

Wasatch Christian Early Learning Center

APPLICATION FOR ADMISSION

Today's Date: ____/____/2017

Children to be Enrolled				
	First	Last	Middle	DOB
Child 1				
Child 2				
Child 3				
Copy of Birth Certificates for ALL Children Required - Please Attach to Last Page of this Application Package				
List All Siblings and Ages Which are Not Listed Above:				

Parents Information		
	Father	Mother
First Name		
Last Name		
M.I.		
Social Security #		
Address		
City, State		
Zip		
Employer		
Employer Address		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Best Contact #		

Family Status (Check all that apply)	
<input type="checkbox"/>	Married Living Together
<input type="checkbox"/>	Separated Child with Mother
<input type="checkbox"/>	Separated Child with Father
<input type="checkbox"/>	Divorced Child with Mother
<input type="checkbox"/>	Divorced Child with Father
<input type="checkbox"/>	Divorced Child Joint Custody
<input type="checkbox"/>	Father and Stepmother
<input type="checkbox"/>	Mother and Stepfather
<input type="checkbox"/>	Child Living with Grandparents
<input type="checkbox"/>	Other:

For Summer Camp Only
During summer camp, you have the option of registering for 9 - 12 weeks. If you would not like to register for all 12 weeks, which (up to 3) will you not be registering for?

LEGAL STATUS / UNAUTHORIZED PICK UP ALERT

_____ Not Applicable

If Divorced or Separated, who has legal custody? _____ Mother _____ Father

List the names of any person who is SPECIFICALLY DENIED permission to pick up your child or children. For custody issues, we must have a copy of the most recent signed court order on file.

Name Reason

Name Reason

EMERGENCY CONTACTS AND AUTHORIZED PICK UP LIST

The following persons may be contacted at our discretion in the event that we are unable to reach you in an emergency or in case you are unable to arrive to pick up your child by closing time (6:00 PM) The persons listed below are hereby authorized and granted permission to pickup my child. (Minimum of 2 names required) Please list at least one out of state emergency contact.

Name: _____ Best Phone # _____ Relationship: _____

Name: _____ Best Phone # _____ Relationship: _____

Name: _____ Best Phone # _____ Relationship: _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____ Address: _____

Insurance Provider: _____ Policy Number: _____

(Attach a copy of your insurance card to this application)

Preferred Hospital: _____

MEDICAL, EMERGENCY, AND SUNSCREEN PERMISSION

I hereby authorize the staff of Wasatch Christian Early Learning Center to take whatever emergency medical measures necessary for the protection of my child. This includes calling 911 and following their recommendations as to transporting my child to a hospital or clinic without obtaining any further consent. I further agree and give my consent for medical treatment and care as deemed necessary by emergency personnel. I understand that I (We) will be called immediately, but the first consideration will be the proper care of my child. Wasatch Christian Early Learning Center will call 911 if there is any doubt concerning my child's safety. I (We) will not hold Wasatch Christian Early Learning Center responsible for any bills of any kind resulting in these actions. I give my permission for staff to apply the sunscreen of their choice, at their discretion.

WCELC will do our best to see that we conform to your needs as they relate to allergies. WCELC is specifically not responsible for medical bills related to any reaction to food or drug allergies. I have listed all known food, drug, and sunscreen allergies for my child below:

Parent Signature

Date

FIELD TRIP/ACTIVITY PERMISSION

For your convenience, please sign this “blanket” permission form, which we will keep in your child’s file in the office. Each child will be required to wear a seat belt at all times. Children under the 40 pound weight limit will be required to have a car seat. Walking field trips may also be undertaken, and permission is hereby extended for walking excursions, including going to the park on the west side of the center (40th street park). All children will participate in all activities planned by the center, unless you instruct us to exclude your child from certain types of activities. From time to time, this includes watching videos (G/PG). The children will be able to use our computers for both learning and fun games. Activities may include things such as swimming, outdoor play and rec center visits.

