEDS**

Height	Weight	Hair Color	Eye Color	Distinguishing marks
--------	--------	------------	-----------	----------------------

Is there anything we should know about your child's care needs to ensure that we provide the best quality education and care for your child?

**ALLERGIES** *Please list*

Medications	Reaction
Food	Reaction
Respiratory	Reaction
Bee Sting	Reaction
Other	Reaction

Are any of these allergies severe or life threatening?  YES  NO

## Care Information

If yes, please have a physician complete the health care plan and provide the center with the necessary medications (i.e. epi-pen, auvi-q, benedryl)

**CHILD'S MEDICAL CARE PROVIDER / FACILITY**

Primary Care Physician ("PCP") name		Practice/Clinic name	
PCP address		Phone	
Preferred hospital/clinic for acute care and emergency care			
Dentist Name		Practice Clinic Name	
Address		Phone	
Health Insurance Provider and policy number		Secondary Health Insurance Provider and policy number	

**Medication**

Individual state child care licensing regulations regarding medication must be followed. Any mandatory state form regarding administration of prescription or non-prescription medication must also be completed and signed by a parent/guardian. I will provide written authorization for AKCLC staff to administer medication in accordance with written instructions from the child's health care professional or me, as permitted by state child care licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions). Medications will not be provided by the center.

**MEDICAL POLICIES**

- I understand that I will be asked to provide the center with updated immunization information for my child. If I wish to request a religious or medical exemption to AKCLC's practice of securing immunization information, I understand my request must meet state child care licensing regulations.
- I may also be asked to provide additional medical information as required by state child care licensing regulations. I understand that my failure to provide this information may result in a suspension of services.
- I agree to 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.
- If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
- If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.
- In case of a medical or other emergency while my child is under the center's supervision, I understand that center staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay may further jeopardize my child's health, I hereby authorize center staff to act on my behalf and to take the emergency measures including those listed below if deemed necessary by center staff or by medical authorities for the care and protection of my child. I authorize AKCLC to:
  - \* Consult the physician or dentist named on the previous page if I cannot be reached.
  - \* Administer first aid and/or cardiopulmonary resuscitation.
  - \* Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
  - \* 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.
- If I wish to request a religious or personal exemption to AKCLC's practice of securing necessary emergency medical treatment, I understand state child care licensing authorities must be consulted to determine if such an exemption may be granted.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FINANCIAL INFORMATION**

**CENTER HOURS OF OPERATION**

The center is open from 6:30a.m. to 6:00p.m., Monday through Friday . AKCLC will be closed in recognition of the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Dayafter Thanksgiving, Christmas Day, and Day after Christmas. The center's hours and holiday schedule may vary and may be changed at any time. In addition to holiday closures, we dedicate time every year for employees' professional development and training. Please see your Center Administration for information on when your center will be closed for these training days. Tuition is not reduced as a result of center closures. If I or other authorized persons fail to pick up my child and/or contact the center, and I or other authorized persons cannot be reached, center staff, within thirty minutes after closing time or in accordance with state child care licensing regulations, may release children to the custody of child protective services or other local authorities. The center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted. If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up. I agree to notify the center staff when my child is absent. I must notify the center staff if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.

**TUITION**

I Understand at the time of enrollment that my weekly tuition fees during the <u>school</u> <u>season</u> are as follows:	TUITION	DISCOUNT TYPE (IF APPLICABLE)	DISCOUNT	TOTAL TUITION
	\$ _____	_____	\$ _____	\$ _____

