



Family Enrollment Form

Child Information

1st Child

Last Name		First Name	M.I.	Nickname
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Medications		

Existing medical conditions and/or special attention your child may require

Allergies No Yes (If yes, additional information will be required)

Permission to Apply

- I do not know of any allergies my child has to sunscreen My child DOES have known allergies to sunscreen
 HCD may apply a sunscreen product of SPF 15 or higher to my child May through October, using a sunscreen of their choice
 HCD may apply the sunscreen that I will provide for my child
 HCD may NOT apply sunscreen for medical or other reasons to the following areas of my child's body: _____

I hereby give HCD permission to use the following on my child when appropriate. **Check all that are approved.**

- | | |
|--|--|
| <input type="checkbox"/> Diaper Cream provided by HCD | <input type="checkbox"/> First Aid Cream/Spray |
| <input type="checkbox"/> Diaper Cream provided by Parent | <input type="checkbox"/> Lotion |
| Brand of Diaper Cream provided by parent: _____ | <input type="checkbox"/> Vaseline |
| | <input type="checkbox"/> Insect Repellent |

All diaper cream requires doctor's note in order to apply

Schedule: Please indicate the drop-off and pick-up times for each day

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM

Will we be transporting your child to or from school? No Yes Which school? _____

2nd Child

Last Name		First Name	M.I.	Nickname
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Medications		

Existing medical conditions and/or special attention your child may require

Allergies No Yes (If yes, additional information will be required)

Permission to Apply

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I hereby give HCD permission to use the following on my child when appropriate. **Check all that are approved.**

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| <input type="checkbox"/> Diaper Cream provided by HCD | <input type="checkbox"/> First Aid Cream/Spray |
| <input type="checkbox"/> Diaper Cream provided by Parent | <input type="checkbox"/> Lotion |
| Brand of Diaper Cream provided by parent: _____ | <input type="checkbox"/> Vaseline |
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All diaper cream requires doctor's note in order to apply

Schedule: Please indicate the drop-off and pick-up times for each day

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM

Will we be transporting your child to or from school? No Yes Which school? _____



Family Enrollment Form

3 rd Child			
Last Name	First Name	M.I.	Nickname
Birth Date	[] Male [] Female	Medications	
Existing medical conditions and/or special attention your child may require			
Allergies [] No [] Yes (If yes, additional information will be required)			

Permission to Apply			
[] I do not know of any allergies my child has to sunscreen [] My child DOES have known allergies to sunscreen			
[] HCD may apply a sunscreen product of SPF15 or higher to my child May through October, using a sunscreen of their choice			
[] HCD may apply the sunscreen that I will provide for my child			
[] HCD may NOT apply sunscreen for medical or other reasons to the following areas of my child's body:			
I hereby give HCD permission to use the following on my child when appropriate. Check all that are approved.			
[] Diaper Cream provided by HCD			[] First Aid Cream/Spray
[] Diaper Cream provided by Parent			[] Lotion
Brand of Diaper Cream provided by parent: _____			[] Vaseline
All diaper cream requires doctor's note in order to apply			[] Insect Repellent
Schedule: Please indicate the drop-off and pick-up times for each day			
Monday:	Tuesday:	Wednesday:	Thursday:
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
Friday: _____ AM/PM			
Will we be transporting your child to or from school? [] No [] Yes Which school?			

4 th Child			
Last Name	First Name	M.I.	Nickname
Birth Date	[] Male [] Female	Medications	
Existing medical conditions and/or special attention your child may require			
Allergies [] No [] Yes (If yes, additional information will be required)			

Permission to Apply			
[] I do not know of any allergies my child has to sunscreen [] My child DOES have known allergies to sunscreen			
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[] Diaper Cream provided by Parent			[] Lotion
Brand of Diaper Cream provided by parent: _____			[] Vaseline
All diaper cream requires doctor's note in order to apply			[] Insect Repellent
Schedule: Please indicate the drop-off and pick-up times for each day			
Monday:	Tuesday:	Wednesday:	Thursday:
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM
Friday: _____ AM/PM			
Will we be transporting your child to or from school? [] No [] Yes Which school?			



Family Enrollment Form

Primary Guardian Information – Names of person(s) with whom child is living

1 st Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Employer	Work Address	Work Hours	
2 nd Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Employer	Work Address	Work Hours	
Additional Information			
Which Guardian Should be Called First?			
Home Resident Street Address		Apt #	City
Mailing Address (if different than above)		City	Zip Code

Non-Primary Guardian Information – Non-primary custodial parent

1 st Non-Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Employer	Work Address	Work Hours	
2 nd Non-Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Employer	Work Address	Work Hours	
Additional Information			
Which Guardian Should be Called First?			
Home Resident Street Address		Apt #	City
Mailing Address (if different than above)		City	Zip Code

Additional Comments & Information



Family Enrollment Form

Parental Emergency Medical Consent - This form must be presented upon admission for treatment.

