

Enlightenment Child Development Center (ECDC) Admission Agreement

Child Name _____ Child's Birthdate _____

Parent Name _____ Phone _____

Program Requested

Child Care Program

- Infant (birth-24 months) Toddler/Preschool (24 months-5 years) School Age(6_12)

Schedule Requested

Schedule Requested (if less than 5 full days a week, please circle applicable days and am or pm or both)

- 5-Days: Monday Tuesday Wednesday Thursday Friday _____
 5-Days: Monday am/pm, Tuesday am/pm, Wednesday am/pm, Thursday am/pm, Friday am/pm _____
 3-Days: Monday Tuesday Wednesday Thursday Friday _____
 3-Days: Monday am/pm, Tuesday am/pm, Wednesday am/pm, Thursday am/pm, Friday am/pm _____
 Before school am _____ After school pm _____ --

Parent Sign and date _____

Director Sign and date _____

Child lives with Mother _____ Father _____ Brother(s) _____ Sister(s) _____

Custody: _____ Mother _____ Father Other(specify) _____

PARENT'S RESPONSIBILITIES

- Parents are required to sign children in and out of the center each day.
- Parents are required to notify the facility of the following:
 - Prescription medication the child needs to take while at the facility.
 - Infectious or communicable diseases, including head lice, in the family and provide vaccinations
 - Child's absence or tardiness from the facility on a scheduled day.
 - Any changes in the child's enrollment status or of information contained in the child's file.
 - Child's departure from the program (two weeks' notice).
- Enlightenment Child Development Center (ECDC) is not liable for personal items that are lost, broken or stolen.
- The facility does not accept children after **8:30 am.**
- For complete information on Enlightenment Child Development Center policies and procedures, please refer to the Program Handbook.

CONDITIONS FOR PARTICIPATION AND TERMINATION

- The Enlightenment Child Development Center admits children regardless of race, religion, sex, or national origin.
- I understand Community Care Licensing Department is responsible for the licensing of the Enlightenment Child Development Center and has the right and authority to inspect the center, to interview children, and to inspect and audit children's records without prior consent.
- The licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).
- We reserve the right to exclude a child from attendance at an Enlightenment Child Development Center at the discretion of the Program Director. Grounds for exclusion include the following: health, disruptive behavior, failure to follow Enlightenment Child Development Center policies, delinquent payment of fees, excessive drop-off or late pickup, physical and/or verbally abusive behavior by children or parents to children, parents or staff.

I/We certify that the information contained in this agreement is true and correct.

I/We understand that it is on this basis that my/our child may be admitted and enrolled.

Any misstatements or omissions may result in enrollment being denied or terminated.

Parent/Legal Guardian's signature _____ Date _____

Parent/Legal Guardian's signature _____ Date _____

What is the current height and weight of your child? Height: _____ Weight: _____

Has your child ever seen a professional for any of the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Vision problems |
| Breathing problems | <input type="checkbox"/> Dental problems | <input type="checkbox"/> Weight Problem |
| <input type="checkbox"/> Feeding Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Broken bones |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Experienced trauma |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Allergies | |

Other (please specify): _____

Has your child ever been hospitalized for illness, surgery, or injury? If so, please explain why and when:

Is your child on any medication? (please circle) Yes No (If yes, please specify)

Developmental History

Please indicate if you had or currently have concerns with your child's development (eg. Walking, talking, toilet training)

Has your child had any of the following assessments or interventions? If so, please mark the appropriate categories and include copies of the reports.

