

ENROLLMENT FORM & TUITION AGREEMENT

Consent to Release Policy

Upon enrollment, you must provide us with the name(s) of emergency contacts and any person(s) allowed to pick up your child. Only adults over the age of 18 are allowed to pick up the children. Family Litigation: If at any time there is a custody dispute between legal parents, please be advised that Me & My Friends cannot refuse either legal parent the right to pick up their child without a court order or restraining order. Me & My Friends will not engage in family disputes. Documentation will only be surrendered with a subpoena.

CHILD INFORMATION

Child's Name: _____ Age: _____ DOB: _____ Sex: ___M ___F Nickname: _____
Family members living with child – Indicate relationship (please include siblings): _____

Does your child attend school: ___ If yes - name of school: _____
School phone: _____ Address of school: _____

PARENT/GUARDIAN INFORMATION

Primary Parent Guardian: _____ Relationship to child: _____
Home address (include city & zip): _____
Home phone: () _____ Cell phone: () _____ e-mail address: _____
Employer & address: _____ Work phone: () _____
License number: _____ License state: _____ License expiration: _____
Primary Parent Guardian: _____ Relationship to child: _____
Home address (include city & zip): _____
Home phone: () _____ Cell phone: () _____ e-mail address: _____
Employer & address: _____ Work phone: () _____

EMERGENCY CONTACT & RELEASE PERSONS:

The persons designated in this section will be contacted by Me & My Friends and are authorized to pick up a child if there is a medical or other emergency and the Parent/Guardian cannot be reached. Release person must be 18 years of age or older. You must provide the person's name, address, telephone number and license number. In addition, this person must provide a valid state identification. If the pick-up person does not have a valid I.D. to present at the time of pick-up, we will not release the child. Please make sure that person is aware of the policy and prepared. You must leave a dated and signed note each day that another person will pick up the child. Please remember to include person's full name, contact phone number, license number and home address.

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. To ensure the safety of our center staff and children, please do not share your entry code. You must provide us with person's full name, contact phone number, license number and home address. Pickup person MUST have a valid driver's license in order for us to release your child.

Name: _____ Relationship to child: _____
Home address (include city & zip): _____
Home phone: () _____ Cell phone: () _____ e-mail address: _____
Employer & address: _____ Work phone: () _____
License number: _____ License state: _____ License expiration: _____
Name: _____ Relationship to child: _____
Home address (include city & zip): _____
Home phone: () _____ Cell phone: () _____ e-mail address: _____
Employer & address: _____ Work phone: () _____
License number: _____ License state: _____ License expiration: _____
Name: _____ Relationship to child: _____
Home address (include city & zip): _____
Home phone: () _____ Cell phone: () _____ e-mail address: _____
Employer & address: _____ Work phone: () _____

Child's Name: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN INFORMATION (SECURITY QUESTIONS)

ALL QUESTIONS MUST BE ANSWERED IN ORDER FOR PARENTS/GUARDIANS TO CALL IN AUTHORIZATION OF A CHILD'S PICKUP. FOR YOUR SAFETY AND THE SAFETY OF THE CHILDREN, PLEASE DO NOT SHARE ANY SECURITY ANSWERS WITH ANYONE.

Four digit code: _____ Security phrase or word: _____

Please answer (2) of the following:

What is your favorite color: _____

What is your favorite animal: _____

What is the middle name of your oldest child: _____

What month & year were you born: _____

In what city does your nearest sibling live: _____

CHILD 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:

Medications: _____ Reactions: _____

Food: _____ Reactions: _____

Respiratory: _____ Reactions: _____

Insect: _____ Reactions: _____

Animal: _____ Reactions: _____

Other: _____ Reactions: _____

Are any of the allergies life threatening? _____ yes _____ no (if yes, please provide special instructions): _____

Parent/Guardian Initials: _____

Director Initials: _____

Child's Name: _____ DATE OF BIRTH: _____

CHILD'S MEDICAL CARE PROVIDER/FACILITY

Primary Care Physician: _____ Practice/Clinic Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: () _____

Preferred Hospital (in case of emergency): _____ Phone: () _____

Dentist: _____ Practice/Clinic Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: () _____

Special medical conditions: _____

1. Chronic illnesses: _____

2. History of serious injuries or hospitalizations of which we should be aware: _____

3. Diabetes ___Yes ___No

If your child has diabetes, please notify the Center Director. An Authorization Form for Children with Diabetes must be completed at enrollment.