Child Last Name	Child First Name	Child Date of Birth
Child Last Name	Child First Name	Child Date of Birth
Child Last Name	Child First Name	Child Date of Birth
Child Last Name	Child First Name	Child Date of Birth

Hospital Choice

Hospital Name		Street Address
City, State	Work Phone	<input type="checkbox"/> HCD is given permission to authorize emergency treatment for above named child who has become ill or injured under program authority when parents or guardians cannot be reached.

Doctor

Last Name	First Name	Street Address
City, State	Work Phone	<input type="checkbox"/> HCD is given permission to authorize emergency treatment for above named child who has become ill or injured under program authority when parents or guardians cannot be reached.

Dentist

Last Name	First Name	Street Address
City, State	Work Phone	<input type="checkbox"/> HCD is given permission to authorize emergency treatment for above named child who has become ill or injured under program authority when parents or guardians cannot be reached.

Insurance Company

Provider Name	Policy Number	Group Number
Present Medications	Known Allergies	

Emergency Contacts and Authorized Pick-ups

1st Contact/Pickup

Last Name	First Name	Relationship to Child
Cell Phone	Work Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

2nd Contact/Pickup

Last Name	First Name	Relationship to Child
Cell Phone	Work Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

3rd Contact/Pickup

Last Name	First Name	Relationship to Child
Cell Phone	Work Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

Pick-Up Restrictions

Name(s) of person(s) who may not pick up my child(ren):	
Name(s) of person who may not pick up my child(ren): Relationship to child: Is there a court order prohibiting contact with your child(ren)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide a photocopy of the order.)	Name(s) of person who may not pick up my child(ren): Relationship to child: Is there a court order prohibiting contact with your child(ren)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide a photocopy of the order.)
Is there any child custody order of which we need to be aware?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please advise below)



Family Enrollment Form

Release Authorizations for Harvest Christian Daycare

Travel Release

I/We do _____, do not _____, give consent for Harvest Christian Daycare for my child(ren) to participate in fieldtrips with Harvest Christian Daycare. I/We reserve the right to be notified before each field trip that involves travel out of town. I release Harvest Christian Daycare of any liability unless negligence is proven.

Please list any restrictions:

Please list each child who is allowed to attend fieldtrips:

Photography Release

I/We do _____, do not _____, give consent for Harvest Christian Daycare to take photographs/videotaping of my child(ren). I/We consent that Harvest Christian Daycare may use the photographs/videotapes of our child in promoting the purpose of the Center. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

Please list any restrictions:

Please list each child who is allowed to be photographed/videotaped:

School-Age Travel To and From School Notification

I/We do _____, do not _____, give consent for Harvest Christian Daycare to transport my child with only one adult in a center-owned vehicle for the sole purpose of transporting children to and from school. This includes days in which there is early release/late start at the school. I affirm that my child(ren)'s participation in the transportation program is entirely my choice, with the understanding of risk or accidental injuries that may be involved in any transportation program in the Center.

Please list any restrictions:

Please list each child who is allowed to be transported.

Enrollment Information

Note

This enrollment form does not ensure final enrollment, but provides information upon which a decision will be based. The non-refundable registration fee of \$75 is required to guarantee a child's enrollment and must be included with the application. If classes are full, we will refund the registration fee, unless you desire to remain on a waiting list. Harvest Christian Daycare enrolls children of any race, color, ethnicity, nationality, religion or gender. All children are offered all rights, privileges, and program generally afforded or made available to children at the daycare. It does not discriminate on the basis of race, color, ethnicity, nationality, religion or gender in the administration of its educational policies, admissions policies and other daycare programs.

Declaration

I have read and understand this application. I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information could be reason for rejection of this application or dismissal of my child from Harvest Christian Daycare. I also understand I may be asked to provide additional information, if necessary.

Signature

Father or Guardian's Signature

Date:

Mother or Guardian's Signature

Date:

Foster Parent's Signature

Date:

Foster Parent's Signature

Date:

Yearly Updates

Signature

Date:

Signature

Date:

Signature

Date:

Signature

Date:



Parent/Guardian/Foster Parent Contract Agreement

Contract Agreement

This contract is an agreement between _____ and Harvest Christian Daycare & Learning Center to provide care for the following children:	
Child Last Name	Child First Name
Child Last Name	Child First Name
Child Last Name	Child First Name
Child Last Name	Child First Name

Policies	Initials
----------	----------

Policies and procedures are outlined in the handbook; please do not sign this agreement until you have read all the policies. This contract is simple as all policies are outlined in the parent handbook and agreed upon and followed as a part of this contract. I have received a copy and agree:

I agree that Harvest Christian Daycare and Learning Center is not responsible for clothes that become soiled or torn during recess or activities.

Harvest Christian Daycare & Learning Center will make every attempt to prevent your child from being exposed to sickness or an infectious disease, however I understand that Harvest Christian Daycare is not responsible for any illness that my child may contract while at the center. In addition, Harvest Christian Daycare & Learning Center is not liable for accidents or financial obligations pertaining to health care.