- Speech/language
- Psychiatry/mental health
- Physical therapy
- Occupational therapy
- Hearing/audiology
- Education
- Psychology/counselling
- Other (please specify): _____

The following information will be helpful to our understanding of your child. Please place an 'x' or a 'Ö' in the appropriate column as thoughtfully as possible. If you do not know an answer, indicate "don't know". Feel free to make additional comments in the space on the last page.

| Have you noticed your child behaving in any of the following ways? | When Experienced | | | |
|---|------------------|-------------|------------|-----|
| | Currently | in the Past | Don't know | N/A |
| Fidgets with hands, feet or squirms in seat | | | | |
| Bites Nails | | | | |
| Acts like he / she is driven by a motor (boundless energy) | | | | |
| Easily distracted | | | | |
| Has problems following through with instructions (usually not due to failure to understand) | | | | |
| Frustrates easily | | | | |
| History of temper tantrums | | | | |
| Outbursts of physical aggression towards others | | | | |
| Mood is often up and down | | | | |
| Appears sad much of the time | | | | |
| Cannot be consoled by caregiver | | | | |
| Cries excessively | | | | |
| Has many fears (e.g. bugs, the dark) | | | | |
| Worries excessively | | | | |
| Obsesses over things | | | | |
| Does things over and over (i.e. hand washing, lining up toys) | | | | |
| Needs things done in a certain way | | | | |
| Collects things | | | | |
| Eats non-food items | | | | |
| Often complains of headaches/stomach aches/body pains | | | | |
| Restless sleeper (kicks legs, moves around) | | | | |
| Frequent nightmares/night terrors (wakes up crying/screaming) | | | | |
| Has difficulty falling asleep (greater than 20 minutes) | | | | |
| Wakes often | | | | |
| Will often simply refuse to eat | | | | |
| Extreme pickiness with eating | | | | |
| Eats large amounts (doesn't ever seem to be full) | | | | |
| Reacts strongly to loud noises or certain tastes | | | | |
| Is very particular with the ways things feel (clothing etc.) | | | | |
| Holds his/her bowel movements | | | | |
| Has trouble with toilet training | | | | |
| Bed Wetting | | | | |
| Has problems with constipation | | | | |
| Excessive self injurious behaviors (bangs head, hits self, bites etc.) | | | | |
| Clumsy | | | | |
| | | | | |

Languages Spoken _____

Liability Release

I/We, the undersigned, agree to hold harmless, defend and indemnify Enlightenment Child Development Center, its officers, employees and agents of each part of the above named from any claims, damages, injuries, losses, causes of action, demands and all costs and expenses incurred in connection therewith (in this paragraph collectively referred to as liability) resulting from or in any manner arising out of or in connection with this agreement, including but not limited to liability which results from the concurrent negligence of myself or my/our child but not including the liability which results from the sole negligence of the Enlightenment Child Development Center, its officers, employees and agents. I/We also acknowledge receipt of the ECDC parent handbook containing policies and procedures, and agree to abide by these policies and procedures while my/our child is enrolled in the program. In addition, I/we agree to abide by any new policies when written notice of them is received. I/We have read and understood the above Liability Release.

Parent/Legal Guardian's signature _____ Date _____

Parent/Legal Guardian's signature _____ Date _____

Tuition and Fees

FEES

- I agree to pay the one time registration of \$50.
- I agree to pay a weekly/Monthly fee of \$_____ for week/ month (circle one) my child is enrolled at the Enlightenment Child Development Center.
- There are no credits or refunds for absences/sickness or holidays.

PAYMENT

- The weekly fee must be paid in advance each Friday by 6 p.m. for the up-coming week of attendance.
- All fees must be paid by check, Credit card or money order payable to Enlightenment Child Development Center/ ECDC and received in the tuition box located in the parent area at the center before 6 p.m. on Friday of each week. If you are paying monthly then payments are due on the first business day of the month.
- After the above specified Friday, at 6 p.m. a late payment fee of \$10.00 will be charged per day thereafter. The full amount of the weekly fee and the late fee must be paid no later than the following Thursday at 6 p.m., or services for your child will be suspended. To resume services, we will expect full payment of the outstanding balance and full payment for the next week.
- If client participates in a subsidy program you are responsible for completing all the required paperwork in a timely manner and signing your timesheets monthly.
- A late pickup fee of \$15 per 15 minute per child is charged after the scheduled pick-up time, payable the upon pick or before your next scheduled drop-off.
- If two checks are returned by the bank for insufficient funds, the Enlightenment Child Development Center will accept payment only by money order. A \$40.00 bank charge will be assessed on all returned checks.
- The center may increase or add program fees only with a written notice to all families 30 calendar days in advance of the change.