I hereby give my permission to Wasatch Christian Early Learning Center to transport my child during school or summer camp field trips, and for my children to participate in all activities sponsored by the center. I also understand that field trips may expose my child(ren) to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child(ren) by reason of his/her participation. By signing below, I hereby release WCELC and its agents from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s failure to comply with local, state, and federal laws and WCELC policies, procedures, and directions; (b) arising out of any damage or injury caused by my child; or, (c) arising out of the operation of the school bus in relation to this activity. I also agree to indemnify and hold harmless these parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I understand that if my child’s behavior on any field trip is disruptive or endangers his/her safety or the safety of others that he/she will be excluded from one or more field trips and refunds will not be given.

Parent Signature

Date

REQUEST FOR ENROLLMENT AND ACCEPTANCE OF WCELC POLICIES AND PROCEDURES

I hereby request that my child(ren) be enrolled in Wasatch Christian Early Learning Center. The information contained in this statement is provided to enable my child to attend Wasatch Christian Early Learning Center and participate in all activities provided. I acknowledge that Wasatch Christian Early Learning Center will rely on the information provided herein to base decisions about accepting my child for enrollment and as the basis for providing proper care for my child. I authorize the center to make all inquiries necessary to verify the accuracy of the information contained in this application. I understand that all childcare fees are due in advance, and that my child may be dis-enrolled should I fail to pay fees according to school policy.

Parent Signature

Date

PREVIOUS CARE AND MARKETING SURVEY

Our family's previous care situation is or was:

Family Home Daycare Stay at Home Licensed Center: _____ (Name)

How did you hear about Wasatch Christian Early Learning Center? _____

Bus Internet Search Referral/Friend Care About Childcare Site Other: _____

OFFICE USE ONLY

Date App. Received: ____/____/2017 Date Registration Fee Paid: ____/____/2017 Amount: \$ _____

First Day of Attendance: ____/____/2017

Date Withdrawal Notification Received: ____/____/2017

Reason for Withdrawal: _____

Wasatch Christian Early Learning Center Financial and Enrollment Agreement

	Child Name	Class & # of Days Per Week	Cost Per Week
1			
2			
3			

The Tuition fees charged by the center are determined by the projected costs of operation for the fiscal year, since the overhead and salary expenses of the center cannot be reduced when children are absent. The charges each week are based on the space that you reserve, thus enabling the school to maintain a sound financial status. I understand that by enrolling my child(ren), I am reserving a space for them every day as listed below and that I will be charged for the space I am reserving. I hereby agree to pay for the space I am reserving by the due day each week.

I hereby request enrollment for my child(ren) in Wasatch Christian Early Learning Center and by so doing I understand that I am asking the center to reserve a space for my child(ren) as I have indicated below. The application for enrollment is a part of this agreement. This agreement becomes binding upon acceptance by the Center Director.

The first day of attendance will be ____/____/ 2017. Should this date change, I will call and notify the director immediately.

Please reserve the spaces shown below, I will pay the weekly tuition fee. I understand that the charge for tuition is posted to my account each Monday for the current week and will be paid automatically each week on Mondays. A LATE FEE will be assessed to my account if tuition is not paid on time. The cost for the space I am reserving for my child(ren) will be as follows:

The total cost as shown above shall be \$ _____/Week

VACATION POLICY

I understand that I am reserving space for my child's enrollment and that I may keep my space reserved during family vacations and understand that I will earn 2 weeks worth of vacation days (equal to the number of days per week for which I have reserved space) after my child has been enrolled at WCELC for 1 full year. Vacation days may be used a week at a time, and not used for single day absences. The maximum vacation days you may accrue is 2 weeks. (For someone coming 3 days a week, "two weeks" would amount to 6 vacation days maximum) Vacation days do not "roll over" from year to year. If they are not used they will expire at your enrollment anniversary. Children may not attend class while using your vacation days.

ATTENDANCE POLICY

When you enroll your child at WCELC you are reserving a space and are charged for that space, regardless of your child's attendance. Weekly or monthly charges are based on your contractual agreement, not the attendance of your child.

Breakfast is served from 8:00 – 8:30 am. Children who arrive after 8:30 will not be served breakfast. As we cannot foresee exact attendance on any specific day, we begin the day with staff based upon our enrollment. If your child will not be attending or will be arriving at the center after 10:00 on any given day, you must notify the office. If we do not hear from you, there is a possibility of us sending staff home based on our attendance and then we would not have proper staffing if your child shows up later unexpectedly.

