

March 1, 2019

Dear Parents/ Guardians:

Please fill out the attached registration forms as soon as you can. I will go over the paperwork with you before your child begins care at Cedarbrook Early Learning Center. In order for us to place your child in an upcoming spot, we require a complete enrollment packet and the registration fee. Please be aware that the registration fee is nonrefundable.

Please let me know if you have any questions.

Sincerely,

Julia Fulton, Director

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By signing this form, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have received, read, and had the opportunity to discuss the Cedarbrook Early Learning Center Parent Handbook, Emergency Procedures, and Health Policy and fully agree to be bound by their terms.

The Center’s policies and procedures have been explained and I have had the opportunity to discuss the Centers philosophy, program and facilities. I have been advised of the Center’s practices regarding my child’s progress, issues relating to my child’s care, and individual practices concerning my child’s special needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date

Date of enrollment\_\_\_\_\_\_\_\_\_\_ Termination date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cedarbrook Early Learning Center

***Registration Form***

**CHILD INFORMATION:**

Child’s Name:

 Last First MI Nickname

Child’s Age: Date of Birth: Sex: Home Phone:

Mailing Address:

Physical Address:

**FATHER’S (OR GUARDIAN’S) INFORMATION:**

Father’ Name: Social Security #:

Home Address: Home Phone:

Employer: Work Phone: Cell:

Email:

**MOTHER’S (OR GUARDIAN’S) INFORMATION:**

Mother’ Name: Social Security #:

Home Address: Home Phone:

Employer: Work Phone: Cell:

Email:

**OTHER CHILDREN OR PERSONS LIVING IN THE HOME:** (Names and Ages, please)

1. Name Age:

2. Name Age:

3. Name Age:

4. Name Age:

**How did you hear about us?**

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

 Please list all persons you wish to be able to pick your child up from Cedarbrook ELC. This list will be used for releasing children for **normal pick-up** and for contacting someone to release to in the case of an **emergency** (Please provide complete address, an additional page may be used if necessary).

**1. Name:**  Address:

Relationship: Home Phone: Work Phone:

**2. Name:**  Address:

Relationship: Home Phone: Work Phone:

**3. Name:**  Address:

Relationship: Home Phone: Work Phone:

**4. Name:**  Address:

Relationship: Home Phone: Work Phone:

**5. Name:**  Address:

Relationship: Home Phone: Work Phone:

**6. Name:**  Address:

Relationship: Home Phone: Work Phone:

**7. Name:**  Address:

Relationship: Home Phone: Work Phone:

**I have read and agree to abide by the policies of the Cedarbrook Early Learning Center as outlined in the handbook.**

Signature of Parent (Guardian):

Cedarbrook Early Learning Center

***Financial Agreement***

**This page must be filled out and signed on or before first day of attendance**

Child’s Name: Date of Birth:

Starting Date:

Schedule for which Daycare Services will be required:

Monday Drop off time: Pick up time:

Tuesday Drop off time: Pick up time:

Wednesday Drop off time: Pick up time:

Thursday Drop off time: Pick up time:

Friday Drop off time: Pick up time:

**Monthly Rate:** Please use the Financial Information Sheet to calculate your monthly rate for the child listed on this form, and enter the amount below.

 Child Care Charges based on your Plan are: $ /month

 Family Discounts:

 Names of additional children: Less $ /month

 TOTAL MONTHLY CHARGES $ /month

**Registration Fees:** $50 per child $

* All charges for the month must be paid in advance by the 5th of the month.
* Payments received after the 5th will be subject to a late fee AND arrangements must be made in person with the Director in order for your child to remain in our care.
* All payments are for a full month and will not be prorated or refunded unless specifically applied for and approved by the Center.
* Two weeks’ written notification is required when withdrawing a child from the center or reducing his/her schedule. If we do not receive two weeks’ prior notification for termination, you will be responsible for paying for those days.
* DSHS clients agree to pay in the event that DSHS refuses, for any reason.
* A $40 charge plus applicable late charges will be applied for any **NSF Check or declined card payment.** Should two checks be returned from your bank, payment will be accepted only by money order, cash or cashier’s check.

More complete policy information is available on the **Financial Information Sheet.**

I/We have read and understand the financial information and policies as outlined above and on the Financial Information Sheet and agree to abide by them.

Parent/Guardian Signature Date

Person Responsible for Payment Date

Cedarbrook Early Learning Center

***Payment Agreement***

I authorize Cedarbrook Early Learning Center to automatically deduct the full payment due from the following account on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of every month starting \_\_\_\_\_\_\_\_\_\_\_\_\_:

Checking Account: Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(I have enclosed a voided check)

Savings account: Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card: Visa/Master Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_

4 digits Security Code: \_\_\_\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if my payment is declined, an NSF fee of $40 will be added to my account, and the payment will be resubmitted one week later. If my payment is declined a second time, a $75 fee will be added, and my child’s care can be terminated due to nonpayment.

If I default on my payment plan, I understand that Cedarbrook Early Learning Center has the right to send me to collections.

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cedarbrook Early Learning Center

***Health Information Record***

Child’s Name:

1. Has your child had any serious illness, accidents or surgeries? Please give dates/explanation.

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2. Has your child had any specific health problems of which our staff should be aware? Include

allergies, vision, hearing loss, convulsions, seizures, etc.

Food allergies/diet restrictions:

3. Should your child have any restrictions in play or physical activities? YES NO

 If yes, please explain what these are:

4. Does your child have an: IFSP IEP Asthma Action Plan

 If yes, please provide us with a copy for your child’s file.