BASIC SERVICES

- Days and hours of service are Monday--- Thursday 6:30 am --6:00 pm Friday 6:30 am -- 5:30 pm
- Ages served are 6 weeks years to 12 years.
- The schedule of holidays/vacation days when the center is closed is in the parent handbook.
- Enlightenment Child Development Center will provide nutritious daily breakfast, lunch and snacks. If my child requires a special diet, the facility will try to accommodate the child but if they can not the I(parent) will provide meals and snacks from home.
- Enlightenment Child Development Center (ECDC) holds an open door visiting policy.
- Children 36 months old and older that are not potty trained will be charged the infant rate.

OPTIONAL SERVICES

~ Drop-In Care ~ As space permits.

\$12.00 Per Hour/Per Child and your placement will NOT be guaranteed, Unless Full Amount is Paid In Advance. (\$50 Minimum Per Day).

All Day Drop-in's 10 hours or more are \$100.00

Days and hours of optional child care services are Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday 6:01 pm to 5:59am by appointment only.

The days and times of a child's enrollment may be changed, on a space available basis in consultation with the director, and at least two weeks in advance.

-I/We understand that no credit will be given for short-term absences.

-We usually do not charge for field trips but additional fees may be assessed for special activities.

Parent Sign and date_____

Parent Sign and date_____

Director Sign and date_____

FOR OFFICE USE

Packet Received by_____on _____

Given to Program Director_____on _____

Interview on_____

FOR OFFICE USE Enrollment date:_____1st day of attendance:_____ Female Male

Date Deposit_____Amount Received_____ Received :_____

**Enlightenment Child Development Center
General Transportation, Field Trip and Activities Permission Form**

As parent or guardian of _____, I give permission to **Enlightenment Child Development Center** for the following selected transportation and field trips.

>>> Please initial each item you agree to.

___ Walks, in the neighborhood, parks, with Enlightenment Child Development Center: an employee, or supervised parent.

___ Trips in the child care van or car. Children always use a car seat or seat belt. Such trips are not frequent.

___ Trips in a van or bus rented or chartered by ECDC. Children always use a car seat or seat belt. Such trips are closely supervised.

___ My child has permission to participate in water activities and play in childcare.

All parents and guardians must sign.

(Signature)

(Date)

(Signature)

(Date)

OVER-THE-COUNTER MEDICATION FORM

As required by the Department of Social Services, please let it be known that:

I authorize my child, _____, born on _____ to be given any of the following over-the-counter medication(s), as needed, only when properly signed in on the Medicine Sign-In Sheet (located on the in the attendance book under my child's name). Any and all medications will ONLY be given when specified and signed in by the parent/guardian and must be signed in on a DAILY basis.

Dosage must be consistent to what is specified on the original bottle/container, as appropriate for your child. NO EXCEPTION without a signed physician's note!

Please circle all over-the-counter medications that you allow for your child: (CHILDRENS' FORMULA ONLY)

Tylenol Motrin Benadryl Robitussin Pedialyte

Other (please specify): _____

Other (please specify): _____

Additionally, as needed, for any minor scrapes, I authorize the following (please circle):

Neosporin Creme/Ointment Triple Antibiotic Creme/Ointment Insect repellent

First Aid Creme/Ointment Lotion or Vaseline for dry skin

Diapering cornstarch powder Diapering ointment, such as zinc oxide or A&D®,

Plus, I authorize SUNSCREEN application for my child, as needed (please circle):

YES NO

I understand that it will be my responsibility to inform the staff of Enlightenment Child Development Center of any changes, as needed.

