



Enrollment Agreement

Child's Information

Last Name _____ First Name _____

Birthdate _____ Date Enrolled _____

Family Information

Father First Name _____ Last Name _____

Mother First Name _____ Last Name _____

Home Address _____ Phone Number _____

Father's Employment _____ Phone Number _____

Mother's Employment _____ Phone Number _____

Tuition Information

- () **Application Fee** A \$50 non-refundable fee is prepaid to reserve your space.
- () **Tuition Payment** Payments are due by Wednesday of the week of service being provided. All late payments are subject to a \$20 late payment fee.
- () **Holidays** The following are paid center holidays, and no refunds or credits will be given on these days. New Year's Day, Memorial Day, Independence Day, Thanksgiving Day, The Friday after Thanksgiving Day, & Labor Day. The week between Christmas and New Year's Day the center will be closed. Payment is NOT required for this week.
- () **Vacation** All families are entitled to one week of unpaid vacation per year.
- () **Services Provided** A hot lunch and two snacks are provided daily. Parent/Guardian will supply change of clothes, naptime blanket and pillow, diapers/pull-ups, diaper cream, and wipes.

() **Parent Handbook** Parents have received a copy of our handbook, which is part of this agreement.

Parent/Guardian Signature_____ Date_____

Director Signature_____ Date_____

Release Authorization

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

Name	Daytime Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Under NO circumstances will a child be released to anyone not known to the center without authorization from parents/guardians. Identification will be required at time of pickup even if center staff has been notified in advance.**

Is there a separation or divorce custody problem of which we should be aware? If so, please explain.

Name of persons who may NOT pick up your child if any

Parent Signature _____ Date _____

Director's Signature _____ Date _____

Travel Authorization

I/We give permission for _____ to leave Beautiful Beginnings Preschool and Childcare Center for transportation to and from school or for field trips to special places by car, van, or bus. I understand that parents will be notified of these trips before hand by written notes/newsletters in parents' folder prior to each trip, with the exception of transportation to and from school. Each child will be secured in a seat belt. No child under age 12 will be allowed to ride in the front seat. If a younger child (under age 5) should need a car seat, I will provide that on the day of the outing.

If I do not want my child to participate in a particular outing, it is my responsibility as the parent to notify the director prior to the day of the outing.

It is understood that the staff will also do all that is possible to warn/guard the child from any harm. The child must abide by the decisions and judgment of the staff at all times.

Riding Bus to and from School

When riding the bus to and from West Elementary by Beautiful Beginnings, only one adult is required to be with them at all times.

Parent Signature _____ Date _____

Director Signature _____ Date _____

Release of Information Consent

I, _____ understand that certain personal information is considered private by law and is to be kept confidential in center files.

I hereby do / do not give my consent to let my child be photographed for use by the center in newspapers or other media for the purpose of publicity or advertisements.

Parent Signature _____ Date _____

Directors Signature _____ Date _____

Name two people who will assume emergency responsibility for your child if parent/guardian can not be reached.

Emergency Contact Person #1

Last Name_____ First Name_____ Relationship _____

Home Address _____

Business Phone_____ Home Phone_____ Cell Phone_____

Emergency Contact Person #2

Last Name_____ First Name_____ Relationship _____

Home Address _____

Business Phone_____ Home Phone_____ Cell Phone_____

Medical Information

Child's Physician_____ Physician's Phone_____

Physician's Address_____

Dentist's Name_____ Dentist's Phone_____

Health Insurance Company_____ Policy Number_____

Special Disabilities_____ Dietary/Medical Restrictions_____

Hospital Preference_____ Allergies_____

Please initial all areas that you give Beautiful Beginnings Consent

Emergency Medical Care_____ Administration of first-aid procedures_____

Homework Supervision_____ Administration of prescription medication_____

Administration of sunscreen_____ Administration of diaper ointment_____

Walks & Walking excursions_____ Daily transportation provided by facility_____

Administration of non-prescription medication_____

To photograph/videotape my child to be used in promotional materials_____

Permission to transport child to hospital in the event of an emergency_____

Parent/Guardian Signature _____ Date_____

Director's Signature_____ Date_____

Child Development Form

What age best describes your child?

- () Infant-6 weeks through 12 months () Toddler-13 mos. through 2 years
() Pre-School-3 through 5 years () School Age-6 through 12 years

- Does your child have any allergies? _____
- Does your child speak/understand English? _____
- Has your child had any serious illnesses, operations, or accidents? _____
- Does your child take medication regularly? _____
- Has your child even been in any other child group settings? _____
- How does your child react to separating from you? _____
- Are there any special routines that might make separation easier? _____
- How does your child get along with others? _____
- Does your child enjoy playing alone? _____
- How does your child show his/her emotions? _____
- Does your child have a favorite toy/blanket? _____

Infant & Toddler Development-please fill out this section if your child is 6 weeks through 36 mos.

- Is the child ()first born ()middle child ()youngest in your family?
- Are you ()nursing ()bottle feeding ()child is on table foods? If on table foods, what kinds of foods? _____
- If your child is bottle fed, what type of formula is he/she using? _____
- Does your child have any type of dietary restrictions? _____
- Is bedtime a regular routine? Naps? _____
- Does the amount of sleep reflect your child's behavior? _____

- How do you put your child to sleep? (rock, pat, etc.) _____
- Can your child roll over, sit-up, stand? _____
- Is your child toilet trained? _____
- What are your expectations of our center?

- Any special instructions about your child's day at the center? _____

Preschool & School Age Development-please fill out if your child is 3 years old through 12 years old.

- Is the child ()first born ()middle child ()youngest in your family?
- Does your child eat well? _____
- What are some of your child's favorite foods? _____
- Is your child toilet trained? _____
- Does your child have any dietary restrictions? _____
- Is bedtime regular? _____
- Does the amount of sleep reflect your child's behavior? _____
- What activities do you and your child enjoy doing together? _____
- Is your child in any extra curricular activities? _____
- How would you describe your child's disposition? _____
- What are your expectations of our center? _____
- Any special instructions about your child's day at the center? _____

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

Beautiful Beginnings Preschool & Childcare Center
1701 W. Jester Park Drive