**FEE SCHEDULE AND FINANCIAL TERMS**

1. If my child regularly attends school (K-6th grade) and school is not in session due to school holiday, snow, etc., I agree to pay the full day rate, \$\_\_\_\_\_ for each day my child attends the center all day. The additional fee is charged only when, during a school week, my child's school has a scheduled day off or an unscheduled day off due to weather or other unforeseen events. If the school determines that there will be no in-person instruction and the day will be a "virtual day", I agree to pay the virtual daily rate \$\_\_\_\_\_ for each day of virtual instruction.
2. A late pick-up fee of \$1.00 per minute will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after-hours service.
3. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.
4. I agree to pay the full tuition fee even if my child is absent for one or more days; however, once per school year my child may be absent for an entire week and the tuition will be discounted 100%. I understand I will receive 1(one) vacation week per year and the center requests a two-week notice of an intended vacation.
5. All tuition is due in advance of services rendered. In-center tuition payments received after the close of business the Friday prior to service shall be assessed a late fee. If tuition is not paid in advance as listed above, a late fee of \$10.00 will be charged.
6. A nonrefundable registration fee of \$100 per child is due at the time of enrollment. A 50% discount will be given towards the initial registration fee of siblings enrolling. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time. Each year after initial enrollment a re-registration fee of \$50 is due. Summer camp enrollment has a nonrefundable registration fee of \$50 which is waived for current families.
7. Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.

# Enrollment Agreement

Child's Name: \_\_\_\_\_

## Care Information

8. My child may have the opportunity to participate in special programs or field trips. At AKCLC, summer programs are offered, and a summer activity fee may be charged. Field trips may result in an additional field trip fee and may require completion of a specific permission slip.

9. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand any prepay balance of \$25 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.

10. I authorize AKCLC to initiate electronic debits to my checking account for each check presented by me to AKCLC for payment. If any check or electronic payment is returned unpaid, I acknowledge that AKCLC will attempt to collect on the returned check electronically up to two additional times. I authorize AKCLC to electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law. Additionally, upon written notice from AKCLC, I authorize AKCLC to initiate one-time ACH debits to my checking account for any amounts owed that become past due. These authorizations will remain in full force and effect until AKCLC has received written notification from me of the termination of my authorizations.

11. Payments from families with prior unpaid returned checks must be in the form of a money order or cashier's check. Families with returned check activity may be subject to immediate termination of services.

## SCHEDULED ATTENDANCE AND SNACKS

Tuition fees are based on the following scheduled attendance. I understand I will be charged additional tuition if my child's attendance increases beyond their regularly scheduled attendance. Lunch is not provided. Please bring a bagged lunch if in attendance during lunch time. Snack is provided by AKCLC.

DAY	HOURS OF CARE (i.e. 8:00AM-5:00PM)	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Parent/Guardian Signature _____		Date _____
Center Administration Signature _____		Date _____

## Other Terms and Certifications

### OTHER TERMS

- I will promptly update any information provided for in this Agreement if such information changes.
- I consent to AKCLC communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
- State child care licensing regulations are available at <https://www.pacodeandbulletin.gov/>. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.
- A child may be disenrolled by AKCLC without prior notice if, in the sole opinion of AKCLC, it is in the best interest of the child or AKCLC.
- AKCLC reserves the right to alter its policies and program at any time. Center management does not have the authority to alter or modify the terms of this Agreement (other than inserting information where required) either verbally or in writing.
- AKCLC will provide you with a Family Handbook which is incorporated into this Agreement. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days notice. This Agreement may be terminated by the center at any time.

**CERTIFICATIONS**

**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.

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 AKCLC 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, social media, and internal business communications.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**First Aid**

I give permission for AKCLC staff to administer minor first aid procedures to my child. I understand that I will be given a written report of the incident and first aid procedures implemented.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

I certify that I have read, understand and accept all of the terms and conditions described in this Agreement. I have received complete written program information (family handbook) at the time of enrollment. I agree to update the emergency contact/parental consent information whenever changes occur or every 6 months at a minimum.

This Agreement will be effective on \_\_\_\_\_.

PRIMARY PARENT / GUARDIAN SIGNATURE	DATE	ADMINISTRATOR SIGNATURE	DATE
-------------------------------------	------	-------------------------	------

To be completed when a change to services, tuition, emergency contacts, or consent occurs or at a minimum of every 6 months:

6-month Update or Change to Services	Effective Date	Parent/Guardian Signature	Date

Enrollment Agreement  
Care Information

Child's Name: \_\_\_\_\_