REGISTRATION / SUNSCREEN FEE

We charge a \$50 per child (Maximum of \$100/Family) non refundable annual registration fee. I understand that I must pay the registration fee upon enrolling my child. I also agree to pay the Sunscreen Fee of \$10 per child per year to cover the cost of sunscreen. This will be billed on June 1st of each year or during registration if your child is registered during June, July, or August.

LATE PAYMENT FEES AND DELINQUENT ACCOUNTS

I understand that payments are due and payable as indicated in this agreement and that I will be charged a \$5 late payment fee each day my payment is not made on or before the due date as indicated on this form. I understand that these fees will be added to my account each week my account remains overdue. All payments apply to the oldest charges first, therefore a payment received on a Monday will be applied first to any past due charges, then to current weeks' charges. If current week charges are not paid by the due date, late fees will be incurred for that week even though a payment is made during that week.

I understand that the center will not permit my account to be delinquent for more than one week. If in the event that this happens with my account, I hereby agree that the center will dis-enroll my child(ren). Should collection procedures become necessary, I agree to pay for cost of collections, including collection agency fees, attorney and court fees that may be incurred by the center in collecting any balance due. I understand that the center will report all late payments or collection accounts to the 3 credit bureaus, which may have a negative effect on my credit scores and ratings.

Returned check fee: I understand that I will be charged \$20 for each check that is returned to the center for any reason except for bank error. I also understand if I have more than two checks returned to the center, all future payments will be made by cash or money order or automatic withdrawal.

LATE PICKUP FEE

I understand that I will be charged a fee of \$10 per quarter hour or part thereof that I leave my child at the center past closing time of 6PM. The center clock is the official time for determining late pick up time. 1 - 15 minutes late

is \$10. 16-30 minutes late is an additional \$20. 31 - 45 minutes late is an additional \$30. 46 - 60 minutes late is an additional \$40. I understand that the center will make reasonable attempts to contact me or the emergency contacts provided in the application for enrollment. If no arrangements can be made within one hour after closing, I understand and agree that the center will contact the social services agency or local police to make arrangements for my child to be cared for until I am found and can pick up my child(ren).

METHOD AND TIME OF PAYMENT

All payments are due on a weekly basis. (or the first day my child is present if not attending on Monday) I may pay for more than one week at a time if I so choose but all payments are due in advance.

FEE ADJUSTMENTS

I Understand that the center management reviews rates being charged along with cost of operation, including cost of staff wages on a regular basis and adjustments will be made as necessary. I understand that I have the option to continue care for my child at the adjusted rate or withdraw my child at that time without further obligation, under this agreement. *Rate adjustments will be preceded by written notification at least two weeks prior to effective date.*

DIS-ENROLLMENT BY CENTER

I understand and agree that the center will dis-enroll my child(ren) if I fail to make payments as stated in this agreement. I also understand and agree that the center reserves the right to dis-enroll my child(ren) due to disruptive and/or uncontrollable behavior. I understand that children who cause or have the potential to cause harm to other children or staff will be dis-enrolled for the protection of others.

I agree that my child may be dis-enrolled if for any reason the center cannot meet the needs of my child or is unable to satisfy the needs or desires of the parents. I agree to work with the center director to resolve legitimate complaints in a productive manner and otherwise agree to the dis-enrollment of my child(ren) under the circumstances mentioned above.

I understand that the center will dis-enroll my child(ren) immediately without notice if my behavior as a parent, toward any teaching staff or administrative person in the center becomes threatening or abusive in any manner. This includes raising my voice in a negative manner, using profane language which is in any way directed at any staff person or administrative person in the center or physically threatening or acting in a manner that may be construed as threatening. I agree to resolve any and all disputes and complaints by reasonable discussion with the staff and administration of the center.

WITHDRAWAL

I hereby agree to pay for the space I have reserved as stated within this agreement until one of the following conditions are met: 1. I give one week written notice that I intend to withdraw my child(ren) from the center. (Telephone calls do not meet this requirement) 2. I sign a new agreement due to a change in my enrollment or due to a change in the fees charged for my reservation. I understand that should I stop bringing my child(ren) to the center without providing at least one week's notice, I will be charged the normal weekly rate until such time as I do provide a written notification.

By my signature, I understand that this is a legal document, that I have read and do understand the provisions of this agreement, and that I agree to abide by such provisions.