5. Is your child currently on any medication? Yes\_\_\_\_ No \_\_\_\_\_\_

 If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Child’s last medical examination: Doctor: Date:

 Note: Children need to have a yearly well-child check and must turn in a Doctor’s note with “healthy” report for each child’s file.

7. Please indicate the following communicable diseases your child has had (include dates):

 Chicken Pox Date Whooping Cough Date

 Diphtheria Date Scarlet Fever Date Measles Date Polio Date

 Mumps Date Other Date

Parent/Guardian Signature Date

 Cedarbrook Early Learning Center

***Medical Consent***

As the parent(s)/guardian(s) of , age , I/we do hereby authorize and consent to all medical, surgical, diagnostic, and hospital procedures that may be performed or prescribed by a physician to safeguard my/our child’s health if it is not advisable to take the time to contact me/us in advance. I/we waive my/our right to informed consent for said treatment.

I/We further understand that temporary emergency measures may be necessary to safeguard our child’s health and do hereby authorize and request childcare personnel trained in First Aid/CPR to administer such treatment and do any procedure deemed necessary until such time as our child can be safely transported to a doctor or hospital.

Parent/Guardian’s Signature Date

Parent/Guardian’s Signature Date

I hereby authorize Cedarbrook Early Learning Center to call 911 for a medical emergency and do also agree to pay any medical fees associated with emergency care provided, if not already covered under accidental insurance provided under the Center. (See insurance policy handout.)

I accept the policy and regulations of Cedarbrook Early Learning Center and release the Center from any and all liability for injuries or illness from conditions or circumstances beyond the Center’s control.

Parent/Guardian’s Signature Date

Parent/Guardian’s Signature Date

Cedarbrook Early Learning Center

***Emergency Medical Information***

Child’s Name: Age: Date of Birth:

Home Address: Home Phone:

Father’s Name: Work Phone:

Mother’s Name: Work Phone:

Child’s Doctor: Dr’s. Phone:

Doctor’s Address:

Child’s Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: Insurance ID#:

Every effort will be made to contact a parent or someone on the child’s emergency numbers list before transporting a child to Jefferson Healthcare. However, if it is deemed necessary to transport a child immediately, parents will be notified as soon as possible thereafter.

You must agree to be financially responsible for all medical expenses incurred for emergency treatment. Do you agree?

 YES NO

If 911 is called, you will be financially responsible for any expenses incurred. Do you agree?

 YES NO

If the answer to any of the above questions is no, please explain below or on the back of this form.

Cedarbrook Early Learning Center

***Field Trip Permission***

Child’s Name:

I give permission for my child, named above, to accompany his/her class from Cedarbrook Learning Center with supervisors who have been approved through state background screening and licensed drivers with approved insurance and driving records.

I understand that field trips will be planned and announced in advance of the field trip. I may be asked to sign a form stating that I know the field trip will be happening and give additional permission for my child to attend.

Parent/Guardian’s Signature Date

***Photo Permission***

Child’s Name:

We are required by the State of Washington to have your permission before we take any pictures or videos of your child/ren. Cedarbrook uses pictures for our website and Facebook page, as well as for classroom displays, parent programs, etc. Please indicate below your approval or disapproval and sign your name.

**Video Surveillance:**

 To ensure the safety and security of all children, staffs, parents, and visitors, as well as the security of our daycare facility, Cedarbrook Early Learning Center is equipped with a 24-hour video surveillance system and security cameras are installed  in all classrooms and the parking lot, and may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms and that video/security cameras will be positioned in appropriate places within and around our  Center’s facility and used in order to help promote the safety and security of people and property.

\_\_\_\_\_\_\_\_\_\_\_\_ Yes, **I give Cedarbrook permission to use pictures of my child/ren to post on their website and Facebook pages.**

 Yes, I give my permission for **staff** to take pictures/video of my child.

\_\_\_\_\_\_\_\_\_\_\_\_ No, **I do not want Cedarbrook to use pictures of my child/ren on their website and Facebook pages.**

 No, I do not give permission for **staff** to take pictures/video of my child.

Parent/Guardian Signature Date

If you would like access to our Facebook page, please add us on Facebook, Cedarbrook ELC

Cedarbrook Early Learning Center

***Permission to Use Diaper Ointment***

I hereby give permission to Cedarbrook Early Learning Center to use the following diaper ointment on my child:

 ,

(Child’s Name)

as printed on the manufacturer’s label.

Lotion/Ointment Name: Desitin

This permission is given until further notification.

Parent/Guardian’s Signature Date

***Permission to Use Sunscreen***

I hereby give permission to Cedarbrook Early Learning Center to use the following sunscreen on my child:

 ,

(Child’s Name)

as printed on the manufacturer’s label.

Lotion/Ointment Name: **SPF RX Sport Sunscreen (SPF30)**

**Active Ingrediants: Avobenzone 3%, Octisalate 4.8%, Octocrylene 2.8%, Oxybenzone 4.3%**

This permission is given until further notification.

Parent/Guardian’s Signature Date

**Text Message Release Form**

Childs name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We know that, in this day and age, sometimes it’s hard to answer the phone while at work and sometimes a simple text message delivered to you would work better.

 YES - I consent to receiving text messages from Cedarbrook ELC updating me about my child(ren), adverse weather that might impact my child(ren), the Center (opening & closing), or anything pertaining to my child(ren), their wellbeing, or happenings at the Center throughout the day.

 NO - I DO NOT consent to receive any text messages from Cedarbrook ELC of any kind.

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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