4. Medication that will be administered regularly at the center: _____

5. Special dietary needs: _____

6. Physical restrictions: _____

7. Is your child able to fully participate in all of the activities offered by our center? ___Yes ___No

If no, please explain: _____

8. Does your child function at the level of other children in his or her age group? ___Yes ___No

If no, please explain: _____

9. Can your child effectively communicate his or her needs? ___Yes ___No

If no, please explain: _____

10. Does your child require any assistance at mealtime? ___Yes ___No

If yes, please explain: _____

11. Does your child rest in the middle of the day? ___Yes ___No

If no, please explain: _____

12. Is your child toilet trained? ___Yes ___No (toilet training status is not an eligibility requirement for enrollment)

If so, does he or she need assistance? _____

Parent/Guardian Initials: _____

Director Initials: _____

Child's Name: _____ DATE OF BIRTH: _____

TUITION AGREEMENT

The center is open from 7:00 a.m. to 6:30p.m., Monday through Friday. The center will be closed in recognition of the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Day. 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 Director 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 by 9:00 am when my child is absent.

SCHEDULED ATTENDANCE AT ME & MY FRIENDS

Monday: _____ arrival time _____ pickup time / Tuesday: _____ arrival time _____ pickup time
Wednesday: _____ arrival time _____ pickup time / Thursday: _____ arrival time _____ pickup time
Friday: _____ arrival time _____ pickup time

Parent/Guardian Initials: _____

Director Initials: _____

FEE SCHEDULE & FINANCIAL TERMS

I understand that my weekly tuition is as follows:

Tuition	Discount type	Discount	Total tuition
\$ _____	\$ _____	\$ _____	\$ _____

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 an additional fee of \$25.00 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. When school is not in session for the entire week, the tuition will be based on hours & days attended for that week.
2. A late pick-up fee of \$5.00 for the first five minutes and then \$1.00 each minute per child 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, for each full calendar week my child is absent, the tuition fee will be discounted 10% as a reservation fee. I understand I will receive 2 reservation weeks per year and the payment for reservation fees are due in advance of the absence. 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.
6. A nonrefundable registration fee of \$25 is due at the time of enrollment each year. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
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.
8. My child may have the opportunity to participate in special programs. At many centers, summer programs are offered, and a summer activity fee may be charged.
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.
10. I authorize Me & My Friends to initiate electronic debits to my checking account for each check presented by me to Me & My Friends for payment. If any check or electronic payment is returned unpaid, I acknowledge that Me & My Friends will attempt to collect on the returned check electronically up to two additional times. I authorize Me & My Friends 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 Me & My Friends, I authorize Me & My Friends 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 Me & My Friends has received written notification from me of the termination of my authorizations.
11. Payments from customers with prior outstanding unredeemed returned checks must be in the form of a money order or cashier's check. Returned check activity may be subject to immediate termination of service. 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.

Parent/Guardian Initials: _____

Director Initials: _____

Child's Name: _____ DATE OF BIRTH: _____

OTHER TERMS

1. I will promptly update any information provided for in this Agreement if such information changes.
2. I consent to Me & My Friends communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
3. I understand that in an effort to maintain the professional status of center staff and prevent any potential conflict of interest, babysitting by center staff members is discouraged. However, should I hire any center staff members, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between me and the center staff member. Me & My Friends does not sanction the arrangements, and I agree to hold Me & My Friends harmless from any such arrangement. If a center staff member chooses to baby-sit for an enrolled child, the center staff member and I must request and sign a Me & My Friends Babysitting Liability Release Form to be kept in the child's file.
4. State child care licensing regulations are on file at the center and are available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.
5. A child may be disenrolled by the center without prior notice if, in the sole opinion of Me & My Friends, it is in the best interest of the child or the center.
6. Me & My Friends 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.
7. 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.
8. Any dispute or claim arising out of or relating to this agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

Parent/Guardian Initials: _____

Director Initials: _____

Child's Name: _____ DATE OF BIRTH: _____

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. (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

WATER ACTIVITIES

I give permission for Me & My Friends 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 videotaped in the center and during program functions. I understand that photographs/videos of my child may be taken by center staff or by other parents/guardians or professional photographer and can be used by Me & My Friends for any informational, promotional or other forms of advertising.

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 will be effective on _____.

Parent/Guardian Signature

Director Signature

Date

Date

Parent/Guardian Initials: _____

Director Initials: _____