Parent Signature

Date

PHOTOGRAPHY PERMISSION

I _____ do
_____ do not _____ give my permission for WCELC to photograph my child. The pictures may be used in displays, craft projects and promotion, including social media sites.

Parent Signature Date

TRANSPORTATION POLICY FOR BEFORE/AFTER SCHOOL CHILDREN

I am required to contact the center prior to the time of the bus run if my schedule changes for any reason. If I fail to notify the center, I understand that I will be given 1 warning, and thereafter I agree to pay \$10.00 for each time that I fail to notify the center of any changes. I understand and agree that the center’s drivers should err on the side of caution in the face of uncertainty about a schedule. (a driver may bring a child back to the center rather than assuming the schedule is changed when we have not been notified of the change)

I give my permission for WCELC to transport my child to and from school using personal staff vehicles/school buses.

Parent Signature Date

_____ Not applicable (my child does not need transportation to/from the center)

DISCIPLINE POLICY

We are required to provide parents with a written discipline policy. Please sign this form and return it to our office. Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives in place of improper behavior. To ensure a safe and successful program, discipline is a must.

The following steps will be used for behavior modification:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. The child will be corrected and ask to change the behavior. 2. The child will be redirected from the situation. 3. The child will be placed in “Time out”. 4. Parents will be contacted if behavior is not corrected. | <ol style="list-style-type: none"> 5. The child will not be subject to discipline which is severe or humiliating. 6. Discipline shall not be associated with food, rest, or toilet use. 7. Spanking or any other form of physical punishment is prohibited. |
|---|--|

I, _____ have received in writing, the disciplinary practices used by Wasatch Christian Early Learning Center.

Parent Signature Date

SICKNESS POLICY

(Please initial each blank)

- Wasatch Christian Early Learning Center Care operates a "WELL CHILD" daycare and early learning center. Please do not bring your child to childcare when he or she is ill or you are suspicious they are becoming ill. Staff will not admit children who are ill and possibly contagious. Admission is at the discretion of the caregiver, not the parents.
- If your child is sent home due to illness or possibly contagious symptoms, they will not be allowed to return the following day. If they have a fever, they are not to return for 24 hours after their fever has broke. If a child is ill, they will be cared for in an isolated room away from the rest of the group to minimize the chances of spreading illness. A parent will be notified of their child's illness and will be required to make arrangements for the child to be picked up within a hour of notification by an authorized person.
- Our goal at WCELC is to keep all children safe and healthy. We understand a sick child can be a hardship on families, however, it is the parent's responsibility to make arrangements if alternate care is needed. In some incidences staff may ask for a doctor's note stating that your child is not contagious and can return to WCELC. Please be fair and considerate to our staff and other children enrolled in our center as well as your own child who, when sick, should be in an environment where he or she can rest and receive one on one attention.
- The childcare contract may be immediately terminated if the parent gives an ill child a suppressant to mask a fever or illness. Please communicate this to all it pertains to, such as nannies or other people caring for your child.

SYMPTOMS REQUIRING YOUR CHILD TO STAY AT HOME ARE (BUT NOT LIMITED TO):

- _____ Fever of any kind
- _____ Vomiting
- _____ Diarrhea (more than twice)
- _____ Lethargy (preventing child from participation in all regular activities)
- _____ Rash (unexplained and/or with fever or behavior change)
- _____ Yellow or green eye drainage
- _____ Blood or mucous in diarrhea or stool
- _____ Mouth Sores with drooling
- _____ Impetigo (a contagious skin disease, until 24-48 hours after treatment begins)
- _____ Strep throat (until 24 hrs after treatment begins and no fever for 24 hours without suppressant)
- _____ Strep throat with rash (until 48 hours after treatment begins)
- _____ Common cold (when accompanied by inability to participate in all regular activities, persistent crying, difficulty breathing, extreme irritability, continuous drainage, or green or yellow drainage from nose, fever)
- _____ Ear infection (when accompanied by inability to participate in all regular activities, persistent cry, or any fever)
- _____ Child complaining that something hurts.
- _____ Child not able to participate in all regular activities
- _____ Teething (when accompanied by extreme irritability, and/or persistent crying, fever)

I (We) agree to respect and abide by this sickness policy of WCELC

Parent Signature

Date