It is agreed that any changes to program schedules will be communicated at least one week prior to the change, and it's noted that a month's notice or more is preferred. It is also agreed that if your actual hours go outside the perimeter of the hours given in the Program Schedule, those hours will be added to your total for the following month.

I agree to pay a **Registration fee** (if applicable), at the time of enrollment.

I agree to pay an **Activity fee** (if applicable), at the time of enrollment and again upon each anniversary of enrollment.

I agree to pay a tuition fee using the credit card I have placed on file, as stated below, each month in advance on the 3rd Thursday of the month for the following month with no deductions for absences or holidays. If payment cannot be charged/received on the 3rd Thursday, as required, a \$5.00 late payment fee will be assessed to your account. A \$5.00 fee per day will be assessed each day payment is not received.

None of the fees identified are refundable.

The daycare is open Monday through Friday, except holidays, staff development days and unforeseen weather closures.

I agree to pay a per child **Late Pickup** fee of \$10.00 for every 15 minutes any child is left at the center after the center's closing or past the child's scheduled pick-up time as indicated on their Program Schedule. Payment will be paid at time of pick up the day the Late Pickup occurs.

I agree to pay a **NSF/Declined Credit Card fee** of \$20.00 if I have a declined payment. Harvest Christian Daycare will then have the option to refuse service until payment is made in its entirety.

Tuition rates are subject to change by Harvest Christian Daycare with at least a thirty (30) day prior written notice to parent.

Photographs taken of children involved in Harvest Christian Daycare's program may be used for promotional purposes unless denial has been made in writing by a parent or guardian.

Legal authorities may be contacted for children left at the daycare more than one hour after closing time of the daycare.

This Agreement may be terminated by Harvest Christian Daycare at any time and for any reason. A child may be disenrolled by the daycare without prior notice if, in the sole opinion of the daycare, it is in the best interest of the child or the daycare to disenroll the child.



Parent/Guardian/Foster Parent Contract Agreement

Parents/legal guardians of the child must sign below as an agreement to meet the terms stated above and must provide a copy of their Driver's License or State ID card.

Failure to comply with the terms set forth in this Agreement and the Parent Handbook may, at Harvest Christian Daycare's discretion, result in immediate termination of child's enrollment.

A two week written notice is required for any party to terminate this Agreement.

For families on child care assistance, you have agreed to use a full-time spot at our center. You are agreeing to have your child(ren) in attendance at HCD, Monday through Friday according to the agreed upon schedule. If your child is absent, DHS will pay for up to 6 absences a month. Holidays that HCD is closed count as an absence. If you exceed these absences, you may be asked to leave the center immediately.

Harvest Christian Daycare requires that all families have a credit/debit card on file whether a family pays privately or has Childcare Assistance.

This card will be charged if a family fails to pay their balance due and the Billing Department has made at least two attempts to contact the family to make other arrangements.

If the card is declined, childcare services will be immediately suspended until payment has been received. During this time the child(ren) will be disenrolled and their spots will not be held.

If a family leaves the center without prior arrangements being made to pay the outstanding balance, the card will be charged immediately for the full amount owed.

Signature

Father/Mother or Guardian's Signature

Date:

Foster Parent's Signature

Date:

Electronic Funds Transfer Authorization for Credit Card Authorization

I (we) hereby authorize Harvest Christian Daycare to initiate recurring credit card charges to the referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 14 days' written notice.

Cardholder Name:

Phone Number:

Cardholder Address:

Card Number:

Expiration Date:

CVV Code:

Cardholder's Signature

Date:

Child Care Assistance Absence and Co-Pay Policy

We gladly accept block grant/ child care assistance provided by the state and want to make you aware of a few guidelines that DHS has set:

DHS will NOT cover the Activity Fee that is charged yearly. You are responsible to pay that fee.

You are only allowed to have 6 absences per month per child. If your child is absent more than 6 days/month, **you may be asked to leave the center immediately.**

During holidays or sickness, tuition is still charged for every child. Therefore, Harvest Christian Daycare & Learning Center will bill DHS for an absence on these occasions. This will count as one of the six allowed absences.

If the state determines that you pay a co-pay for your child care, then you will receive a statement every month with the amount of your co-pay. The co-pay is due upon receipt of your statement.

If your CCA is cancelled or expires, effective immediately, your child will be disenrolled from HCD. Your child(ren's) spot will NOT be held. If your CCA is reinstated and you notify HCD that it has been reinstated, we will notify you when space becomes available for your child(ren).

Signature

Father/Mother or Guardian's Signature

Date:

Foster Parent's Signature

Date:



Text Messaging Authorization

Name: _____

Ten Digit Mobile Phone Number: _____

Network/Carrier _____

I agree to receive text messages concerning Harvest Christian Daycare. I understand that standard text messaging rates may apply and I may revoke this authorization at any time.

Signature

Date

Office Use Only:

Entered into Procure:

Test text sent:

Test text received:

Did email need to be sent? Yes No

(If test text doesn't go through, an email will need to be sent by parent to person inputting form to get correct mobile carrier)