Signed: _____ Printed Name: _____

Relationship to child: _____ Date: _____

(This form to be kept in child's file indefinitely, per Department of Social Services)
Enlightenment Child Development Center Photo/Videotape Release Form

Throughout the school year, there may be times when Enlightenment Child Development Center (ECDC) staff, the media, or other organizations, with the approval of the facility director, may take photographs of students, audio/videotape students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/or videotaped images or interviews may appear in childcare publications, in childcare video productions, on the childcare website, on child care authorized social networking sites such as Facebook, Instagram or Twitter, in the news media, or in other organizations' related stories or articles. To authorize your child's photograph and/or videotaped image or interview to be used for these purposes, please complete this form and return it to your child's school.

Enlightenment Child Development Center may occasionally want to use photographs and/or videotaped images or interviews taken of students on the school website or in school advertisements. Enlightenment Child Development Center will only use a student's first name and age if anything at all is attached to a particular image.

Please review the photographs and/or videotaped images or interviews consent options below and choose ONE box that best represents your request regarding the use of photographs and/or videotaped images or interviews at Enlightenment Child Development Center.

- PUBLIC DISPLAY APPROVED. By selecting this box you approve of internal and external use of photographs and/or videotaped images or interviews for Enlightenment Child Development Center promotional purposes such as print advertisement, facility social media site, newspaper articles, or newsletters.

- MEDIA RESTRICTIONS. By selecting this box you do not approve of external use of photographs and/or videotaped images or interviews for Enlightenment Child Development Center promotional purposes such as print advertisement, newspaper articles, newsletters, or the facility social media site.

_____ I hereby grant unto the Enlightenment Child Development Center permission to use my child's, photograph and/or videotaped image or interview for the purposes mentioned above. I understand and agree that Enlightenment Child Development Center may use these photos and/or videotaped images or interviews in subsequent school years unless I revoke this authorization by notifying the facility director in writing. I further grant unto the Enlightenment Child Development Center permission to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school related stories or articles. No compensation is to be paid.

Student's Name: _____

Facility: **Enlightenment Child Development Center**

Parent/Guardian Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____

Parent/Guardian Signature*: _____ Date: _____

* Students 18 years of age or older may sign this release form for themselves.

ADMISSION CHECK LIST

STATE OF CALIFORNIA COMMUNITY CARE LICENSING DIVISION FORMS

Most of these forms are available online as fillable forms at the division

- LIC 613A Personal Rights–Child Care Facility
- LIC 627 Consent for Emergency Medical Treatment
- LIC 700 Identification and Emergency Information
- LIC 702 Child’s Preadmission Health History–Parent’s Report
- LIC 995 Parents’ Rights
- LIC 995E CAREGIVER BACKGROUND CHECK PROCESS
- PM 286 Immunization Record and Letter
- LIC 9150 PARENT NOTIFICATION ADDITIONAL CHILDREN IN CARE
- LIC 9166 NEBULIZER CARE CONSENT/VERIFICATION CHILD CARE FACILITIES
- LIC 9212 FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION
- LIC 9221 Parent consent for administration of MEDICATIONS AND MEDICATION Chart
- Admission Agreement

Checklist

Please use this checklist to make sure you have completed all forms. Completed forms should be returned to the Director at least one week before your child’s enrollment date. Parent and child are encouraged to visit the child’s new classroom before the child begins regular attendance.

PARENT HANDBOOK ACKNOWLEDGEMENT FORM

FORMS/PUBLICATION

- Parent Handbook Received

This form **MUST** be signed by the parent/guardian and returned to the front office before your child begins care in our facility. Signing this form means you have read the handbook and are agreeing to follow the rules of its contents. Please read and put a check mark by the following sub-categories from the Policies and Procedures, section of the Parent handbook.

Sign and date _____

Sign and date _____